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





Meeting Agenda July 10, 2023 | 9 to 10:30 a.m.

Zoom meeting link for registration sent via Outlook meeting invitation:

https://us06web.zoom.us/meeting/register/tZMrde-srT4vHdUQfvOIBRMFEdrPeAi2bETq

• Welcome Council members, alternates, and meeting attendees - translation available (Stephanie Escobar)

10 minutes

- o Private Sector Co-Chair: Celica Garcia-Plascencia
- o Private Sector alternate: Vanessa Arteaga
- o Family Sector member: Khalif Kelly
- Thank you Jaime Tate-Symons Co-Chair from July 2021 to June 2023 representing the Education Sector

Directing Change -Hope and Justice -You're Not Alone on Vimeo

First Place (Tied) Monthly Prompt -Film 2023 by Natalie Chen, Sebastian Briceño-mahr, Lucian Lasher, and Ian Hamilton – Grade 9 Mission Bay High School

San Diego County Films | Hope and Justice Art Gallery (directingchange.org) / http://directingchangeca.org/films/

- Culture Share -Stephanie Gioia-Beckman Handout Page 5
 - o Seeking volunteer for August 14, 2023 Culture Share
- Review of Meeting Summary (Yael Koenig)
 - May 8, 2023, Meeting Summary Handout Pages 6-10
 - No pending action Items
- Business Items (Yael Koenig)

5 minutes

el Koenig) 15 minutes

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

Board Letters / Board Actions

May 23, 2023

- Item 06: Receive the San Diego Advancing and Innovating Medi-Cal Roadmap and Authorize and Intergovernmental Transfer
 Agreement for Behavioral Health Services Handouts include presentation Pages 11-33
- Item 22: Preventing Suicide in San Diego County Handout Pages 34-36
- Item 23:-Receive an Update on Establishing the Behavioral Health Impact Fund 2.9— Handout- Pages 37-39
- Item 24 Approve Actions Related to the Development of Homelessness Prevention Program
- Item 26: Receive Update on Opioid Settlement Framework Implementation and Harm Reduction Media Campaigns Including Illicit
 Fentanyl Awareness for Youth; Authorize Competitive Solicitations for Public Messaging, Outreach, and Education
 Campaigns; and Authorize Updates to the Opioid Settlement Framework Handouts include presentation Pages 40-67
- Item 27: Approve an Ordinance Amending and Repealing Provisions in the San Diego County Administrative Code Related to the Child and Family Strengthening Advisory Board of San Diego County, The Polinsky Children's Center Advisory Board of San Diego County, the Polinsky Children's Center Advisory Board, and the San Diego County Foster Care Services Committee (May 23, 2023 First Reading; June 13, 2023 Second Reading Unless Ordinance is Modified on Second Reading) -Handout Pages 68-74
- Item 31: Protecting Children from Cannabis Poisoning Handout Pages 75-77 June 13, 2023
- Item 04: Approve an Ordinance Amending and Repealing Provisions in the San Diego County Administrative Code Related to the Child and Family Strengthening Advisory Board of San Diego County, The Polinsky Children's Center Advisory Board of San Diego County, the Polinsky Children's Center Advisory Board, and the San Diego County Foster Care Services Committee
- Item 10: Supporting our Foster Care Youth Handout Pages 78-81
- Item 22: Receive and Approve the Mental Health Services Act Three Year Program and Expenditure Plan for Fiscal Years 2023-24
 Through 2025-26 and Sunset Time-Certain Reporting Handouts include presentation Pages 82-102
 MHSA Three Yr Plan Report FY 23-24 thru 25-26 (sandiegocounty.gov)
- Item 23: Authorize Acceptance of State Youth Suicide Reporting and Crisis Response Pilot Program Funding and Waive Board Policy B-29 – Handouts - include presentation - Pages 103-121

Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the packet, however, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) website. Meeting Agendas, Board Letters, and access to the BOS meetings: https://www.sandiegocounty.gov/cob/bosa/index.html

Council Bylaws Update -Handout - Pages 122-124

- New County logo
- Creation of the Child and Family Well-Being Department (CFWB) within the Health and Human Services Agency (HHSA), inclusive of Child Welfare Services (CWS) and First 5 San Diego
- Family Sector constituency name shift from Family Youth Liaison to Consumer Advocacy/Family Education Services

A Look into the New Child and Family Well-Being Department

Information

- Governor Newson Balanced Revised Budget Plan
- Governor Newsom's Transformation of Behavioral Health Services Handout Pages 125-130
- Children and Youth Behavioral Health Initiative (CYBHI) April, May, and June 2023 Updates Handouts Pages 131-157 https://www.dhcs.ca.gov/cybhi

https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/

https://www.chhs.ca.gov/wp-content/uploads/2023/04/CYBHI-April-2023-Update-_-ADA.pdf

https://www.chhs.ca.gov/wp-content/uploads/2023/05/May-2023-Update-_-ADA.pdf

- San Diego County Gun Violence Reduction- Community Needs Assessment Comprehensive Report Handout Page 158
- Youth Opportunity Pass by San Diego Association of Governments (SANDAG) and County of San Diego through June 30, 2024 Handout - Page 159
- Behavioral Health Director's Report June and July 2023 Handout Pages 160-173 https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html
- **Prevention and Support Services Update** (Dr. Danyte Valenzuela)
 - o Adverse Childhood Experiences (ACEs) Prevention Parenting Program for Fathers Request For Proposal RFP 12456. Proposals due July 31, 2023 Welcome to BuyNet (ca.gov)

Hot Topic: Annual Strategic Planning (Yael Koenig)

Fiscal Year 2022-23 Accomplishment and Fiscal 2023-24 Year Goals - Handouts-Pages 174-194

5 minutes

- O CYF Systemwide Report (174-176)
- o Private Sector: MHCA & ADSPA (177-179)
- o Family and Youth Sector (180)
- o Education Sector (181-182)
- o Executive committee (183)
- Outcomes committee (184)
- o Early Childhood committee (185-186)
- o SOC Training Academy committee (187)
- o Transition Age Youth (TAY) Council (188-189)
- o Managed Care Health Plans (MCHP) (190-192)
- o Cultural Competence Resource Team (CCRT) (193)
- o CYF Change Agents Developing Recovery Excellence (CADRE) committee (194)

Breakout Discussion - Setting Council Priorities for Fiscal Year 2023-24 (Moderator: Stephanie Escobar)

30 minutes

- Participants may select the virtual Breakout room; each room has a designated facilitator and scribe who will report out
- There will be an opportunity to participate in 2 groups
- The breakout room will close after 15 minutes directing participants to select a new break out room
- Breakout participants will dialogue to identify one area of focus for the CYF Council in Fiscal Year 2023-24
- Each group will specify three actions the Council can take to advance the suggested priority

Breakout Rooms			
Topic	Facilitator Scribe	Topic	Facilitator Scribe
Primary Care	Dr. Gidwani Jennifer Kennedy	Prevention & Early Intervention	Aisha Pope Stephanie Escobar
Family Involvement	Sten Walker Melissa Penaflor	Workforce	Jennifer Rusit and Ben Parmentier
School	Heather Nemour Yuka Sakamoto	Open Discussion	Rosa Ana Lozada Mike Miller
Substance Use	Shannon Jackson Terri Kang		

Report Out 20 minutes

- Representative from each breakout session will have two minutes to highlight the identified/suggested priority and the three action items to advance the priority
- Scribe from each breakout session will send meeting notes to Edith Mohler at: Edith.Mohler@sdcounty.ca.gov to compile
- **Announcements** (Jaime Tate-Symons)

5 minutes

Poll Question

NAMI - alfrEDU - Family Voice Meeting on July 13, 2023 at 11 a.m. Handout - Page 195 Registration: Meeting Registration - Zoom

- NAMI Basics training for parents, caregivers for youth (ages 22 and younger). Six virtual sessions beginning July 18, 2023 Registration at: NAMI Basics | NAMI: National Alliance on Mental Illness Handout - Page 196
- 14th Annual Early Childhood Mental Health Conference We Can't Wait: Reimagining Prevention and Early Intervention in Communities of Hope. This hybrid event is scheduled for September 28-30, 2023.- Handout - Page 197 ECMH – We Can't Wait! (earlychildhoodmentalhealth-sandiego.com)

Next Executive Committee Meeting:

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

Next Meeting:

Date: Monday, August 14, 2023

Time: 9 to 10:30 a.m.

Committees/Sectors/Workgroups Meetings Information is located at the end of the meeting summary. For Council materials go to: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/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. <u>Collaboration of four sectors</u>: Coordination and shared responsibility between child/youth/family, public agencies, private organizations and education.
- 2. <u>Integrated</u>: Services and supports are coordinated, comprehensive, accessible, and efficient.
- 3. <u>Child, Youth, and Family Driven</u>: Child, youth, and family voice, choice, and lived experience are sought, valued and prioritized in service delivery, program design and policy development.
- 4. <u>Individualized</u>: 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. <u>Community-based</u>: Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.
- 7. <u>Outcome driven</u>: Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.
- 8. <u>Culturally Competent</u>: Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.
- 9. <u>Trauma Informed</u>: 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. <u>Persistence</u>: Goals are achieved through action, coordination and perseverance regardless of challenges and barriers.







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

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.

PRIORITIES

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 everchanging world.

Live Well San Diego-Areas of Influence



Standard of Living

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



Community

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

HEALTH FACTORS



Health

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



Social

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



Knowledge

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

BH-SOC Children, Youth, and Families Culture Share

What is Culture Share?

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

Structure

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





CHILDREN, YOUTH AND FAMILIES (CYF) COUNCIL MEETING SUMMARY

May 8, 2023 | 9 to 10:30 a.m. Virtual Meeting

ITEM	SUMMARY AND ACTION ITEMS
 Welcome (Jaime Tate-Symons) Welcome new meeting attendees - translation available Welcome back Steven Wells, representing Child Welfare Services Governor Newsom Proclaims Children's Mental Health Awareness Week (May 1-7, 2023) - Handouts - Pages 5-7 https://www.chhs.ca.gov/youthresources/ Directing Change - Program and Film Contest -2023 San Diego County Regional finalists - Handout - Pages 8-9 http://directingchangeca.org/films/ Cultural Share - NAMI San Diego - Community Advocacy Program (Faeth Jackson and Alexander Ball) Seeking volunteer for July 10, 2023 Cultural Share 	Jaime Tate-Symons provided the Welcome remarks/announcements: Welcomed all meeting attendees and specifically mentioned Steven Wells as the new Council member representing CWS Children's Mental Health Awareness Week Directing Change Film contest and local students recognized Cultural Share was provided by the NAMI San Diego and focused on the oscER app. Anyone wishing to volunteer for Cultural Share for the July 10, 2023 meeting, contact Edith Mohler at: Edith.Mohler@sdcounty.ca.gov
 II. Review of Meeting Summary (Yael Koenig) March 13, 2023, Meeting Summary - Handout - Pages 5-9 	Yael Koenig reviewed the meeting summary from March 13, 2023: No pending action items
III. Business Items (Yael Koenig) Public Comment Board Letters (BL)	Public Comment: Hoping that BHS and the Board of Supervisors (BOS) keeps the focus on workforce development, specifically, pay compensation for the BHS system
 March 14, 2023 Item 04: Authorize Competitive Solicitation for the Prevention Hub Serving Children and Families Through the Child and Well-Being Department and Authorize Applications for Additional Funding Opportunities - Handout - Pages 15-20 Item 14: Accept State funding for a Cultural Hub Item 22: A Resolution of the Board of Supervisors of the County of San Diego Denouncing Antisemitic Rhetoric and Hate Crimes Towards Jewish People in San Diego Item 23: Equity in Action: Strengthening Communities of Color by Expanding Data Access and Training for a Community Leaders 	Yael Koenig highlighted the Board Letters listed on the left, which were presented at the March 4, April 4, and May2, 2023 meeting Meeting Agendas, Board Letters and Access to the BOS meetings: https://www.sandiegocounty.gov/cob/bosa/index.html
 April 4, 2023 Item 01: District Attorney – Request For Proposals for District Attorney Transitional Age Youth Diversion Initiative – Handout – Pages 21-24 Item 05: Probation – Juvenile Justice Reform – Authorization for Competitive Solicitation(s) for Enhanced Services for Youth Handout - Pages 25-28 Item 11: Protecting Tribal Lands from Sexually Violent Predators Item 25: Enhancing Homeless Outreach and Services Through Live Well on Wheels Mobile Offices Item 26: Continuing Drowning Prevention Opportunities in San Diego County Item 27: Expanding Emergency Housing Capacity for Survivors of Domestic Violence, Human Trafficking, and Sexual Assault – Handout – Pages 29-33 May 2, 2023 Item 05: Approve the Mental Health Services Act Innovation Public Behavioral Health Workforce Development and Retention Program Proposal and Authorize Submission to the Mental Health Services Oversight and Accountability Commission, Issue Competitive Procurements and Award Contracts, and Explore Partnerships to Sustain the Workforce Development and Retention Program – Handouts include presentation to the Behavioral Health Advisory Board (BHAB) - Pages 34-66 Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only 	
highlighted Board Letters are included in the meeting packet, however, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) website.	

ITEM

SUMMARY AND ACTION ITEMS

Information

- Annual CYF Council membership assessment underway
- 2023 U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community Handouts - Pages 67-76

https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

- California Health & Human Services Agency (Cal HHS) Behavioral Health Reform/Modernizing
 Our Behavioral Health System Policy Brief: Understanding California's Recent Behavioral Health
 Reform Efforts Handout Pages 77-82
 - $\frac{\text{https://www.chhs.ca.gov/wp-content/uploads/2023/03/CalHHS-Behavioral-Health-Roadmap--ADA-03.02.23.pdf}{\text{https://www.chhs.ca.gov/wp-content/uploads/2023/03/CalHHS-Behavioral-Health-Roadmap--ADA-03.02.23.pdf}$
- Modernizing Our Behavioral Health System & Building More Mental Health Housing Handout-Page 83

https://www.gov.ca.gov/wp-content/uploads/2023/03/FACT-SHEET -Modernizing-Our-Behavioral-Health-System-1.pdf?emrc=d1f55d

https://www.chhs.ca.gov/behavioral-health-reform/

 $\frac{\text{https://www.chhs.ca.gov/wp-content/uploads/2023/03/Modernizing-Our-Behavioral-Health-System-v4.pdf}{}$

- Children and Youth Behavioral Health Initiative (CYBHI) March Update Handout Pages 84-91
 https://www.dhcs.ca.gov/cybhi
 https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/
- https://www.chhs.ca.gov/wp-content/uploads/2023/04/CYBHI-March-2023-Update--ADA.pdf
 Mental Health Services Oversight and Accountability Commission (MHSOAC) -Working Well -

Supporting Mental Health at Work in California - Handout- Pages 92-95 https://mhsoac.ca.gov/wp-content/uploads/MHSOAC-Workplace-Mental-Health-Report.pdf

- California Mental Health Services Authority (CalMHSA) May is Mental Health Matters Month Tool Kit - Handout - Page 96 https://www.calmhsa.org/
- Creating Opportunities in Preventing and Eliminating Suicide (COPES) Year One Highlights Handout Pages 97-101
- Catalyst for Wellness in Community (CWC) Apprenticeship program for behavioral health workers in Chabot-Las Positas Community College District (Bill Stewart)- Handout - Page 102
- County of San Diego 2023 Recommended Operational Plan Executive Summary Handout - Pages 103-107
- Behavioral Health Director's Report April Handout Pages 108-112 and May 2023
 Handout Pages 124-129

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental health services act/b hab meeting materials.html

- MHSA Three Year Program and Expenditure Plan for Fiscal Years 2023-24 through 2025-26
 - Presented for final comments at the Behavioral Health Advisory Board (BHAB) on May 4, 2023
 Presentation Pages 113-123
 - Projected for BOS presentation on June 13, 2023

http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental health services act/mhsa.html

 Yael Koenig highlighted a number of the informational items listed on the left and paused to welcome the Behavioral Health Director for the hot topic discussion

ITEM

IV. Hot Topic: Conversation with BHS Director, Luke Bergmann, PhD Moderators: Stephanie Escobar, Rosa Ana Lozada, and Aisha Pope

- Children's Continuum Strategy (9.27.22 BL Item 23)
 - Family
 - Health Care
 - School
- Screening to Care at Schools Highlights:
 - Funded by the American Rescue Plan Act (ARPA) (one-time funding). Need to find ways to make this program sustainable and establish a non-mandatory/required universal screening wherever possible but need to find ways to expand the services to the non-Medi-Cal population. An 1115 Waiver may be an alternative

Input and Feedback:

- "Schools are happy but nervous about Screening to Care". The school system is not ready to respond to the needs for services. Funding regulations vs students' needs it is one of the
- SUD programs want to make sure there is inclusion in the Screening to Care program
- Expansion of the Behavioral Health Services Programming to Engage Fathers and Caregivers Highlight: Work is being completed in coordination with primary care Input and Feedback:
 - Pediatricians are happy about the BHS interest in primary care. Pediatricians are worried about capacity, the role of pediatricians, the work structure
- MHSA Innovation Public Behavioral Health Workforce Development and Retention Program Highlight: This is a concept only, it does not include compensation areas
- Modernization of the Behavioral Health System

Highlight: Governor Newsom proposed a 2024 ballot initiative to improve how California treats mental health illness, substance abuse, and homelessness: A bond to build a state-of-the-art mental health treatment campuses to house Californians with mental illness and substance use disorders and to create housing for homeless veterans, and modernize the Mental Health Services Act (MHSA) to require at least \$1 billion every year for behavioral health housing and care Input and Feedback:

- It is especially important not to forget the youngest population in prevention services. The Healthy Steps (0-3) is a resource that could be implemented. More information at: https://www.healthysteps.org
- The CYF Council is foundational in addressing the evolution of the system of care. The cultural component needs to be included in this process. The work should be a coordinated and collaborative effort
- Need to reinforce a system that promotes continuum of care that is patient centered
- Recommended the utilization of neurofeedback in treatment

- VI. Announcements · Poll (see above, right column)
 - 43rd California Mental Health Advocates for Children and Youth (CMHACY) conference: Committing to Mobilizing Hope and Advocacy for Communities and Youth – Elevating Voices, Influencing Progress (Back in person) on May 10-12, 2023 - Handout - Page 130 http://cmhacy.org/
 - . May is Mental Health Matters Month -Children/Youth Mental Health Well Being Celebration-May 13, 2023, from noon to 5 p.m.at Grossmont Center mall - Flier - Page 131
 - NAMI Basics training for parents, caregivers for youth (ages 22 and younger). Six virtual sessions beginning May 23, 2023 - Handout - Page 132 Registration at: https://namisandiego.org/event-registration/?ee=20347

NAMI Basics | NAMI: National Alliance on Mental Illness

• Annual CYF Council Annual Orientation is scheduled for June 12, 2023, from 9 to 10:30 a.m. Flier - Page 133

SUMMARY AND ACTION ITEMS

- Dr. Bergmann highlighted the following items:
 - Youth strategy
 - Screening to Care at schools
 - Expansion of the Behavioral Health Services Programming to Engage **Fathers and Caregivers**
 - MHSA Innovation Public Behavioral Health Workforce Development and **Retention Program**
 - Modernization of the Behavioral Health
- Summary of the meeting conversation is included on the left

Final Poll

Poll ended | 1 question | 67 of 104 (64%) participated

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) *

67/67 (100%) answered



- Due to time, the announcements were not covered at the meeting. Announcements are included on the agenda and listed on the left column
- Announcements can be sent in advance to Edith Mohler at:

Edith.Mohler@sdcounty.ca.gov

Action Due/Status **Action Items**

N/A No pending action items

Next Meeting: Annual Council Orientation

Date: Monday, June 12, 2023 Time: 9 to 10:30 a.m.

+=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	0
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Patricia Cardenas- Wallenfelt	0
3	Public Safety Group/ Probation	Tabatha Wilburn	0	Delona King	+
4	Child Welfare Services (CWS)	Steven Wells	+	Norma Rincon	0
5	Homeless Solutions and Equitable Communities	Rosa Gracian	0	Liki Porotesano	+
6	Public Health	Dr. Thomas R. Coleman	+	Rhonda Freeman	0
7	Medical Care Services	Dr. Kelly Motadel	+	Heather Summers	0
8	Juvenile Court	H. Judge Ana España	0	Beth Brown	+
9	First 5 Commission	Alethea Arguilez	0	Stephanie Escobar	+
		EDUCATION SECTOR	•		
10	Special Education Local Plan Area (SELPA)	Russell Coronado	0	Jaime Tate-Symons	+
11	Regular Education Pupil Personnel Services	Heather Nemour	+	Vacant	
12	School Board	Barbara Ryan	+	Debra Schade	+
13	Special Education	Yuka Sakamoto	+	Misty Bonta	0
		PRIVATE SECTOR			
14	San Diego Regional Center (SDRC) for Developmentally Disabled	Zachary Guzik	+	Lori Sorenson	+
15	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	John Laidlaw	0
16	ADSPA	Marisa Varond	+	Claudette Allen Butler	+
17	Mental Health Contractors Association (MHCA)	Julie McPherson	+	Vacant	
18	МНСА	Laura Beadles	0	Golby Rahimi	+
19	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	Marcelo A. Podesta	+
20	Managed Care Health Plans	Kathleen Lang	0	James Trout	+
21	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	Vacant	
		FAMILY AND YOUTH SECTOR	T	T	T
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	0	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	+/+		
-	Education	Heather Nemour	+		
-	Family and Youth as Partners	Sten Walker	+		
-	Outcomes	Emily Trask Eileen Quinn-O'Malley	0/+		
-	Training	Edith Mohler/Jennifer Rusit	+/0		

Total Attendees: 120				
Aisha Pope	Danyte Mockus-Valenzuela	Julie McPherson	Rafael Ortiz-Gomez	
Alexander Ball	Darwin Espejo	Kacie Rodvill	Rebecca Raymond	
Alexis Anderson	Debra Schade	Kameka Smith	Rhonda Crowder	
Alicia Castro	Delia Machado	Kari Perry	Roberto Suarez	
Amanda Lance-Sexton	Delona King	Kelly Bordman	Rosa Ana Lozada	
Angela Rowe	Diana Cruz	Kelly Motadel	Russell Gagui	
Angelina Puffelis	Divya Kakaiya	Laura McClarin	Seth Williams	
Aprille Peña	Dori Gilbert	Laura Vleugels	Shannon Jackson	
Ashley Rambeau	Edith Mohler	Leslie Manriquez	Shaun Goff	
Augusto Eduvala	Eileen Quinn-O'Malley	Liki Porotesano	Sherry Casper	
Babbi Winegarden	Elaine Carballo	Lori Sorenson	Shewa Legesse	
Bahar Berens	Eliza Reis	Luke Bergmann	Stacey Musso	
Barbara Ryan	Elizabeth Dauz	Lupe Oyola	Sten Walker	
Berenis Gonzalez	Erick Mora	Mara Madrigal	Stephanie Escobar	
Beth Brown	Ericka Hernandez	Marcelo Podesta	Stephanie Gioia-Beckman	
Bill Stewart	Faeth Jackson	Mareeh Marquez	Steven Wells	
Bobbi Smylie	Fran Cooper	Margarita Hernandez	Steven Wong	
Caitlynn Hauw	Gina Herbert	Maria Ventura	Susana Antonio	
Carl Antonio	Ginger Bial Cox	Marisa Varond	Tais Millsap	
Carmen Pat	Golby Rahimi Saylor	Martin Dare	Terri Kang	
Carole Steele	Grisel Ortega-Vaca	Mayra Gonzalez -Muñoz	Tim Nou	
Caryl Montillano	Gwen Jajou	Melanie Morones	Tito Escalante	
Celeste Hunter	Heather Nemour	Melissa Penaflor	Tom Coleman	
Celica Garcia-Plascencia	Jaime Tate-Symons	Melizza Welton	Vanessa Arteaga	
Charisma de los Reyes	Jamie Martinez	Michael Miller	Wendy Maramba	
Cheryl Rode	Jamie Pellegrino	Michelle Houle	Yael Koenig	
Christine Maggio	Janette Magsanoc	Mina Arthman	Yuka Sakamoto	
Christine Tham	Jean McDonald	Patrick Samayoa	Yvette Leiva	
Claudette Allen Butler	Jody Erickson	Payal Beam	Zachary Guzik	
Danielle Fettes	Joseph Henson	Pradeep Gidwani	Zayra Rios	

Committees/Sectors/Workgroups Meetings Information:

Most of the committees' meetings are occurring virtually

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

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

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

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

Education Advisory Ad Hoc: Meets as needed

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

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

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

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

Private Sector: Ad Hoc/Meets as needed

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



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS

JOEL ANDERSON Second District

TERRA LAWSON-REMER Third District

> VACANT Fourth District

JIM DESMOND

DATE: May 23, 2023 06

TO: Board of Supervisors

SUBJECT

RECEIVE THE SAN DIEGO ADVANCING AND INNOVATING MEDI-CAL ROADMAP AND AUTHORIZE AN INTERGOVERNMENTAL TRANSFER AGREEMENT FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

OVERVIEW

On July 13, 2021 (14) the San Diego County Board of Supervisors (Board) committed to provide opportunities to achieve better health outcomes and reduce health disparities for vulnerable populations by supporting the County of San Diego's (County) Wellness Delivery System. In alignment with this Board priority, the County mobilized planning and coordination to support implementation of California Advancing and Innovating Medi-Cal (CalAIM). CalAIM is the California Department of Health Care Services' (DHCS) long-term commitment to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system transformation including program and payment reforms across the Medi-Cal Program.

Active participation in the CalAIM Medi-Cal delivery system transformation allows the County to facilitate the integration of primary health, behavioral health, and social services and to streamline service coordination for vulnerable San Diegans enrolled in Medi-Cal. The County Health and Human Services Agency, Medical Care Services San Diego Advancing and Innovating Medi-Cal (SDAIM) Unit was established in July 2022 to support local CalAIM implementation. The SDAIM Unit has developed an initial workplan (roadmap) to align County priorities with the CalAIM initiative and guide future planning and coordination of implementation activities. Specific to behavioral health, CalAIM will allow for consistent and seamless administration of Medi-Cal services by reducing complexity, increasing flexibility, improving outcomes, reducing health disparities, and driving behavioral delivery system transformation through policy improvements and payment reform that will shift from the existing cost-reimbursement system to a fee-based reimbursement system. This will involve transitioning existing and new County-operated and contracted behavioral health and Medi-Cal services from the current certified public expenditure-based reimbursement methodology to an Intergovernmental Transfer (IGT)-based reimbursement methodology for certain services.

Today's action requests the Board to receive the SDAIM Roadmap, authorize agreements and all necessary documents for submission and regulatory processing for CalAIM implementation,

authorize the IGT agreement with DHCS for the CalAIM Behavioral Health Payment Reform implementation and transfer local funds to DHCS, amend behavioral health contracts funded by Medi-Cal Federal Financial Participation to reflect changes associated with CalAIM Behavioral Health Payment Reform implementation, and authorize application for future funding opportunities to build capacity and infrastructure to ensure successful local implementation.

This item supports the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the *Live Well San Diego* vision of healthy, safe, and thriving communities. This approach will ensure higher quality care and more equitable health outcomes by improving and integrating care for people with complex health and social needs.

RECOMMENDATION(S) CHIEF ADMINISTRATIVE OFFICER

- 1. Receive the San Diego Advancing and Innovating Medi-Cal Roadmap.
- 2. Authorize the Agency Director, Health and Human Services Agency, or designee to execute agreements, certification forms, and all necessary documents for submittal and regulatory processing as required for California Advancing and Innovating Medi-Cal (CalAIM) implementation.
- 3. Authorize the Agency Director, Health and Human Services Agency (HHSA), or designee, to execute, upon receipt, the Intergovernmental Transfer (IGT) agreement with the Department of Health Care Services (DHCS) for CalAIM Behavioral Health Payment Reform implementation, and transfer local eligible funds to DHCS, as specified in the agreement, and authorize the Agency Director, HHSA, or designee, to execute, upon receipt, future updates or amendments to the agreement, as required, that do not materially impact or alter the services.
- 4. 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 behavioral health contracts funded by Medi-Cal Federal Financial Participation to reflect changes associated with CalAIM Behavioral Health Payment Reform implementation, subject to the availability of funds, and amend the contracts as required in order to reflect changes to services and funding allocations as a result of CalAIM, subject to the approval of the Agency Director, HHSA.
- 5. Authorize the Chief Administrative Officer or designee to apply for any additional funding opportunities to ensure successful CalAIM implementation in San Diego County.

EQUITY IMPACT STATEMENT

Historic inequities within the healthcare system and across broader social and economic factors have resulted in worse health outcomes among Black, indigenous, and people of color, including reduced life expectancy and increased risk for some chronic diseases and other morbidities. The COVID-19 pandemic further exacerbated disparities in health and healthcare, particularly for Black, Hispanic/Latino, and American Indian/Alaska Native and Pacific Islander populations. As a major source of healthcare coverage, Medi-Cal can help advance equity goals and reduce

disparities by increasing access to health care, identifying new and innovative approaches to service delivery, and implementing changes to managed care, provider payments, and benefits. Medi-Cal is the main source of health insurance coverage for California's low-income children, adults, and seniors and people with disabilities. Over one million people in San Diego County meet income eligibility requirements for Medi-Cal. People of all ages are enrolled in Medi-Cal for health care coverage: as of March 2023, those age 19 to 44 years old represent the largest Medi-Cal population in San Diego County (38.3%), followed by children age 0 to 18 years old (32.3%), adults age 45 to 64 (20.4%), and adults age 65 and older (9.0%). Among individuals with a reported race/ethnicity, 37.5% were Hispanic, 17.3% were White, 6.9% were Asian and Pacific Islander, 5.0% were Black, and 0.4% were American Indian and Alaska Native; race/ethnicity was not reported for 33.0% of enrollees. As of March 2023, 1,062,906 individuals were enrolled in Medi-Cal in San Diego County, representing one-third of the county's population and the second largest Medi-Cal population in the state.

California Advancing and Innovating Medi-Cal (CalAIM) is the Department of Health Care Services' framework to improve health equity by addressing social drivers of health and prioritizing prevention and whole person care beyond healthcare settings. To guide local CalAIM implementation efforts, community partners including County of San Diego (County) departments, managed care plans, health and social care providers, community organizations, consumer and community advocates were engaged in the development of the County's San Diego Advancing and Innovating Medi-Cal (SDAIM) Roadmap. Community and stakeholder engagement took place between November 2022 and February 2023 and included focused input sessions, community listening sessions, and a presentation at a local conference. Input gathered from these efforts informed the development of the SDAIM Roadmap.

SUSTAINABILITY IMPACT STATEMENT

The proposed action supports several County of San Diego (County) sustainability goals and commitments that strengthen the resilience of the community, including community participation, ensuring equitable access to services, and affirming services meet health and social care needs which align, respectively, with the County's Sustainability Goal #1 to engage the community in a meaningful way, Sustainability Goal #2 to provide just and equitable access to services, and Sustainability Goal #4 to protect the health and wellbeing of everyone in the region. This will be accomplished by funding a more efficient system that will improve care coordination and serve as an essential first step toward implementing added enhancements with long-lasting benefits.

FISCAL IMPACT

Recommendations 1, 2, and 5

There is no fiscal impact associated with today's actions for Fiscal Year (FY) 2023-24. There may be future impacts based on recommendations. Any such recommendations would be brought to the San Diego County Board of Supervisors for consideration and approval. There is no change in net General Fund costs and no additional staff years.

SUBJECT: RECEIVE THE SAN DIEGO ADVANCING AND INNOVATING MEDI-

CAL ROADMAP AND AUTHORIZE AN INTERGOVERNMENTAL TRANSFER AGREEMENT FOR BEHAVIORAL HEALTH SERVICES

(DISTRICTS: ALL)

Recommendations 3-4

Funds for this request are included in the FY 2023-25 CAO Recommended Operational Plan Change Letter for the Health and Human Services Agency. If approved, the current behavioral health system impacted by the Intergovernmental Transfer (IGT) process will be approximately \$500 million across existing Medi-Cal eligible services annually. The funding sources for the IGT are local funds, including Realignment, Mental Health Services Act and existing General Purpose Revenue. There will be no change in net General Fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Health Services Advisory Board will be provided an informational presentation during the next meeting since there was not a quorum to allow for the May 2, 2023 meeting.

BACKGROUND

On July 13, 2021 (14) the San Diego County Board of Supervisors (Board) committed to providing opportunities to achieve better health outcomes and reduce health disparities for vulnerable populations by supporting the County of San Diego's (County) Wellness Delivery System. In alignment with Board action, the County mobilized planning and coordination to support implementation of California Advancing and Innovating Medi-Cal (CalAIM). CalAIM is the Department of Health Care Services' (DHCS) long-term commitment to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system transformation including program and payment reforms.

Active participation in Medi-Cal delivery system transformation allows the County to facilitate the integration of primary health, behavioral health, and social services and streamline service coordination for vulnerable San Diego County residents enrolled in Medi-Cal. The County Health and Human Services Agency (HHSA), Medical Care Services (MCS) San Diego Advancing and Innovating Medi-Cal (SDAIM) Unit was established in July 2022 to serve as the County's centralized approach to support local CalAIM implementation. Specific to behavioral health, CalAIM will allow for consistent and seamless administration of Medi-Cal by reducing complexity, increasing flexibility, improving outcomes, reducing health disparities, and driving behavioral health delivery system transformation through policy improvements and payment reform that will shift from the existing cost-reimbursement system to a fee-based reimbursement system.

About CalAIM

CalAIM is a transformational plan to modernize the State's Medicaid program (referred to as Medi-Cal) by shifting to a statewide population health approach that prioritizes prevention and whole person care beyond healthcare settings and addresses social drivers of health. As the State agency overseeing the health care provided to Medi-Cal recipients, DHCS released an initial proposal in October 2019 and received Centers for Medicaid and Medicare Services approval in

December 2021. The first CalAIM reforms began implementation in January 2022 and additional reforms will phase in through 2027.

The CalAIM initiative involves several key components, including Enhanced Care Management (ECM), Community Supports, Population Health Management, Behavioral Health Delivery System Transformation, Services and Supports for Justice-Involved Adults and Youth, and Managed Long-Term Services and Supports, among several others that will be phased in through 2027. The initial emphasis is on the introduction of a new Medi-Cal ECM statewide benefit and new optional Community Supports often associated with, but not limited to ECM.

ECM is person-centered care management provided primarily through in-person engagement where enrollees live, seek care, and choose to access services. ECM is part of a broader CalAIM Population Health Management system design through which Managed Care Plans (MCPs) will offer care management interventions at different levels of intensity based on member need, addressing the fact that half of Medi-Cal spending is attributable to the five percent of enrollees with the highest-cost needs. These enrollees typically have several complex health conditions that require them to access services from several different delivery systems. ECM implementation is being phased in from January 2022 through January 2024 to the most vulnerable Medi-Cal beneficiaries who meet eligibility criteria within one or more CalAIM Populations of Focus:

- Adults and their Families Experiencing Homelessness;
- Adults at Risk for Avoidable Hospital or Emergency Department Utilization;
- Adults with Serious Mental Health and/or Substance Use Disorder Needs;
- Adults with Intellectual or Developmental Disabilities;
- Adults Living in the Community and at Risk for Long Term Care Institutionalization;
- Adult Nursing Facility Residents Transitioning to the Community;
- Adults with Dependent Children/Youth Living with Them Experiencing Homelessness;
- Children and Youth Populations of Focus;
- Birth Equity Populations of Focus; and
- Individuals Transitioning from Incarceration.

Community Supports, also known as "In-Lieu of Services," are new services offered by Medi-Cal MCPs as cost effective alternatives to traditional medical services or settings. Community Supports are designed to address social drivers of health and are provided by community-based organizations and other social care providers through contracts with MCPs. DHCS has initially approved 14 Community Supports, including housing navigation, housing deposits, short-term post-hospitalization housing, recuperative care (medical respite), sobering centers, and medically tailored meals. Community Supports are voluntary, but DHCS is encouraging all Medi-Cal MCPs to offer as many of the 14 pre-approved Community Supports as possible to eligible Medi-Cal members, regardless of whether they qualify for ECM services.

Local CalAIM Implementation Update & SDAIM Roadmap Development

The County has established essential infrastructure and developed an initial workplan (roadmap) to align County priorities with the CalAIM initiative and guide future planning and coordination

of implementation activities. This demonstrates the County's commitment to a healthier region that fosters coordinated and equitable access to health and social care for Medi-Cal beneficiaries through a cross-sector collaborative approach involving the County, MCPs, and community partner organizations.

Local CalAIM Implementation Accomplishments

The County has achieved the accomplishments detailed below since the statewide roll-out of CalAIM:

Focus Area	Accomplishments
Infrastructure	• Established SDAIM Unit within MCS (July 2022).
	• Committed thirteen staff years to MCS to carry out essential SDAIM planning and implementation activities (July 2022).
	• Established a dedicated County SDAIM webpage to serve as a repository for public documents for MCPs, providers, and the community about CalAIM and associated County activities (June 2022).
	• Awarded CalAIM Providing Access and Transforming Health (PATH) Justice-Involved Capacity Building Program Round 1 funding totaling \$250,000 (August 2022).
	• Awarded CalAIM PATH Capacity and Infrastructure Transition, Expansion, and Development Round 1b funding totaling \$2,491,507 (March 2023).
Leadership &	• Participated in regular meetings with DHCS (ongoing).
Policy	• Submitted public comments and letters to DHCS, the Secretary of California Health and
Advocacy	Human Services, and to the local Medi-Cal MCPs (March 2021-January 2023).
	• Participated in forums, collaboratives, and information exchanges through DHCS,
	County Health Executives Association of California, and National Association of Counties (ongoing).
Stakeholder Engagement	• Engaged with internal and external stakeholders to share information and carry out essential CalAIM planning and coordination (August 2022-March 2023).
and	• Established a multi-departmental SDAIM Steering and Operational Committee with the
Collaboration	purpose of ensuring ongoing coordination, collaboration, and communication between the many County departments with interests and responsibilities in CalAIM (July 2022).
	• Engaged local MCPs through Healthy San Diego, the DHCS PATH Collaborative, and ancillary meetings (ongoing).
Assessment,	• Conducted a preliminary inventory to identify current ECM and Community Supports
Data, and	and to quantify utilization of services (August 2022).
Evaluation	• Conducted CalAIM implementation assessment to explore the local health and social
	service landscape serving the Medi-Cal population (October 2022-present).
	• Completed a preliminary internal assessment to identify intersections between County
	programs and services and CalAIM (September 2022).
	• Started to explore data platform and Information Technology solutions to facilitate data
	sharing among County departments and with the community (ongoing).

SDAIM Roadmap Development

On July 13, 2021 (14) the Board requested a workplan that will guide the process and development of policy reforms to improve the County's Wellness Delivery System. The proposed SDAIM Roadmap (Attachment A) was developed to guide SDAIM implementation in San Diego County, to facilitate alignment of County and regional priorities with the CalAIM initiative, and to foster coordination and collaboration between County departments, MCPs, health and social care providers, community organizations, consumers, and advocates. The SDAIM Roadmap clarifies the role of SDAIM based on stakeholder input and outlines key priority areas that will be updated with future considerations identified by community and County stakeholders as the CalAIM initiative continues to roll out.

From August 2022 to March 2023, stakeholder input was obtained through various meetings and five community engagement events, including two focused input sessions, two community listening sessions, and one presentation at a local conference. The purpose of the community engagement was to involve stakeholders in the development of the SDAIM Roadmap and integrate their ideas and suggestions on how to ensure successful CalAIM implementation in the San Diego County region. The findings helped clarify the unique role of SDAIM, identify priority areas, and define strategic actions linked to the priorities. For the community sessions, organizations serving communities most impacted by CalAIM were invited to participate. All community engagement sessions were conducted with the assistance of a contracted facilitator. Each session included an overview of the objectives for developing a workplan to guide local CalAIM implementation. At the conclusion of the community engagement sessions, the findings and key themes were compiled in a summary report. Participation included:

- Focused Input Sessions: 27 stakeholders and community members participated across the two focused input sessions that were held in November 2022 and December 2022.
- Live Well Advance Conference and School Summit Session: 55 stakeholders and community members attended a CalAIM 101 session at the Live Well Advance Conference and School Summit in December 2022.
- Community Listening Sessions: Approximately 300 community members representing Managed Care Plans, CalAIM service providers, County departments, health professionals, community-based organizations, consumers, and advocates attended the community listening sessions, which included some participants from the focused input session groups. The community listening sessions were hosted via Zoom on February 15, 2023, and February 21, 2023. Outreach materials included information on how to request interpretation services and simultaneous Spanish interpretation was provided.

The SDAIM Roadmap is designed to be a flexible document that can address emerging needs with appropriate adaptations to policy and service delivery goals. This will allow the roadmap to evolve over the multi-year roll-out of the CalAIM initiative. The key components include: SDAIM goal, role, priority areas and strategic actions, data and evaluation, and moving forward.

Next steps will include continuing the community engagement process, conducting capacity and infrastructure assessments, operationalizing priorities and strategic actions, creating a framework for continuous improvement, and maintaining an updated roadmap that reflects progress.

SUBJECT: RECEIVE THE SAN DIEGO ADVANCING AND INNOVATING MEDI-

CAL ROADMAP AND AUTHORIZE AN INTERGOVERNMENTAL TRANSFER AGREEMENT FOR BEHAVIORAL HEALTH SERVICES

(DISTRICTS: ALL)

Behavioral Health Payment Reform

Beginning on July 1, 2023, County HHSA, Behavioral Health Services (BHS) will begin transitioning existing and new County-operated and contracted services from the current certified public expenditure-based reimbursement methodology to an Intergovernmental Transfer (IGT)-based reimbursement methodology for Medi-Cal Specialty Mental Health Services, Substance Use Disorder Behavioral Health Treatment Services, Expanded Substance Use Disorder Treatment Services, and costs incurred by BHS to administer those benefits. The IGT process will require a transfer of local funding, such as Mental Health Services Act and Realignment funds, to DHCS to be used as a County's portion of the non-federal share, or match, in claiming for behavioral health Medi-Cal services, also known as Federal Financial Participation (FFP). If today's action is approved, the current behavioral health system impacted by the IGT process will be approximately \$500 million across existing Medi-Cal eligible services annually.

Today's action requests the Board to receive the SDAIM Roadmap, authorize agreements and all necessary documents for submission and regulatory processing for CalAIM implementation, authorize the IGT agreement with the DHCS for the CalAIM Behavioral Health Payment Reform implementation and transfer local funds to DHCS, amend behavioral health contracts funded by Medi-Cal FFP to reflect changes associated with CalAIM Behavioral Health Payment Reform implementation, and authorize application for future funding opportunities to build capacity and infrastructure to ensure successful local implementation.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the County of San Diego's 2023-2028 Strategic Plan initiatives of Equity (Health) and Community (Quality of Life) by improving and integrating care for people with complex health and social needs.

Respectfully submitted,

HELEN N. ROBBINS-MEYER
Interim Chief Administrative Officer

ATTACHMENT(S)

Attachment A- San Diego Advancing and Innovating Medi-Cal Roadmap

San Diego Advancing and Innovating Medi-Cal (SDAIM)

A Roadmap to Accessible, Quality Health and Social Care for Medi-Cal Members





What is CalAIM?

California Advancing and Innovating Medi-Cal (CalAIM): Department of Health Care Services multi-year initiative to improve the quality of life and health outcomes of Medi-Cal members by implementing broad delivery system, program, and payment reforms across the Medi-Cal program.

What is SDAIM?

San Diego Advancing and Innovating Medi-Cal (SDAIM): County of San Diego Health and Human Services Agency's dedicated unit within Medical Care Services that supports County departments and external partners to implement CalAIM locally.

Why Do We Need a SDAIM Roadmap?

The goal of SDAIM is to establish a cross sector, collaborative approach to improve San Diego County's wellness delivery system that ensures coordinated and equitable access to quality health and social care for Medi-Cal members.

The SDAIM Roadmap was developed to:

- Guide CalAIM implementation in San Diego County
- Facilitate alignment of County and regional priorities with the CalAIM initiative
- Foster coordination and collaboration between County departments, managed care plans, health and social care providers, community organizations, consumers and advocates

What is SDAIM's Role?

The County of San Diego is committed to assuring that Medi-Cal members have equitable access to the critical health and social services they need to live well.*

SDAIM advances the County's commitment to equitable access through the following roles:

Facilitate

countywide response to service delivery issues **Promote streamlined** Advocate at the regional, state, and and standardized national levels processes SDAIM's Role **Cultivate** Elevate consumercollaborative driven needs partnerships Foster data sharing **Disseminate** and infrastructure information

^{*} The County of San Diego's Behavioral Health Services (BHS) is the Specialty Mental Health Plan for Medi-Cal beneficiaries in San Diego County and oversees the local Drug Medi-Cal Organized Delivery System. BHS is implementing major components of CalAlM, including the launch of behavioral health payment reform; documentation redesign for substance use disorder and specialty mental health services; and administrative integration of specialty mental health and substance use disorder services.

San Diego Advancing and Innovating Medi-Cal (SDAIM)

A Roadmap to Accessible, Quality Health and Social Care for Medi-Cal Members





Our Priority Areas How we will support the community



More Changes to Come



Safety Net

- Strengthen social and clinical care resources
- Promote strong engagement with community partners



Medicaid Innovation

- Identify new delivery models and best practices
- Drive policy and procedure enhancements
- Advocate for State and Federal policy changes



Care Coordination

- Promote streamlined processes for member identification, referrals, and authorizations
- Strengthen care transitions



- Assess countywide service capacity and identify gaps
- Secure funding for capacity building and infrastructure

Data and Evaluation

The County will support efforts to measure the impact of CalAIM:

- Participate in a regional data sharing framework
- Identify the impacts of CalAIM on community health and well-being
- Share successes and areas of opportunity to continue advancing health equity

Moving Forward

The County will concentrate efforts on the following initial steps to implement the SDAIM Roadmap:

- Engage community
- Conduct capacity and infrastructure assessments
- Operationalize and implement priorities and strategic actions
- Create a framework for continuous improvement
- Maintain an updated Roadmap that reflects progress



Nick Macchione, Agency Director, Health and Human Services Agency
Eric McDonald, MD, MPH, Chief Medical Officer, Medical Care Services
Heather Summers, EdD, MSW, Deputy Director, Medical Care Services
Luke Bergmann, PhD, Director, Behavioral Health Services
May 23, 2023



MEDI-CAL

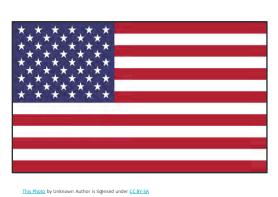


- Medicaid is the US government's health insurance program for low-income individuals
- California's Medicaid program is called Medi-Cal
- The California Department of Health Care Services contracts with local Medi-Cal Health Plans to serve its members









Medicaid

MEDI-CAL IN SAN DIEGO COUNTY







Medi-Cal provides health insurance coverage for over 1,000,000 people in San Diego County in 2023



Almost 1 out of 3 people in San Diego County are Medi-Cal beneficiaries



193% increase in recipients in San Diego County since 2011



5% of enrollees with the highest-cost needs account for over half of Medi-Cal spending

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL OVERVIEW



CalAIM Primary Goals

Whole Person Care Approach

Improve Outcomes, Reduce Health Disparities, and Payment Reform

Reduce Complexity and Increase Flexibility

CALAIM SERVICES



Enhanced Care Management

- Outreach and Engagement
- Comprehensive Assessment and Care Management Plan
- Coordination and Referral to Supportive Services

- Enhanced Coordination of Care
- Member and Family Supports
- Health Promotion
- Comprehensive Transitional Care

CALAIM SERVICES



Community Supports

- Housing Navigation
- Housing Deposits
- Housing Tenancy Services
- Short-term Post-Hospitalization Housing
- Recuperative Care
- Respite Services
- Day Programs
- Asthma Remediation

- Nursing Facility
 Transition/Diversion to Assisted
 Living
- Nursing Facility Transition to Home
- Personal Care Services
- Home Modifications
- Medically Tailored Meals
- Sobering Centers

PERSON CENTERED APPROACH: FRANK'S* STORY



Enhanced Care Management

- Outreach and Engagement
- Comprehensive Assessment
- Care Management Plan
- Referral to Services
- Coordination of Care



Community Supports

- Housing Navigation
- Housing Deposits
- Housing Tenancy Services
- Medically Tailored Meals
- Sobering Centers

^{*} Frank and the story are fictional, but they represent actual cases.

SDAIM ROADMAP



Advocate at the regional, state, and national levels

Elevate consumerdriven needs Facilitate
countywide
response to service
delivery issues

SDAIM's Role

Promote streamlined and standardized processes

Cultivate collaborative partnerships

Foster data sharing and infrastructure

Disseminate information

SDAIM ROADMAP





LOCAL ACCOMPLISHMENTS



Assessment,
Data &
Evaluation

Infrastructure

Leadership & Policy Advocacy

Payment Reform

Stakeholder Engagement & Collaboration

BEHAVIORAL HEALTH SERVICES



CalAIM Enhancements to Behavioral Health Services

- Integration with physical health care
- Reduced barriers and increased access to care
- Improved outcomes
- New and enhanced services
- Reduced administrative burden

Behavioral Health Payment Reform

- Incentivizes health outcomes and quality of care
- Modernization of reimbursement process
- Increased flexibility



RECOMMENDATIONS



- Receive the San Diego Advancing and Innovating Medi-Cal Roadmap
- Authorize the Agency Director to execute agreements, certification forms, and all necessary documents for submittal and regulatory processing as required for CalAIM implementation
- Authorize the Agency Director to execute the Intergovernmental Transfer agreement with the Department of Health Care Services for CalAIM Behavioral Health Payment Reform implementation and transfer local eligible funds to Department of Health Care Services
- Authorize the Department of Purchasing and Contracting Director to amend behavioral health contracts funded by Medi-Cal Federal Financial Participation
- Authorize the Chief Administrative Officer to apply for additional CalAIM funding opportunities



Nick Macchione, Agency Director, Health and Human Services Agency
Eric McDonald, MD, MPH, Chief Medical Officer, Medical Care Services
Heather Summers, EdD, MSW, Deputy Director, Medical Care Services
Luke Bergmann, PhD, Director, Behavioral Health Services
May 23, 2023





SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: May 23, 2023 22

TO: Board of Supervisors

SUBJECT:

PREVENTING SUICIDE IN SAN DIEGO COUNTY (DISTRICTS: ALL)

OVERVIEW

Suicide and self-harm are serious public health concerns that affect individuals, families, and communities. In San Diego County, there were 7,630 emergency room discharges and 719 hospitalizations for suicide attempts and self-harm in 2021, with 364 deaths by suicide. These statistics highlight the need for a comprehensive approach to suicide prevention and mental health care services in the community.

Mental health conditions such as depression, bipolar disorder, and anxiety disorders, as well as substance abuse, relationship problems, and life stressors, are among the factors that can contribute to suicidal behavior. The stigma surrounding mental health issues and suicide can make it difficult for individuals to seek help, leading to further isolation and exacerbating their condition.

Veterans, men, young adults, and seniors are especially at risk for suicide. The COVID-19 pandemic has further intensified these risks by disrupting social and community engagement, limiting access to healthcare, and exacerbating feelings of loneliness and isolation. Therefore, the need for mental health and suicide prevention services for the at-risk populations is more important now than ever before. There is a need for comprehensive and evidence-based suicide prevention efforts that are tailored to meet the needs of specific populations.

Today's action recommends a review of all existing suicide prevention efforts by the County, the identification of any gaps in service and underserved populations, and direction to identify and apply for any funding opportunities for suicide and mental health services.

RECOMENDTIONS SUPERVISOR JIM DESMOND

1. Direct the CAO to review all existing suicide prevention efforts by the County with a comprehensive overview of existing programs, contracts, campaigns, and any other efforts to prevent suicide in San Diego County.

SUBJECT: PREVENTING SUICIDE IN SAN DIEGO COUNTY (DISTRICTS: ALL)

- 2. Direct the CAO to complete a needs assessment of gaps in services and identify any underserved populations.
- 3. Direct the CAO to identify and apply for additional funding opportunities for suicide prevention and mental health services.
- 4. Report back to the Board within 180 days.

EQUITY IMPACT STATEMENT

Mental health disorders can affect anyone, but certain groups are disproportionately affected. Individuals who face social and economic disadvantages, such as poverty, unemployment, and housing instability, are at a higher risk of developing mental health conditions. Additionally, individuals who belong to marginalized communities, such as people of color, LGBTQ+ individuals, and individuals with disabilities, may also face higher rates of mental health disorders due to systemic discrimination, stigma, and lack of access to healthcare. Veterans and individuals who have experienced trauma or abuse are at an increased risk of developing mental health disorders.

SUSTAINABILITY IMPACT STATEMENT

This proposed action contributes to the County of San Diego's Sustainability Goal of protecting the health and well-being of all San Diegan residents.

FISCAL IMPACT

There is no fiscal impact associated with this action. There may be future impacts based on recommendations. Any such recommendations would return back for consideration and approval by the Board. Upon return by staff, funding for future costs will need to be identified by the department and will proceed once identified. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

Suicide and self-harm are serious public health concerns that affect individuals, families, and communities. In San Diego County, there were 7,630 emergency room discharges and 719 hospitalizations for suicide attempts and self-harm in 2021, with 364 deaths by suicide. These statistics highlight the need for a comprehensive approach to suicide prevention and mental health care services in the community.

There are several factors that contribute to suicidal behavior, including mental health conditions, substance abuse, relationship problems, and life stressors. The issue is complex, and it can be difficult for individuals who are struggling with suicidal thoughts or feelings to find the help they

SUBJECT: PREVENTING SUICIDE IN SAN DIEGO COUNTY (DISTRICTS: ALL)

need. Furthermore, the impact of suicide extends beyond the individual to their loved ones and the community at large.

Suicidal ideation is often an isolating and stigmatized experience. Veterans, men, young adults, and seniors are especially at-risk. Seniors specifically are suffering due to lower rates of socialization, exacerbated by the COVID-19 pandemic. A survey conducted by the Kaiser Family Foundation found that 47% of seniors reported that their mental health had been negatively affected by social distancing and pandemic-related stress. Overall, the COVID-19 pandemic has had a significant impact on the mental health and well-being of seniors, particularly in terms of increased loneliness and isolation, which are both factors of suicide.

We have come a long way with our suicide prevention and intervention programs in San Diego County such as our Mental Health First Aid initiative and our Suicide Prevention Council which offers trainings like "Question, Persuade, Refer" (QPR) and Creating Opportunities in Preventing and Eliminating Suicide (COPES). It is clear that more needs to be done to address the underlying issues that contribute to suicidal behavior. It is essential for individuals, families, and communities to have open conversations about suicide and mental health to reduce the stigma and promote understanding. By acknowledging the severity of the issue and working together to address the root causes of suicidal behavior, we can make progress towards reducing the number of suicides in San Diego County.

Today's action recommends a review of all existing suicide prevention by the County, the identification of any gaps in service and underserved populations, and direction to identify and apply for any funding opportunities for suicide and mental health services.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Equity (Health) and Community (Quality of Life) Strategic Initiative in the County of San Diego's 2023-2028 Strategic Plan by helping to ensure safe communities that improve the quality of life for all residents.

Respectfully submitted,

JIM DESMOND Supervisor, Fifth District



COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS NORA VARGAS

JOEL ANDERSON Second District

TERRA LAWSON-REMER Third District

> VACANT Fourth District

JIM DESMOND

AGENDA ITEM

DATE: May 23, 2023

TO:

Board of Supervisors

SUBJECT

RECEIVE AN UPDATE ON ESTABLISHING THE BEHAVIORAL HEALTH IMPACT **FUND 2.0 (DISTRICTS: ALL)**

OVERVIEW

On October 11, 2022 (9), the San Diego County Board of Supervisors (Board) found that a Behavioral Health Impact Fund 2.0 (BHIF 2.0) was necessary to meet the social needs of the county's population; established a BHIF 2.0 grant program; directed the County of San Diego (County) to return to the Board with proposed evaluation and selection criteria for the BHIF 2.0; issue request(s) for proposals for behavioral health services; administer the BHIF 2.0; and provide updates on the status of awards, including the total number of awards granted, types of projects awarded, a description of recently awarded projects, and amount of funds remaining.

Today's action provides an update on this direction and a summary of ongoing activities that align with the goals of BHIF 2.0 to ensure funds are available to support the increase in behavioral health needs across the continuum. Additionally, today's action requests authority to provide future updates to coincide with significant developments in lieu of time-certain reporting.

Today's actions support the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional Live Well San Diego vision of healthy, safe, and thriving communities. This will be accomplished by a steadfast commitment to pursue funding opportunities that will allow the County to grow behavioral health supports in alignment with community need.

RECOMMENDATION(S) CHIEF ADMINISTRATIVE OFFICER

- 1. Receive an update on establishing the Behavioral Health Impact Fund 2.0.
- 2. Direct the Chief Administrative Officer to sunset time-certain reporting for the Behavioral Health Impact Fund 2.0, and shift updates to coincide with significant developments.

EQUITY IMPACT STATEMENT

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) serves as the specialty behavioral health plan for Medi-Cal eligible residents

SUBJECT: RECEIVE AN UPDATE ON ESTABLISHING THE BEHAVIORAL HEALTH IMPACT FUND 2.0 (DISTRICTS: ALL)

within San Diego County who are experiencing serious mental illness or serious emotional disturbance, as well as the service delivery system for Medi-Cal eligible residents with substance use disorder care needs. BHS aims to provide resources and services that are equitably distributed and advance wellness across the continuum of need. Today's item supports this vision of advancing behavioral health equity in our region.

SUSTAINABILITY IMPACT STATEMENT

Today's item is an update on the pursuit of funding that will support ongoing behavioral health projects and supports Sustainability Goal #4 to protect the health and well-being of everyone in the region by exploring grant funding opportunities available at the State and federal level.

FISCAL IMPACT

There is no fiscal impact associated with these items. There will be no change in net General Fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

On May 4, 2023, the Behavioral Health Advisory Board approved this Board Letter on consent.

BACKGROUND

On October 11, 2022 (9) the San Diego County Board of Supervisors (Board) found that a Behavioral Health Impact Fund 2.0 (BHIF 2.0) was necessary to meet the social needs of San Diego County residents and established the BHIF 2.0 grant program, and took the following actions:

- Directed the Chief Administrative Officer (CAO) to return to the Board within 120 days with proposed evaluation and selection criteria for the BHIF 2.0;
- Authorized the Director, Department of Purchasing and Contracting to issue request(s) for proposals for continuum of care services to include behavioral health workforce programs, services, and/or infrastructure projects, to award agreements, and to amend the grant agreements as necessary;
- Directed the CAO to administer the BHIF 2.0, including the evaluation of proposals and the administration of the resulting agreements; and
- Directed the CAO to submit a written report to the Board every 120 days on the status of awards, including the total number of awards granted, types of projects awarded, a description of recently awarded projects, and amount of funds remaining.

Following this direction, the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) has explored multiple funding sources but has not yet identified any funding sources to establish BHIF 2.0. However, in alignment with the BHIF 2.0 goals, BHS continues to explore grant funding opportunities available at the State and federal level to meet the social needs of the San Diego County population. In Fiscal Year 2022-23, BHS has pursued grant opportunities totaling over \$220M and has been awarded just over \$33M with the possibility of additional awards (pending final decisions by the State) that will further support behavioral health

SUBJECT: RECEIVE AN UPDATE ON ESTABLISHING THE BEHAVIORAL HEALTH IMPACT FUND 2.0 (DISTRICTS: ALL)

needs across the continuum. Given that no funding has been identified, the establishment of evaluation and selection criteria as well as a procurement for new projects is paused at this time.

Today's recommended actions request that the Board accept this initial update on BHIF 2.0 and authorize future updates to coincide with significant developments in lieu of time-certain reporting.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the County of San Diego's 2023-2028 Strategic Plan initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision, by pursuing funding to support the regional continuum of behavioral health services.

Respectfully submitted,

HELEN N. ROBBINS-MEYER

Interim Chief Administrative Officer

ATTACHMENT(S)

N/A





COUNTY OF SAN DIEGO

AGENDA ITEM

NORA VARGAS

JOEL ANDERSON Second District

TERRA LAWSON-REMER Third District

> VACANT Fourth District

JIM DESMOND Fifth District

DATE: May 23, 2023 26

Board of Supervisors TO:

SUBJECT

RECEIVE UPDATE ON OPIOID SETTLEMENT FRAMEWORK IMPLEMENTATION AND HARM REDUCTION MEDIA CAMPAIGNS INCLUDING ILLICIT FENTANYL AWARENESS FOR YOUTH; AUTHORIZE COMPETITIVE SOLICITATIONS FOR PUBLIC MESSAGING, OUTREACH, AND EDUCATION CAMPAIGNS; AND AUTHORIZE UPDATES TO THE OPIOID SETTLEMENT **FRAMEWORK** (DISTRICTS: ALL)

OVERVIEW

The overdose epidemic continues to affect communities nationwide, with illicit fentanyl driving a large proportion of the overdose deaths. In San Diego County, opioids are involved in the majority of overdose deaths. In response to this crisis, the San Diego County Board of Supervisors (Board) approved several recent actions including, but not limited to:

- Adoption of the County of San Diego's (County) Comprehensive Harm Reduction Strategy (June 8, 2021 (4));
- Approval of a media campaign to prevent fentanyl overdoses in youth (October 19, 2021
- Declaring Illicit Fentanyl a Public Health Crisis (June 28, 2022 (22));
- Enhancing Fentanyl Education and Strengthening Harm Reduction Efforts for Young People (October 11, 2022 (11)); and
- Adoption of the San Diego County Opioid Settlement Framework (October 25, 2022 (20)).

Today's action provides updates on these Board-directed actions and seeks approval to issue competitive solicitations for as-needed behavioral health responsive public messaging, outreach, and education, to meet the urgent needs of the region. Additionally, today's action authorizes the Chief Administrative Officer or designee to review the Opioid Settlement Framework established on October 25, 2022 (20) to ensure alignment with Opioid Settlement Agreements and any new State guidance and return to the Board in 120 days with any recommended changes. This item supports the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as the ongoing commitment to the regional Live Well San Diego vision of

SUBJECT: RECEIVE UPDATE ON OPIOID SETTLEMENT **FRAMEWORK** IMPLEMENTATION AND HARM REDUCTION MEDIA CAMPAIGNS INCLUDING ILLICIT **FENTANYL AWARENESS FOR** YOUTH: **AUTHORIZE COMPETITIVE SOLICITATIONS** FOR **PUBLIC** MESSAGING, OUTREACH, AND EDUCATION CAMPAIGNS; AND AUTHORIZE UPDATES TO THE OPIOID SETTLEMENT FRAMEWORK (DISTRICTS: ALL)

healthy, safe, and thriving communities. This will be accomplished by investing in access for care, support, outreach, and education for those impacted by the opioid crisis.

RECOMMENDATION(S) CHIEF ADMINISTRATIVE OFFICER

- 1. Receive an update on the implementation of the Opioid Settlement Framework.
- 2. Receive an update on harm reduction outreach and education campaigns, including a media campaign to prevent fentanyl overdoses for youth.
- 3. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue one or more competitive solicitations for as-needed behavioral health responsive public messaging, outreach, and education, which may include but is not limited to overdose prevention, harm reduction, illicit fentanyl, naloxone, prescription opioid misuse, and other urgent behavioral health priorities, including crisis services, Community Assistance, Recovery & Empowerment Act, and others, as needed, and upon successful negotiations and determination of a fair and reasonable price, award up to six contracts for an initial term of up to one year, with four option years, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
- 4. Authorize the Chief Administrative Officer or designee to review the Opioid Settlement Framework established on October 25, 2022 (20) to ensure alignment with Opioid Settlement Agreements and any new State guidance and return to the San Diego County Board of Supervisors in 120 days with any recommended changes.

EQUITY IMPACT STATEMENT

Every San Diegan experiences the world differently and has unique circumstances and opportunities that can impact health, lifestyle behaviors, and overall well-being, leading to differences in health outcomes, or health inequities. These health disparities exist among communities, including when it comes to overdose and substance use. Although no single age group, race/ethnicity, gender, or socioeconomic status is immune to the current overdose crisis, data from the County of San Diego (County) Medical Examiner Office and the San Diego Association of Governments indicate that those between the ages of 18-45 years old, as well as Native American/Alaska Native and Black/African American residents, are disproportionately impacted by fatal overdose compared to others. Based upon this, efforts are underway in collaboration with regional stakeholders to learn unique needs as it relates to this issue.

Today's recommendations build on the San Diego County Board of Supervisors' prior actions, including the adoption of the Opioid Settlement Framework, to specifically address the opioid and illicit fentanyl public health crisis. Through the implementation and performance monitoring

SUBJECT: RECEIVE UPDATE ON OPIOID SETTLEMENT **FRAMEWORK** IMPLEMENTATION AND HARM REDUCTION MEDIA CAMPAIGNS INCLUDING ILLICIT **FENTANYL AWARENESS FOR** YOUTH: **COMPETITIVE AUTHORIZE SOLICITATIONS** FOR **PUBLIC** MESSAGING, OUTREACH, AND EDUCATION CAMPAIGNS; AND AUTHORIZE UPDATES TO THE OPIOID SETTLEMENT FRAMEWORK (DISTRICTS: ALL)

of programs and services driven by the Opioid Settlement Framework's key components, as well as the current and future responsive behavioral health public messaging, outreach, and education efforts, the County strives to reduce harm to San Diego County residents impacted by this crisis.

SUSTAINABILITY IMPACT STATEMENT

Today's actions support the County of San Diego's (County) Sustainability Goal #2 to provide just and equitable access to County services with investments focused on chronically underserved communities. The implementation of the Opioid Settlement Framework ensures that programs and services are informed by the community and are available countywide to address the opioid and overdose crisis. This item also supports Sustainability Goal #4 to protect the health and well-being of everyone in the San Diego County region, through broad public messaging campaigns designed to educate residents on illicit fentanyl, naloxone, crisis response services for psychiatric emergencies, and other urgent public messaging needs.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year (FY) 2023-24 CAO Recommended Operational Plan Change Letter in the Health and Human Services Agency. If approved, today's recommendation will result estimated annual costs and revenue of up to \$6.0 million in FY 2023-24 and estimated annual costs and revenue of up to \$6.0 million in FY 2024-25. The funding sources are Opioid Settlement Funds, Mental Health Services Act, Community Assistance, Recovery & Empowerment Act Start-Up/Planning funds, and Crisis Care Mobile Unit grant funds. 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 regular meeting on April 6, 2023, the Behavioral Health Advisory Board voted to approve these recommendations.

BACKGROUND

The United States is in the midst of an overdose crisis that has had a devastating impact on public health and the overall well-being of all Americans. Data from the Center for Disease Control and Prevention (CDC) National Center for Health Statistics indicate there were an estimated 106,699 overdose deaths in 2021. According to the CDC, most of these deaths were caused by synthetic drugs, such as illicitly manufactured fentanyl and methamphetamine, often in combination with other drugs, including cocaine and heroin. In 2021, opioids accounted for 71% of all San Diego County drug overdose deaths, with 743 of the 820 opioid deaths involving fentanyl. While overdose deaths are still elevated, preliminary 2022 data from the County of San Diego (County) Medical Examiner Office is promising. From January to June 2021, there were a

SUBJECT: RECEIVE UPDATE ON OPIOID SETTLEMENT **FRAMEWORK** IMPLEMENTATION AND HARM REDUCTION MEDIA CAMPAIGNS INCLUDING ILLICIT **FENTANYL AWARENESS FOR** YOUTH: **AUTHORIZE COMPETITIVE SOLICITATIONS** FOR **PUBLIC** MESSAGING, OUTREACH, AND EDUCATION CAMPAIGNS; AND AUTHORIZE UPDATES TO THE OPIOID SETTLEMENT FRAMEWORK (DISTRICTS: ALL)

total of 309 drug (218 opioid) overdose deaths; in 2022 for that same time period, there were 273 drug (198 opioid) overdose deaths.

In response to this crisis, the San Diego County Board of Supervisors (Board) has approved several recent actions including, but not limited to:

- Adoption of the County's Comprehensive Harm Reduction Strategy (June 8, 2021 (4));
- Approval of a media campaign to prevent fentanyl overdoses in youth (October 19, 2021 (2));
- Declaring Illicit Fentanyl a Public Health Crisis (June 28, 2022 (22));
- Enhancing Fentanyl Education and Strengthening Harm Reduction Efforts for Young People (October 11, 2022 (11)); and
- Adoption of the San Diego County Opioid Settlement Framework (October 25, 2022 (20)).

Today's item provides an update on the broad range of work the County has undertaken toward overdose prevention, with a special focus on implementation of the Opioid Settlement Framework (Framework) and public messaging campaigns focused on harm reduction outreach and education. The County is leveraging diverse funding streams to support this body of work including Medi-Cal, Mental Health Services Act funds through the healthcare integration work, Substance Abuse Block Grant funding, Overdose Data to Action (OD2A), and Opioid Settlement Funds.

Opioid Settlement Framework

The County was a party to lawsuits against particular opioid pharmaceutical companies, manufacturers, and distributors that flooded the medical and street marketplaces with their products resulting in substantial loss of life due to overdose and contributing to the ongoing struggles of many to overcome addiction. As these lawsuits resulted in an unprecedented award for the County, community engagement forums consisting of opioid experts and community stakeholders were convened to determine the best use for these funds, which informed the Framework adopted by the Board on October 25, 2022 (20).

As of February 2023, the County has received \$14.2 million in proceeds from the Janssen & Distributors (J&D) and Malinckroft settlements. Guidance from the Department of Health Care Services (DHCS) for the allowable uses of the J&D settlement funds has been developed while guidance for the use of the Malinckroft settlement is pending. Based on current guidelines available for allowable uses, funds must be used for future opioid remediation activities and includes care, treatment, and other programs and expenditures designed to: 1) Address the misuse and abuse of opioid products; 2) Treat or mitigate opioid use or related disorders; or 3) Mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic.

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In addition to the opioid remediation activities outlined within the settlement agreements, the State requires no less than 50% of the funds received by a California Participating Subdivision from the Abatement Accounts Fund in each calendar year to be used for designated High Impact Abatement Activities (HIAA). DHCS guidance emphasizes investing in evidence-based practices with a focus on those listed in the State designated core strategies and HIAA.

Today's update is reported below within the three key components outlined by the Framework, healthcare integration, harm reduction and prevention, and social supports and services. Additionally, details include activities-to-date occurring within each component and is informed by feedback that emerged from the community engagement forums. Updates on other activities and key performance indicators included in the Framework but not mentioned in today's item will be reported in the future as significant updates occur.

Healthcare Integration

Healthcare integration recognizes that both medical and behavioral health factors are important parts of a person's overall health. Medical and behavioral health clinicians work together as a team to address a patient's concerns to improve access to care, minimize stigma, lower costs, and improve overall health outcomes. For this reason, several activities aimed at advancing healthcare integration efforts throughout San Diego County are detailed below.

Design and Implementation of the San Diego Relay Program

The San Diego Relay program – a 24/7 nonfatal overdose response service delivered by peers in selected emergency departments (EDs) in San Diego County will include two main components: an initial ED interaction, and a 90-day period of continued peer navigation and support. Program services will focus on fostering engagement, assessing immediate needs, providing overdose education and naloxone access, and supporting linkages to care and vital services. Through the integration of medical, clinical, and community-based care, participants of San Diego Relay will receive peer-led services aimed at reducing overdose risk and fostering linkages to services that can help them thrive. On March 1, 2023, a Request for Information (RFI) questionnaire was posted to the County's online procurement system (BuyNet), and a virtual meeting was facilitated on March 9, 2023, with the intent to gather feedback, inform the program's design, and identify any potential challenges to achieving program goals. Feedback collected from this process included benefits of the service, oversight requirements and projected operational challenges. This feedback will be used to inform next steps in service planning.

Execution of Health Integration Contracts

Integration of care across physical health, mental health, substance use disorder (SUD) treatment services, and community-based services are key components in addressing the needs of people who use drugs (PWUD). The County has executed two contracts to support the healthcare integration body of work.

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- On February 6, 2023, the *Psychiatric and Addiction Consultation and Family Support* contract was executed, a behavioral health consultation service for primary care providers and behavioral health providers who serve youth, as well as youth clients and their caregivers.
 - The program services aim to enhance primary care providers level of competence, confidence, and capacity to assess and appropriately treat clients with behavioral health needs; improve early identification and treatment of behavioral health issues in youth; and provide education, referrals, and linkages for youth and their caregivers seeking behavioral health services.
 - o Program services are available to providers in primary care and behavioral health care settings that serve people under the age of 21 who are uninsured, underinsured, or enrolled in Medi-Cal, as well as youth and caregivers who receive services in those settings.
 - O Program enhancements include the integration of the American Society of Addiction Medicine (ASAM) criteria to better support level of care determinations for substance use disorder treatment and the addition of a Certified Peer Support Specialist position who will offer peer-led services aimed at supporting both integrated care and the recovery process.
- Additionally, the *Rural Integrated Behavioral Health and Primary Care Services* contract which provides a Collaborative Care Model (CoCM) of services to clients of primary care clinics in rural regions of San Diego County was executed on February 14, 2023.
 - This contract aims to build capacity within primary care clinics in rural communities to treat behavioral health conditions by providing routine screenings, prevention, early identification of behavioral health conditions, brief interventions, evidence-based medications, and warm hand-off linkages to behavioral health treatment providers when needed.
 - O Program services also include outreach and engagement to increase awareness of behavioral health conditions and increase access to behavioral health services in rural communities. The program is available to individuals residing in rural North Inland or East Regions who are Medi-Cal beneficiaries, uninsured or underinsured.
 - O Program enhancements include the adoption of the CoCM, an evidenced-based practice model that is guided by principles of client-centered care, low-barrier treatment, cultural competence, strengths-based, resilience and recovery, and parity across mental health and substance use services. Staff training and service delivery is guided by the CoCM principles and aims to support the comprehensive integrated care the model demands. Additionally, to better support level of care

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determinations for substance use disorder treatment, each program site will have a staff member trained in ASAM criteria.

Development of an EMS Buprenorphine Induction Program

Medication-assisted treatment (MAT) is highly effective in reducing the risk of relapse, reducing the rate of engaging in risky activities, and reducing the costs of substance use disorder treatment for PWUD. A major barrier for PWUD to access and engage in MAT is the rigid requirements for entry and continuation. As part of the County's efforts to offer opportunities for increased access, engagement, and retention among those seeking MAT services, County Emergency Medical Services (EMS) is exploring development of a pilot program authorizing paramedics to initiate MAT (buprenorphine) in the prehospital setting to treat patients in opioid withdrawal. County EMS is collaborating with the Health and Human Services Agency (HHSA) to facilitate a warm handoff to connect these patients to opioid use disorder treatment services, even when patients refuse transport to the hospital "against medical advice" after receiving prehospital buprenorphine.

Development of a prehospital buprenorphine program builds on the County EMS Leave Behind Naloxone program as a next step in mitigation of the opioid crisis. In preparation for implementation of a prehospital buprenorphine program, County EMS has begun recruitment of opioid mitigation-focused staff and has taken the following actions:

- Engaged the State of California EMS Commission with a recommendation to move prehospital buprenorphine from "trial study" status to "local optional scope of practice (LOSOP)" for paramedics. The Commission and EMS Authority ultimately approved this transition thereby making development of a prehospital buprenorphine pilot program feasible in San Diego County.
- Subsequently, submitted a LOSOP application to the EMS Directors Association of California, Scope of Practice meeting in December 2022.
- Hosted a data standardization meeting for all Local EMS Authorities across the State that are planning to apply for buprenorphine LOSOPs.
- Identified needed training and medical oversight systems for this novel prehospital intervention.
- Developed a liaison with the CA Bridge Program, a program of the Public Health Institute, to harmonize local policies and protocols with state-of-the-art, best practice harm reduction strategies.

Development and Integration of an Overdose Response Unit

In an effort to improve detection of overdose outbreaks and facilitate more effective responses, the County is establishing a cross-departmental County Overdose Unit which will be situated within County HHSA, Behavioral Health Services (BHS) and Public Health Services (PHS). This unit will ensure the County can effectively implement and manage cross-sector, real-time

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surveillance and response to overdoses in San Diego County. The unit will be responsible for the monitoring of trends, identification of possible clusters, investigation of individual or cluster situations, and community response, including public messaging and education, as needed. A total of 20 staff years for positions will be added across BHS, PHS, and EMS. The HHSA Overdose Unit will partner with Public Safety Group, San Diego County Fire, and County EMS to support various overdose prevention, surveillance, and response activities. As of May 9, 2023, seven of these 20 positions have been filled.

Innovations in Care: Exploration of the Use of Digital Therapeutics

Digital therapeutics, broadly defined is a treatment or therapy that utilizes digital and often internet-based health technologies to prevent, manage, or treat a medical disorder or disease. Treatments specific to the prevention and management of a wide variety of diseases and conditions including substance use, apply advanced technologies to support treatment adherence and disease progression, with the aim to improve patient health outcomes. BHS staff have reviewed the literature for the effectiveness of digital therapeutics, attended a platform demonstration, and evaluated relevant policy for this treatment adjunct. Staff continue to explore innovative modalities to improve engagement, retention, and effectiveness of services for PWUD.

Harm Reduction and Prevention

Harm reduction services and prevention strategies serve as critical components of the Continuum of Care and are necessary tools for addressing the opioid crisis. Harm reduction emphasizes meeting people where they are and working directly with PWUD to prevent overdoses and disease transmission, and to improve the physical and mental health, and well-being of those served. Prevention strategies, including public messaging campaigns health promotion activities, focus on engaging and empowering individuals and communities to choose healthy behaviors and make changes that reduce the risk of adverse health outcomes. Efforts to further advance this component are detailed below.

Expanding Naloxone Access and Supply

Naloxone is a life-saving medication that reverses the effects of an opioid overdose. Research has demonstrated that broad community distribution of naloxone is associated with a reduction in overdose deaths. Through the County's Naloxone Distribution Program, continued efforts to saturate the community with naloxone are underway and include the implementation of naloxone vending machines and the expansion of the County's naloxone distribution provider network. The first machine was placed on March 2, 2023, in the South Region. Since then, an additional five machines have been placed (three in Central Region; two in North Inland Region) with six more to be placed by June 30, 2023, bringing the total to 12. Of the six that are currently operational, three are placed within Tribal nations.

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Additionally, County EMS and the Sheriff's Department have increased efforts to expand access to naloxone through the development and implementation of innovative Leave Behind Naloxone programs which provide individuals at risk of an overdose, their family, and friends with naloxone.

- As of May 8, 2023, the EMS medical director had approved applications from 15 agencies to participate in the Leave Behind Naloxone program providing naloxone to patients, family, and friends at the scene of an emergency, even when patients refuse transport to the emergency department.
- In December 2022, the Sheriff's Department initiated the Leave Behind Naloxone program and deputies began providing individuals who are at risk of an overdose, their family, and associates with naloxone and information guides. In addition to this community-level effort, some stations have provided the necessary training to their crime prevention personnel to incorporate the program into community-related events. Eighteen of the department's stations, substations, and storefronts are offering free naloxone to anyone who makes the request in person. Since initiating the program, the Leave Behind Naloxone program has distributed 809 naloxone kits as of May 2, 2023.

Comprehensive Harm Reduction Services

Safe, effective, and cost-saving, harm reduction programs offer a range of services to meet the needs of PWUD, including the provision of clean syringes and collection and disposal of used syringes. The most effective programs provide comprehensive services to PWUD, including the distribution of lifesaving medications, health education regarding risk reduction, and referrals to substance use treatment and other health care. In July 2021, a working group with representatives from County and multiple stakeholders outlined program goals, designed a program structure, and developed policies and procedures for program implementation. In November 2022, the Community Readiness Assessment report was completed and shared with the working group.

Currently, PHS is implementing County-operated, comprehensive Harm Reduction Services, including clean syringe access, collection of used syringes, health education regarding risk reduction, testing (HIV, hepatitis C and STIs), and referral to substance use treatment, mental health services, and referral to housing support and other needed services. Services will be provided at several locations throughout San Diego County twice per month using a mobile clinic. Staff have initially engaged the cities of Chula Vista, Escondido, Oceanside, and San Diego, which will be served by the County's program, regarding community engagement, program design, and the public health data used for program development. It is anticipated services will be launched September 2023.

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Drug Checking Services

Drug checking is a harm reduction public health intervention that informs individuals about the composition of their substances to increase awareness, avoid unintended effects, and reduce harm. Specifically, drug checking services provide PWUD with information on the chemical composition of their drug samples to facilitate more informed decision-making. Drug checking services can serve as an immediate intervention tool aimed at changing an individual's drug use if drugs are shown to contain unwanted or unknown chemical compounds. Being able to get more specific information about the contents of their drugs can help PWUD to understand their overdose risk. Drug checking data can also be used to help determine trends in the unregulated drug supply offering opportunities to help inform the development and implementation of effective community responses.

Various technologies can be employed in the provision of drug checking services such as fentanyl testing strips (FTS) and Fourier-transform Infrared (FTIR) technology. FTS are small strips of paper that can detect the presence of fentanyl in different kinds of drugs (cocaine, methamphetamine, heroin, etc.) and drug forms (pills, powders, and injectables). FTS users dissolve a small sample of a drug into water, insert a test strip, and look for an indicator line alerting the user to the presence of fentanyl. Although the results may indicate that fentanyl is present, drug checking strips do not provide information regarding the purity or potency of fentanyl in the substance. FTIR technology identifies chemicals in different kinds of substances using an infrared light source to measure absorption. Infrared radiation passes through a sample; the radiation that passes through the sample is recorded and used to identify and distinguish the different chemicals in the sample. Unlike FTS, FTIR technology can simultaneously detect multiple drugs and adulterants in the same sample and provide quantitative results on purity and potency.

To advance this work, gather feedback, inform the program's design, and identify any potential challenges to achieving program goals a RFI questionnaire was posted to BuyNet on March 23, 2023, and a virtual meeting was facilitated on April 13, 2023. Feedback collected from this process includes program design considerations, anticipated challenges, and recommended strategies to address barriers. Planning and service design work for the implementation of drug checking is ongoing.

Social Supports and Services

To truly address the opioid crisis and help people enter and stay in recovery, a person's full spectrum of needs must be considered. This ranges from emotional and social support to housing and workforce integration. It includes investing in our supportive communities of parents, family members, schools, community organizations, and businesses who are equipped to provide education on substances and treatment resources. For this reason, efforts to engage, foster and inform are underway through public health messaging and outreach campaigns and targeted

SUBJECT: RECEIVE UPDATE ON OPIOID SETTLEMENT **FRAMEWORK** IMPLEMENTATION AND HARM REDUCTION MEDIA CAMPAIGNS INCLUDING ILLICIT **FENTANYL AWARENESS FOR** YOUTH: **AUTHORIZE COMPETITIVE SOLICITATIONS** FOR **PUBLIC** MESSAGING, OUTREACH, AND EDUCATION CAMPAIGNS; AND AUTHORIZE UPDATES TO THE OPIOID SETTLEMENT FRAMEWORK (DISTRICTS: ALL)

naloxone distribution events facilitated in coordination with rural and Tribal nations. Additionally, continued efforts to integrate peers such as in the San Diego Relay model aim to advance the County's commitment to leveraging the valuable perspectives and input of those with lived experience to better serve and meet the needs of PWUD.

Specific efforts to meet the housing needs of PWUD such as the 22-bed Community Harm Reduction Team-designated Safe Haven shelter which opened on December 27, 2022 and provides transitional housing for those who need it most and connection to services. In January 2022, two opioid treatment programs (OTPs) where the first OTPs to administer recovery residence funding. Recovery residences funding at these programs allows a direct access to shelter and supportive living environments as opposed to linkage through an intermediary homelessness service provider. Recovery residences funding will be expanded to additional OTPs which are expected to begin on July 1, 2023.

Update on Behavioral Health Outreach, Education, and Public Messaging Efforts

Parallel to efforts enhancing programs and services to address the opioid crisis, BHS remains committed to public outreach and education efforts through community-informed public messaging campaigns and materials that are clear, meaningful, and persuasive, and delivered through familiar media platforms, posters, radio ads, etc. Today's item includes an update on the youth illicit fentanyl media campaign and upcoming harm reduction campaign efforts, as well as a recommendation to expand and accelerate continued public health messaging and education by approval of new contracts that will establish capacity for timely public messaging that is responsive to community needs.

Youth Illicit Fentanyl Awareness Campaign

On October 19, 2021 (2), the Board approved a recommendation to develop a culturally and age-appropriate substance use awareness campaign, to include a focus on fentanyl awareness, in multiple languages to educate youth and transition age youth about the dangers of illicit substances, including fentanyl and fentanyl-laced or counterfeit prescription drugs.

Activities to solicit input from students and other stakeholders to inform the initial phase of a youth illicit fentanyl awareness campaign ramped up in August 2022 following the declaration of illicit fentanyl as a public health crisis and the return of youth and teens for the 2022-23 school year. Participants shared their first impressions of materials, commented on what components resonated with them or were more effective, as well as if there were aspects of campaign messages that were confusing, unclear, or likely not to resonate with them or their peers. Additionally, youth were asked to share examples, ideas, and recommendations for San Diego County's forthcoming campaign, including main points for key messages, color schemes, and the best methods for promoting services and resources to local youth populations.

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Nearly 60 students participated in these initial input and engagement sessions, with activities held virtually and in-person throughout the region. Participants ranged in age from 14 to 24 and were identified through existing community coalitions and youth groups, the *Live Well San Diego* Youth Sector and Youth Leadership Team, and outreach via County Community Health Worker Liaisons. An online input form was also developed to collect additional input from the broader community and promoted via email newsletters to school-based networks and other community distribution lists. Campaigns assessed by stakeholders included "Faces of Fentanyl," "Laced and Lethal," "The Rise of Fentanyl (Talk Now AZ)," and the "Facts on Fentanyl" campaign from the CDC.

Initial feedback and recommendations were synthesized in October and November 2022 and provided to the *It's Up to Us* media contractor to develop initial creative materials for youth and teens, and for a secondary audience of parents, caregivers, and other adults aged 30-60 who may be influential in a teen's life. Youth and teen communication channels for the first part of the campaign include social media channels (e.g., Instagram, Snapchat, TikTok), streaming audio platforms (e.g., Spotify, Pandora), gaming platforms (i.e., Twitch), and traditional broadcast radio and print advertisements to be displayed in school-based settings. Adult communication channels include social media and streaming audio, but also digital web advertisements, Google search ads/search engine optimization, out-of-home advertisements such as billboards or banners, and traditional print and radio advertisements. Initial campaign materials launched on December 30, 2022 and will run through early spring 2023.

BHS staff will continue collaborations with other County departments to enhance community engagement and awareness of illicit fentanyl risks, naloxone, overdose prevention, and community resources. Planning for the next phase of the youth fentanyl campaign is underway and upcoming efforts will include a series of youth-developed overdose prevention materials. A youth-led video and visual art challenge to raise awareness around the opioid crisis and related topics, including illicit fentanyl and naloxone, will also run during the summer to augment broader messaging efforts. BHS is also working with regional prevention and early intervention (PEI) health promotion staff to identify community-based efforts that can be enhanced and scaled up through PEI and Opioid Settlement Funds, especially in rural and Tribal areas of the county as indicated in the approved Framework.

Harm Reduction Public Messaging

The County and community partners have been planning for broader outreach and messaging to support activities related to the County's Comprehensive Harm Reduction Strategy and widespread awareness and distribution of intranasal naloxone throughout the community. Based on preliminary research and strategic workshops conducted by the CDC, four areas of focus for education campaigns to address the evolving drug overdose epidemic were identified. These campaigns are intended to reach young adults ages 18-34; however, recent campaigns aim to

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educate younger, at-risk audiences on preventing overdose and substance use-related harms based on the ages of individuals impacted by fatal and non-fatal overdoses. The CDC's "Stop Overdose" campaigns focus on the following four topics: understanding the dangers of fentanyl, educating about the risks and consequences of using and mixing drugs, promoting the lifesaving power of naloxone, and supporting recovery to reduce stigma.

In alignment with the CDC's campaigns, the County is working with stakeholders and subject matter experts to collect input for new materials that will focus on two areas:

- 1. Harm reduction for people who use drugs or who are at higher risk of an opioid-related overdose due to high drug use; and
- 2. A general campaign to educate community members on what naloxone is, where they can obtain it, and how to administer it if needed.

Activities and materials developed through these efforts are intended to compliment work already completed by the Sheriff's Department and PHS, particularly public education efforts related to the OD2A grant awarded to the County in 2019. OD2A public education efforts primarily focus on educating prescribers (e.g., physicians, physician assistants, nurse practitioners, etc.), and healthcare systems (e.g., hospitals, federally qualified health centers, and insurers) throughout San Diego County. Efforts to further expand the reach and scope of this messaging will focus on increasing awareness of the risks of opioids, overdose prevention, and available treatments.

Expansion of Behavioral Health Public Outreach, Education, and Public Messaging

Increasing awareness of mental health and substance use issues, as well as the available tools and resources to support those impacted by mental health conditions and substance use disorders, can augment program and service efforts significantly. Outreach and education activities not only support knowledge building and sharing among community members but equip them with information needed to act in the event of a psychiatric or substance use-related emergency and help to address the stigma that often surrounds these topics and the individuals affected by them.

The need for tailored educational materials on a variety of issues, programs, and services has only continued to increase in demand and priority since the onset of the COVID-19 pandemic. Although healthcare already has several effective treatments to support people with mental health conditions and substance use disorders, many people who could benefit from them do not seek them out. Research demonstrates the fear or shame associated with the condition or treatment may interfere with people accessing medical care and recovery support, thereby potentially increasing the harms they experience.

Messaging campaigns and materials that promote person-first language, focus on informing the public of available resources and treatments, and avoid messaging made to villainize a person experiencing a condition or disorder have been shown to be a powerful tool to reduce this

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stigma. The application of multi-media efforts, inclusion of personal stories from people impacted, and messaging that emphasizes support is available and recovery is possible can aid those in need and promote help-seeking and utilization of available services.

Informational workshops, community forums, and training sessions can also help policymakers, healthcare professionals, educators, employers, faith leaders, youth, and the public become more familiar with behavioral health issues, topics, and resources, and empower individuals to be advocates and allies. Implementing and increasing public messaging and education efforts to reduce stigma and draw support for behavioral health interventions can normalize conversations about behavioral health needs and help drive change.

As more information becomes available regarding the various Opioid Settlement Agreements and subsequent guidelines for the utilization of funds, review of the components of the Framework to ensure alignment with any additional guidance will be necessary. Today's action authorizes the Chief Administrative Officer or designee to review the Opioid Settlement Framework established on October 25, 2022 (20) to ensure alignment with Opioid Settlement Agreements and any new State guidance and return to the Board in 120 days with any recommended changes.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the County of San Diego's 2023-2028 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) by investing in access for care, support, outreach, and education for all impacted by the opioid crisis.

Respectfully submitted,

HELEN N. ROBBINS-MEYER

Interim Chief Administrative Officer

ATTACHMENT(S)

N/A



ITEM #26: RECEIVE UPDATE ON OPIOID SETTLEMENT FRAMEWORK IMPLEMENTATION AND HARM REDUCTION MEDIA CAMPAIGNS INCLUDING ILLICIT FENTANYL AWARENESS FOR YOUTH; AUTHORIZE COMPETITIVE SOLICITATIONS FOR PUBLIC MESSAGING, OUTREACH, AND EDUCATION CAMPAIGNS; AND AUTHORIZE UPDATES TO THE OPIOID SETTLEMENT FRAMEWORK

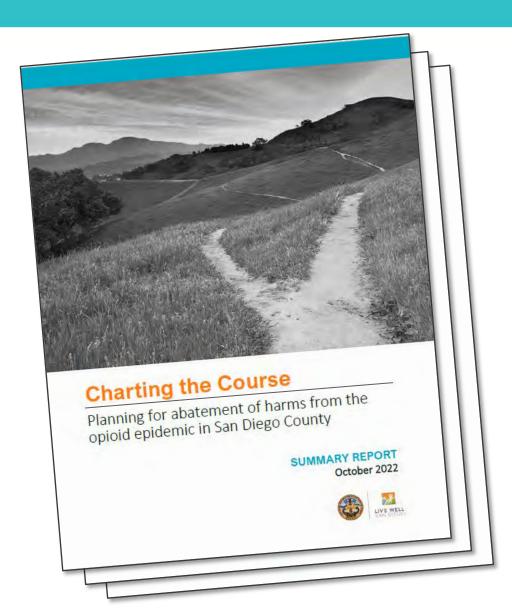
Nick Macchione, Agency Director, Health and Human Services Agency
Luke Bergmann, PhD, Director, Behavioral Health Services
Nicole Esposito, M.D., Chief Population Health Officer, Behavioral Health Services
Elizabeth A. Hernandez, PhD, Director, Public Health Services



OPIOID SETTLEMENT FRAMEWORK







THREE KEY COMPONENTS

- Healthcare Integration
- Social Supports and Services
- Harm Reduction and Prevention

HEALTHCARE INTEGRATION



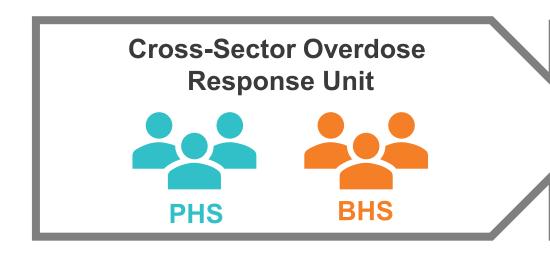
- The San Diego Relay Program
 - Peer-led, nonfatal overdose response in selected emergency departments
- Primary Care Integration
 - Psychiatric and Addiction Consultation and Family Support
 - Rural Integrated Behavioral Health and Primary Care Service



HEALTHCARE INTEGRATION



- Development of a pilot program permitting paramedics to provide medicationassisted treatment in the field for patients in opioid withdrawal
- Digital therapeutics to prevent, manage, or treat substance use disorders and support treatment
- Development and integration of an overdose response unit within Behavioral Health Services (BHS) and Public Health Services (PHS)



Effective implementation and management of real-time overdose surveillance and response

SOCIAL SUPPORTS AND SERVICES





- Public health messaging, outreach campaigns and targeted naloxone distribution events in coordination with rural communities and Tribal nations
- Integration of peers into programming
- 22-bed Community Harm Reduction Team-designated Safe Haven
- Recovery residence funding expansion



HARM REDUCTION & PREVENTION





- Expansion of naloxone access and supply
 - Vending machines located within communities countywide
 - Leave Behind Naloxone program with Emergency Medical Services and Sheriff's Department



HARM REDUCTION & PREVENTION: HARM REDUCTION SERVICES



Comprehensive Harm Reduction Services, such as health education, syringe services, testing, referrals to substance use and mental health treatment, and connections to housing support.

Community Readiness Assessment

Engagement

Program launch in September 2023

HARM REDUCTION & PREVENTION: DRUG CHECKING SERVICES



A harm reduction intervention to mitigate harms and reduce overdose deaths

- Two types include:
 - Fentanyl test strips
 - Fourier Transform Infrared Spectroscopy (FTIR)
- County's Naloxone Distribution Network will begin distributing fentanyl test strips
- FTIR already being used in San Diego County
- Drug checking services RFI issued with forum held on April 13, 2023



ILLICIT FENTANYL AWARENESS CAMPAIGN



Gym Banner Example - Civic Charter High School, San Diego, CA



Billboard Examples



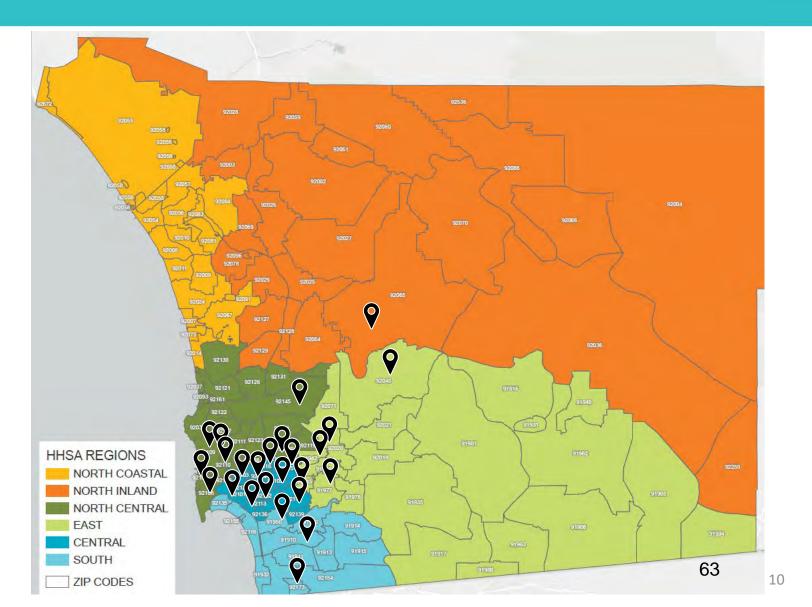
ILLICIT FENTANYL AWARENESS CAMPAIGN



Phase 1 Billboard Placements

P Billboards

71	Placements
36	Cities/Communities
2	Languages



ADVANCING THE FRAMEWORK



Healthcare Integration

- San Diego Relay Program
- Primary Care Integration
- MAT Pilot Program
- Digital Therapeutics
- Overdose Response Unit

Social Supports and Services

- Public health messaging, outreach, and naloxone distribution
- Integration of peers into programming
- C-HRT Safe Haven
- Recovery Residence Expansion

- Harm Reduction and Prevention
 - Comprehensive Harm Reduction Services
 - Drug checking
- Illicit Fentanyl Awareness Campaign for Youth and Adults
- Harm Reduction Media Campaigns

RECOMMENDATIONS



Recommendations #1-2: Receive updates on the implementation of the Opioid Settlement Framework and harm reduction outreach and education campaigns.

Recommendation #3: Authorize competitive solicitations to develop timely and responsive public messaging, outreach, and education.

Recommendation #4: Authorize the Chief Administrative Officer or designee to review the Opioid Settlement Framework and return to the Board in 120 days with any recommended changes.



ITEM #26: RECEIVE UPDATE ON OPIOID SETTLEMENT FRAMEWORK IMPLEMENTATION AND HARM REDUCTION MEDIA CAMPAIGNS INCLUDING ILLICIT FENTANYL AWARENESS FOR YOUTH; AUTHORIZE COMPETITIVE SOLICITATIONS FOR PUBLIC MESSAGING, OUTREACH, AND EDUCATION CAMPAIGNS; AND AUTHORIZE UPDATES TO THE OPIOID SETTLEMENT FRAMEWORK

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Link to full document



Charting the Course

Opioid Settlement Planning: Community Engagement Summary and Opportunities for Utilizing Funds

SUMMARY REPORT

October 2022



COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS NORA VARGAS First District

JOEL ANDERSON Second District

TERRA LAWSON-REMER Third District

> VACANT Fourth District

JIM DESMOND

AGENDA ITEM

DATE: May 23, 2023 and June 13, 2023

27

TO: Board of Supervisors

SUBJECT

APPROVE AN ORDINANCE AMENDING AND REPEALING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATED TO THE CHILD AND FAMILY STRENGTHENING ADVISORY BOARD OF SAN DIEGO COUNTY, THE POLINSKY CHILDREN'S CENTER ADVISORY BOARD, AND THE SAN DIEGO COUNTY FOSTER CARE SERVICES COMMITTEE (MAY 23, 2023 – FIRST READING; JUNE 13, 2023 – SECOND READING UNLESS ORDINANCE IS MODIFIED ON SECOND READING) (DISTRICTS: ALL)

OVERVIEW

On March 26, 2019 (11) the San Diego County Board of Supervisors (Board) established the Child and Family Strengthening Advisory Board of San Diego County (CFSAB) to enhance the ability of the County of San Diego (County) to prevent and respond to child abuse and neglect and to ensure the well-being of children and families. Since its inception, the CFSAB has served as a platform for cross-sector collaboration and transparent monitoring of the San Diego County child welfare system. The CFSAB has allowed for streamlined collaboration and expanded transparent communication and oversight between stakeholders and the newly formed Child and Family Well-Being Department, ensuring foster care community feedback is received by all partners who collectively impact the intertwined elements of the foster care and prevention systems. The holistic approach of the CFSAB has acted as a conduit for reducing siloes amongst child and family serving stakeholders from various areas of the foster care and prevention systems by bringing together individuals and groups that were historically fragmented from each another. If approved, the amendments to the CFSAB ordinance will similarly incorporate the work of the Polinsky Children's Center Advisory Board and the San Diego Foster Care Services Committee into work of the CFSAB.

In accordance with the Board's Sunset Review Process, Policy A-76, the County Health and Human Services Agency periodically reviews Board Policies, County Administrative Codes, and Regulatory Codes to ensure policies and codes reflect current Board standards and practices.

Today's actions seek Board approval to amend and repeal provisions of the San Diego County Administrative Code relating to:

The Child and Family Strengthening Advisory Board of San Diego County;

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- The Polinsky Children's Center Advisory Board; and
- The San Diego County Foster Care Services Committee

The ordinance will be introduced to the Board on May 23, 2023, and if approved, will be scheduled for adoption on June 13, 2023. If the proposed ordinance is altered on June 13, 2023, a subsequent meeting date will be selected for the ordinance's adoption.

This item supports the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically underserved as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished as these County Administrative Codes provide a framework for a county that is healthy, safe, and thriving, specifically for one of our most vulnerable populations, families involved with the foster care system.

RECOMMENDATION(S) CHIEF ADMINISTRATIVE OFFICER

On May 23, 2023:

Approve the introduction of the Ordinance (first reading):

AN ORDINANCE AMENDING AND REPEALING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATED TO THE CHILD AND FAMILY STRENGTHENING ADVISORY BOARD OF SAN DIEGO COUNTY, THE POLINSKY CHILDREN'S CENTER ADVISORY BOARD, AND THE SAN DIEGO COUNTY FOSTER CARE SERVICES COMMITTEE

If on May 23, 2023, the San Diego County Board of Supervisors takes action as recommended, then on June 13, 2023

Consider and adopt (second reading):

AN ORDINANCE AMENDING AND REPEALING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATED TO THE CHILD AND FAMILY STRENGTHENING ADVISORY BOARD OF SAN DIEGO COUNTY, THE POLINSKY CHILDREN'S CENTER ADVISORY BOARD, AND THE SAN DIEGO COUNTY FOSTER CARE SERVICES COMMITTEE

EQUITY IMPACT STATEMENT

The recommended changes support the San Diego County Board of Supervisors' framework for achieving better outcomes for the community. The recommended changes to San Diego County Administrative Code 84.500, Child and Family Strengthening Advisory Board of San Diego County (CFSAB), ensures the CFSAB receives feedback from stakeholders and community

SUBJECT:

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members regarding the implementation, progress, and resources of the Office of Child Safety's programs and services designed to serve families in a consistent and equitable manner. The integration of the Polinsky Children's Center (PCC) and Foster Care Services communities into the larger CFSAB continues to promote transparency for all involved, as the same information is shared among stakeholders and streamlined feedback is provided for consideration by the CFSAB.

Merging the PCC Advisory Board and the Foster Care Services Committee into the CFSAB ensures all areas of the prevention and child welfare systems are included. The composition changes of CFSAB members to include adding a member from child abuse and juvenile justice prevention, supports the newly formed Child and Family Well-Being Department's commitment to engaging in prevention work with children and families. The addition of prevention to the CFSAB will provide feedback and a lens set to reduce disproportionality in the foster care system by partnering with the community to prevent increased child abuse reporting in overrepresented communities and working with families to support efforts at keeping children safe from abuse or neglect and intervention by the Office of Child Safety.

SUSTAINABILITY IMPACT STATEMENT

Today's actions strive for programs and operations that reflect the County of San Diego's (County) values and priorities. By aligning with the County's Sustainability Goals, the changes reflect more equitable, sustainable, and impactful practices. Specifically, the consolidation of advisory boards as recommended, aligns with Sustainability Goal #1 to engage the community in meaningful ways by streamlining information to and from the public to ensure that it does not get siloed into one committee or advisory board, when the areas of child welfare supports, services, resources, and staffing are intertwined. Today's actions also align with Sustainability Goal #2 providing just and equitable access to county services, resource allocation, and decision-making by facilitating review of all components of the child well-being system in one setting, ensuring stakeholders' input and feedback is received and considered by all appropriate parties. This consolidation provides increased transparency with all child and family serving stakeholders collaborating with the County to move forward towards the goals of community engagement and equitable access that will have lasting impacts on the assessment, evaluation, and continuous quality improvement processes of child welfare activities.

FISCAL IMPACT

There is no fiscal impact associated with the recommendations. There will be no change in net general fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

SUBJECT: APPROVE AN ORDINANCE AMENDING AND REPEALING

PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATED TO THE CHILD AND FAMILY STRENGTHENING ADVISORY BOARD OF SAN DIEGO COUNTY, THE POLINSKY CHILDREN'S CENTER ADVISORY BOARD, AND THE SAN DIEGO COUNTY FOSTER CARE SERVICES COMMITTEE (MAY 23, 2023 – FIRST READING; JUNE 13, 2023 – SECOND READING UNLESS ORDINANCE IS MODIFIED ON SECOND READING) (DISTRICTS: ALL)

ADVISORY BOARD STATEMENT

This item was presented to the Child and Family Strengthening Advisory Board of San Diego County on March 09, 2023; the San Diego County Foster Care Services Committee on March 10, 2023; and the Polinsky Children's Center Advisory Board on April 04, 2023 as informational items.

BACKGROUND

On November 8, 1994 (35), the San Diego County Board of Supervisors (Board) established the San Diego County Foster Care Services Committee to enhance collaboration regarding foster care needs with foster parents and resource families. On June 29, 2010 (18), the Board established the Polinsky Children's Center (PCC) Advisory Board to provide oversight and monitoring of functions and buildings at PCC. On March 26, 2019 (11) the Board established the Child and Family Strengthening Advisory Board of San Diego County (CFSAB) to enhance the ability of the County of San Diego (County) to prevent and respond to child abuse and neglect and to ensure the well-being of children and families. Since its inception, the CFSAB has served as a platform for cross-sector collaboration and transparent monitoring of the San Diego County child welfare system. The CFSAB has allowed for streamlined collaboration and expanded transparent communication and oversight between stakeholders and the newly formed Child and Family Well-Being Department, ensuring foster care community feedback is received by all partners who collectively impact the intertwined elements of the foster care and prevention systems. The holistic approach of the CFSAB has acted as a conduit for reducing siloes amongst child and family serving stakeholders from various areas of the foster care and prevention systems by bringing together individuals and groups that were historically fragmented from each another. If approved, the amendments to the CFSAB ordinance will similarly incorporate the work of the Polinsky Children's Center Advisory Board and the San Diego Foster Care Services Committee into work of the CFSAB.

In accordance with the Board's Sunset Review Process, Policy A-76, the County of San Diego (County) Health and Human Services Agency periodically reviews Board Policies, County Administrative Codes, and Regulatory Codes to ensure policies and codes reflect current Board standards and practices. Revisions to Board Policies and the County Administrative Code are recommended to reflect current Board standards and practices and to reflect changes in laws, policies, and regulations that govern County departmental operations and services.

As outlined below, the changes are being recommended to repeal the PCC Advisory Board and San Diego County Foster Care Services Committee, while integrating them into the CFSAB.

The Board established the CFSAB on March 26, 2019 (11) and last approved amendments to the ordinances on September 10, 2019 (10). Today's actions request proposed revisions to Sections 84.701, 84.702, and 84.705 of the County Administrative Code, CFSAB and include:

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- Adding to the role of the CFSAB to be the successor advisory board to the PCC Advisory Board and the San Diego County Foster Care Services Committee.
- Adding to the role of the CFSAB to be informed regarding PCC in the areas of operation and maintenance of the facility, the annual business plan, expenditure of funds donated to PCC, and any material or removal of any part of the facility.
- Adding to the role of the CFSAB for the provision of quality foster placements, which was previously a function of the Foster Care Services Committee in the areas of serving as a forum to review topics related to foster care and resource family placements, reviewing and making recommendations on policies and programs affecting resource families and placement, and improving communication and teamwork amongst the resource family community, Health and Human Services Agency, other private placement entities, the education system, and other health care agencies.
- Modifying the nomination of membership roles to be appointed by the Chair of the Board and confirmed by the members of the Board, rather than the nominations being by the Co-Chairs of the CFSAB.
- Modifying the Co-Chair role of two members of the Board to allowing the CFSAB to select from CFSAB membership a Chair, a Vice Chair, and any other officers needed.
- Modifying the juvenile justice member role to include a child abuse and juvenile justice prevention member to enhance the role of prevention work in the CFSAB.
- Providing that each member of the Board shall nominate one (1) constituent as a Supervisorial District representative to be confirmed by the members of the Board, rather than having two members of the Board serving on the CFSAB.
- Updating "child welfare" language to reflect current Child and Family Well-Being Department, including prevention work as a focus of the CFSAB.
- Repealing Article XVII, San Diego County Foster Care Services Committee, Administrative Code.
- Repealing Article IIIt, Polinksy Children's Center Advisory Board, Administrative Code.

The proposed changes to the Administrative Codes are detailed within Attachments A and B.

The Board established the San Diego County Foster Care Services Committee on November 8, 1994 (35) and last approved amendments to the ordinances on December 10, 2018 (10). The Board established the PCC Advisory Board on June 29, 2010 (18). Repealing Article IIIt of the PCC Advisory Board and Article XVII of the San Diego County Foster Care Services Committee are being requested effective 30 days after the adoption of Section 84.500 of San Diego County Administrative Code CFSAB amendments. The streamlined CFSAB with the incorporation of PCC Advisory Board and San Diego County Foster Care Services Committee, will allow for workgroups to take larger information and identify the impacts on specific child welfare populations and provide data-informed solutions to the larger group. Outcome driven solutions can

SUBJECT: APPROVE AN ORDINANCE AMENDING AND REPEALING

PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATED TO THE CHILD AND FAMILY STRENGTHENING ADVISORY BOARD OF SAN DIEGO COUNTY, THE POLINSKY CHILDREN'S CENTER ADVISORY BOARD, AND THE SAN DIEGO COUNTY FOSTER CARE SERVICES COMMITTEE (MAY 23, 2023 – FIRST READING; JUNE 13, 2023 – SECOND READING UNLESS ORDINANCE IS MODIFIED ON SECOND READING) (DISTRICTS: ALL)

then be considered in a holistic manner leading to more efficient and effective action to improve and/or mitigate barriers and gaps identified across the system.

Additionally, repealing the San Diego County Foster Care Services Committee and PCC Advisory Board to integrate their members and functions into the CFSAB would streamline and expand transparent communication and oversight between stakeholders and the Child and Family Well-Being Department, ensuring stakeholders' input and feedback are received and considered by all appropriate parties.

Today's recommended actions request the Board approve an ordinance to amend and repeal provisions of the County Administrative Code relating to the Child and Family Strengthening Advisory Board of San Diego County, the Polinsky Children's Center Advisory Board, and the San Diego County Foster Care Services Committee.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the County of San Diego's (County) 2023-2028 Strategic Plan Initiatives of Sustainability (Economy and Resiliency), Equity (Health and Economic Opportunity), Empower (Workforce, Transparency, and Accountability), and Community (Engagement, Quality of Life, Communications, and Partnership), and the regional *Live Well San Diego* vision by ensuring County policies are transparent, efficient, inclusive, data-informed, outcome- and evidence-based, equitable, sustainable, and culturally responsive to support the health and social services provided to the residents of San Diego County.

Respectfully submitted,

HELEN N. ROBBINS-MEYER Interim Chief Administrative Officer

Val Wandine

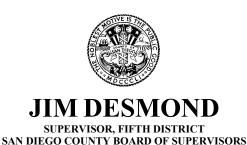
ATTACHMENT(S)

Attachment A – APPROVE AN ORDINANCE AMENDING AND REPEALING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATED TO THE CHILD AND FAMILY STRENGTHENING ADVISORY BOARD OF SAN DIEGO COUNTY, THE POLINSKY CHILDREN'S CENTER ADVISORY BOARD, AND THE SAN DIEGO COUNTY FOSTER CARE SERVICES COMMITTEE – (Clean Copy)

SUBJECT: APPROVE AN ORDINANCE AMENDING AND REPEALING

PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATED TO THE CHILD AND FAMILY STRENGTHENING ADVISORY BOARD OF SAN DIEGO COUNTY, THE POLINSKY CHILDREN'S CENTER ADVISORY BOARD, AND THE SAN DIEGO COUNTY FOSTER CARE SERVICES COMMITTEE (MAY 23, 2023 – FIRST READING; JUNE 13, 2023 – SECOND READING UNLESS ORDINANCE IS MODIFIED ON SECOND READING) (DISTRICTS: ALL)

Attachment B – APPROVE AN ORDINANCE AMENDING AND REPEALING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATED TO THE CHILD AND FAMILY STRENGTHENING ADVISORY BOARD OF SAN DIEGO COUNTY, THE POLINSKY CHILDREN'S CENTER ADVISORY BOARD, AND THE SAN DIEGO COUNTY FOSTER CARE SERVICES COMMITTEE - (Informational Copy)



AGENDA ITEM

DATE: May 23, 2023 31

TO: Board of Supervisors

SUBJECT:

PROTECTING CHILDREN FROM CANNABIS POISONING (DISTRICTS: ALL)

OVERVIEW

Every year, thousands of young children consume and are sickened by marijuana edibles, which look like ordinary candy or cookies. Nearly one-fourth of these children are admitted to the hospital. The number of children hospitalized due to cannabis consumption has increased in recent years. In 2017, there were just over 200 reported cases of accidental ingestion of cannabis edibles by children under six nationwide. In 2021, the number increased to 3,054 – an increase of 1,375%. About 90 percent of the cases originated from the child's home.

In 2016, California voters were promised that the legalization of recreational marijuana through Proposition 64 would not result in the targeting or advertising of cannabis to children. However, seven years later, the industry is using billboards to promote cannabis-infused gummies and hard candies, shops named "Cookies" with flavors like lemonade, and advertisements that imitate Disney+ shows. The industry has not kept its promise, and it is time to reform the law.

Assembly Bill 1207, also known as the Cannabis Youth Protection Act, authored by Assemblymember Irwin, would prohibit cannabis or cannabis products that are attractive to children and advertisement and marketing that is attractive to children.

RECOMMENDATION SUPERVISOR JIM DESMOND

Direct the Chief Administrative Officer to express the County's support for AB 1207, consistent with Board Policy M-2.

EOUITY IMPACT STATEMENT

Children are among the most vulnerable in our community. By supporting AB 1207, the County of San Diego can help reduce the impact of accidental ingestion of cannabis on children. This would contribute to promoting equity in health outcomes and reducing disparities in access to healthcare services.

SUSTAINABILITY IMPACT STATEMENT

SUBJECT: PROTECTING CHILDREN FROM CANNABIS POISONING (DISTRICTS: ALL)

The proposed action to support AB 1207 would contribute to the County of San Diego Sustainability Goal of protecting health and wellbeing.

FISCAL IMPACT

There is no fiscal impact associated with this action. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

In 2016, California voters approved Proposition 64, which legalized recreational marijuana for adults aged 21 and older. This legalization came with the promise that the industry would not target or advertise to children.

However, in recent years, concerns have been raised about the impact of cannabis legalization on children. One issue is the unintentional exposure of young children to cannabis products. Children are often attracted to cannabis edibles, which can look like ordinary candy or cookies. In 2017, there were just over 200 reported cases of accidental ingestion accidental consumption of cannabis edibles by children under six. In 2021, the number increased to 3,054 – an increase of 1,375%. About 90 percent of the cases originated from the child's home.

Cannabis poisoning in children can cause a range of symptoms, including respiratory distress, seizures, rapid heart rate, confusion, disorientation, dizziness, and altered mental status. The increase in unintentional exposure to cannabis products among children has raised concerns about the safety of cannabis and the need for stricter regulations to prevent children from being exposed to these products.

AB 1207 was initiated in response to these concerns. The bill seeks to the sale or manufacturing of cannabis or cannabis products that are attractive to children, as well as advertisement and marketing that is attractive to children. The goal of the bill is to protect the health and well-being of children in California while also ensuring that the cannabis industry operates responsibly.

AB 1207 also seeks to address the issue of flavored cannabis products. The bill would ban cannabis products intended for inhalation or combustion from containing any natural or synthetic flavors or descriptors of flavors other than the natural flavor or aroma of cannabis.

The bill has received support from child health advocates, including the American Academy of Pediatrics, California chapter, who argue that these measures are necessary to protect children from accidental ingestion and the potentially harmful effects of cannabis.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

SUBJECT: PROTECTING CHILDREN FROM CANNABIS POISONING (DISTRICTS: ALL)

Today's proposed action supports the Community (Safety, Quality of Life) Strategic Initiative in the County of San Diego's 2023-2028 Strategic Plan by helping to ensure safe communities that improve the quality of life for all residents.

Respectfully submitted,

JIM DESMOND

Supervisor, Fifth District



COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS

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

AGENDA ITEM

10

DATE: June 13, 2023

TO: Board of Supervisors

SUBJECT:

SUPPORTING OUR FOSTER CARE YOUTH (DISTRICTS: ALL)

OVERVIEW

In 2022, nearly 3,000 children utilized San Diego County Child Welfare Services, with 2,360 youth ages 21 years of age and under participating in the County's foster care system. Our Child Welfare system has improved the lives of youth and their families through recent initiatives including enhanced adoption efforts, reunification, expanded parent-child interaction therapy and counseling, and investments in fatherhood engagement and visitation efforts. The County has also committed to ensuring that foster youth who are entitled to survivorship benefits from the Social Security Administration (SSA) receive the full amount of those financial benefits when they reach a certain age and exit the foster care system.

In California, youth can elect to remain in foster care up to the age of 21. Over 85% of San Diego youth choose to remain in care until this age. Unfortunately, it is estimated that 25% of foster youth will become homeless the day they exit the system, with 40%-50% of former foster youth becoming homeless within eighteen months of leaving. Studies show that approximately 50% of the homeless population spent time in foster care. These statistics demonstrate the overrepresentation of former foster youth within the homeless population and their susceptibility of falling into homelessness.

By ensuring SSA survivor benefits are protected and made available to foster youth when exiting the foster care system, counties can help reduce these numbers by ensuring that foster youth have access to funds they can use in transitioning to an independent life.

Foster youth, particularly those whose parents are deceased, do not have the same access to resources and support as non-foster youth. Fortunately, the Social Security Administration will typically provide minors without living parents or legal guardians monthly survivorship benefits. However, when a youth enters foster care, placement agencies and municipalities have historically received available benefits on behalf of the youth, using these funds to pay for their

SUBJECT: SUPPORTING OUR FOSTER CARE YOUTH (DISTRICTS: ALL)

care and needs. This practice places this vulnerable population at a disadvantage by denying them funds they could otherwise use to begin their life independent of the foster care system.

In April 2023, San Diego County ended this practice when the Aid to Families with Dependent Children-Foster Care (AFDC-FC) stopped counting SSA income against a foster care grant and using these funds to pay for their needs. Accrued SSA benefits now remain in a reserve account for the youth until they turn 16 years old.

Today's action recommends the Board of Supervisors adopt a position of support for Assembly Bill 1512 (Bryan). If enacted into law, AB 1512 would result in the following:

- 1. Require all California counties to screen and begin applying for SSA benefits within 60 days of a child's entry into care
- 2. Notify youth recipients and their attorneys when benefits are applied for/received
- 3. Engage youth in planning for conserved funds
- 4. Ensure funds are used for a child's unmet current needs or conserved for their foreseeable future needs, and monitor annual accounting of use of funds
- 5. Provide financial counseling or training to new representative payees on establishing proper accounts to preserve eligibility/managing/disbursing funds

RECOMMENDATION(S)

SUPERVISOR JIM DESMOND AND SUPERVISOR JOEL ANDERSON

1. Direct the Chief Administrative Officer to express the County's support for Assembly Bill 1512, consistent with Board Policy M-2.

EQUITY IMPACT STATEMENT

Foster youth are among the most vulnerable in our community. The enactment of AB 1512 will help ensure that foster youth throughout the State receive the same benefits and resources as non-foster care youth.

SUSTAINABILITY IMPACT STATEMENT

The proposed action to support AB 1512 would contribute to the County of San Diego Sustainability Goal of providing just and equitable access for underserved populations.

FISCAL IMPACT

There is no fiscal impact associated with today's actions to support AB 1512. There will be no change in net General Fund cost and no additional staff years, at this time.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

SUBJECT: SUPPORTING OUR FOSTER CARE YOUTH (DISTRICTS: ALL)

In 2022, nearly 3,000 children utilized San Diego County Child Welfare Services, with 2,360 youth ages 21 years of age and under participating in the County's foster care system. Our Child Welfare system has improved the lives of youth and their families through recent initiatives including enhanced adoption efforts, reunification, expanded parent-child interaction therapy and counseling, and investments in fatherhood engagement and visitation efforts. The County has also committed to ensuring that foster youth who are entitled to survivorship benefits from the Social Security Administration (SSA) receive the full amount of those financial benefits when they reach a certain age and exit the foster care system.

In California, youth can elect to remain in foster care up to the age of 21. Over 85% of San Diego youth choose to remain in care until this age. Unfortunately, it is estimated that 25% of foster youth will become homeless the day they exit the system, with 40%-50% of former foster youth becoming homeless within eighteen months of leaving. Studies show that approximately 50% of the homeless population spent time in foster care. These statistics demonstrate the overrepresentation of former foster youth within the homeless population and their susceptibility of falling into homelessness.

By ensuring SSA survivor benefits are protected and made available to foster youth when exiting the foster care system, counties can help reduce these numbers by ensuring that foster youth have access to funds they can use in transitioning to an independent life.

Foster youth, particularly those whose parents are deceased, do not have the same access to resources and support as non-foster youth. Fortunately, the Social Security Administration will typically provide minors without living parents or legal guardians monthly survivorship benefits. However, when a youth enters foster care, placement agencies and municipalities have historically received available benefits on behalf of the youth, using these funds to pay for their care and needs. This practice places this vulnerable population at a disadvantage by denying them funds they could otherwise use to begin their life independent of the foster care system.

In April 2023, San Diego County ended this practice when the Aid to Families with Dependent Children-Foster Care (AFDC-FC) stopped counting SSA income against a foster care grant and using these funds to pay for their needs. Accrued SSA benefits now remain in a reserve account for the youth until they turn 16 years old.

Today's action recommends the Board of Supervisors adopt a position of support for Assembly Bill 1512 (Bryan). If enacted into law, AB 1512 would result in the following:

- 2. Require all California counties to screen and begin applying for SSA benefits within 60 days of a child's entry into care
- 4. Notify youth recipients and their attorneys when benefits are applied for/received
- 5. Engage youth in planning for conserved funds
- 6. Ensure funds are used for a child's unmet current needs or conserved for their foreseeable future needs, and monitor annual accounting of use of funds
- 7. Provide financial counseling or training to new representative payees on establishing proper accounts to preserve eligibility/managing/disbursing funds

SUBJECT: SUPPORTING OUR FOSTER CARE YOUTH (DISTRICTS: ALL)

Currently, county placing agencies in California are required to screen and apply for disability and survivor benefits on behalf of eligible youth in their care who are over the age of 16. Advocates report that these agencies often fail to notify the youth and their attorneys that they are applying for benefits, and report that after the youth has been approved for benefits, county placing agencies automatically apply to serve as representative payees for the youth and use the youth's funds to reimburse themselves for the costs of the child's care.

AB 1512 will require all California counties to ensure that the child's benefits are not used to pay for, or to reimburse the placing agency for, any costs of the child's care. The bill will also require the placing agency to promptly notify the child, the child's attorney, and the child's parents or guardians, of any application for benefits administered by the federal SSA made by the agency on the child's behalf.

Further, this bill would also require the assistance the county provides to the foster youth with respect to those benefits to include applicable financial literacy training and support. As a result of these actions, AB 1512 would ensure that eligible foster youth across California have increased resources for a stable and independent life while in care and after they exit care and transition into adulthood.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Community (Quality of Life and Partnership) Strategic Initiative in the County of San Diego's 2023-2028 Strategic Plan by helping to ensure safe communities that improve the quality of life for all residents.

Respectfully submitted,

JIM DESMOND

Supervisor, Fifth District

JOEL ANDERSON Supervisor, Second District



COUNTY OF SAN DIEGO

NORA VARGAS First District

BOARD OF SUPERVISORS

JOEL ANDERSON Second District

TERRA LAWSON-REMER Third District

> VACANT Fourth District

JIM DESMOND

AGENDA ITEM

DATE: June 13, 2023

22

TO: Board of Supervisors

SUBJECT

RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24 THROUGH 2025-26 AND SUNSET TIME-CERTAIN REPORTING (DISTRICTS: ALL)

OVERVIEW

Under the leadership of the San Diego County Board of Supervisors (Board), the County of San Diego (County) Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) continues making strides to advance the transformation of the behavioral health system to a system of regionally distributed services that are accessible to all individuals and families in need.

The Mental Health Services Act (MHSA) is a critical resource that provides dedicated ongoing funding to counties to address a broad continuum of mental health services needs including prevention, early intervention, and treatment services, along with funding for information technology and workforce development and training. MHSA provides funding for critical programs that serve individuals with serious mental illness or serious emotional disturbance, supporting some of San Diego County's most vulnerable and unserved populations through services that are responsive to cultural and linguistic needs. The MHSA is comprised of five components: Community Services and Supports; Prevention and Early Intervention; Innovation; Workforce Education and Training; and Capital Facilities and Technological Needs. As mandated by the MHSA, the Three-Year Plan, inclusive of all programs and expenditures funded by the MHSA, requires approval by the Board prior to submission to the California Mental Health Services Oversight and Accountability Commission. Today's action requests the Board receive and approve the recommended MHSA Three-Year Plan and Expenditure Plan for Fiscal Years (FY) 2023-24 through 2025-26, which includes MHSA funding of \$274.9 million in FY 2023-24, \$286.6 million in FY 2024-25, and \$286.6 million in FY 2025-26, inclusive of all programs and expenditures funded by the MHSA as required to comply with MHSA regulation.

Additionally, today's action requests the Board direct the Interim Chief Administrative Officer to sunset time-certain reporting for the MHSA-funded Mobile Crisis Response Team program which was requested in an action brought forward on April 6, 2021 (9). BHS has completed all actions set forth by the Board and has provided seven quarterly updates on progress to date.

SUBJECT: RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24 THROUGH 2025-26 AND SUNSET TIME-CERTAIN

REPORTING (DISTRICTS: ALL)

Today's actions support the County's vision of a just, sustainable, and resilient future for all, specifically those communities in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision healthy, safe, and thriving communities. This will be accomplished by enhancing access to behavioral health services, promoting well-being in children, adults, and families, and encouraging self-sufficiency.

RECOMMENDATION(S) CHIEF ADMINISTRATIVE OFFICER

- 1. Receive and approve the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-24 through 2025-26 (Three-Year Plan) and authorize the Agency Director, Health and Human Services Agency, to submit the Three-Year Plan to the Mental Health Services Oversight and Accountability Commission.
- 2. Direct the Interim Chief Administrative Officer to sunset time-certain reporting for the MHSA-funded Mobile Crisis Response Team program to coincide with significant developments.

EQUITY IMPACT STATEMENT

The vision of the Mental Health Services Act (MHSA) is to build a system in which mental health services are equitable and accessible to all individuals and families within the region who are in need. According to 2021 data from the California Department of Healthcare Access and Information, Black/African American residents experienced higher emergency department rates of serious mental illness, self-inflicted injury/suicide attempt, and substance related disorders compared to others. Additionally, according to the California Health Interview Survey conducted by the University of California Los Angeles in 2021, 10% of San Diegans reported experiencing serious psychological distress in the past month. However, residents living below 200% of the federal poverty level, those who reported a history of incarceration, or who identified as black, Hispanic/Latino, Asian, or multiracial, reported higher percentages of serious psychological distress compared to others.

MHSA funding provides individuals who are experiencing serious mental illness or serious emotional disturbance with timely access to quality behavioral health care that is responsive to their cultural and linguistic needs. The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) serves diverse individuals of all ages, especially those historically underserved by behavioral health resources as well as those disproportionately impacted by behavioral health related morbidity and mortality. BHS strives to reduce these inequities among impacted populations, including individuals experiencing homelessness, black, indigenous and, people of color, children who are commercially sexually exploited, children and adults with justice involvement, people with complex behavioral health needs, and individuals in at-risk age groups. Behavioral health services offered through County-operated and contracted programs address the social determinants of health by being accessible and capable of meeting the needs of a diverse population, with the intent to equitably distribute services to those most in need. In support of these efforts, BHS utilizes a population health approach, along with evidence-based practices and robust data analysis, to identify needs and design services that are impactful, equitable, and yield meaningful outcomes for clients. This includes facilitating community

SUBJECT: RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT

THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24 THROUGH 2025-26 AND SUNSET TIME-CERTAIN

REPORTING (DISTRICTS: ALL)

engagement forums to solicit 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 in collaboration with the University of California, San Diego and the recent launch of the Behavioral Health Equity Index, BHS is leading the development of a tool for measuring behavioral health equity to inform program planning, siting of services, and allocation of resources in a way that supports the most pressing community needs.

SUSTAINABILITY IMPACT STATEMENT

Mental Health Services Act (MHSA) programs support the County of San Diego's (County) Sustainability Goal #1 to engage community in meaningful ways and continually seek stakeholder input to foster inclusive and sustainable communities. MHSA provides services to children, youth, and families, transition age youth, adults, and older adults in a community-centric approach taking into consideration language and cultural barriers to ensure equitable access for those in need of behavioral health services. The County Health and Human Services Agency, Behavioral Health Services engages the community through the Community Planning Process to collaborate and encourage internal and external stakeholders to partner and participate in decisions that impact their lives and communities. In addition to maintaining regular contact with the public through interactive councils and advisory boards and stakeholder engagement throughout the year and as part of the development of the Fiscal Year 2023-24 through 2025-26 MHSA Plan, a 30-day public comment period was offered, during which the public provided feedback on the proposed plan.

Additionally, MHSA programs support the County's Sustainability Goal #2 to provide just and equitable access through the regional distribution of services by allowing chronically underserved communities and individuals with behavioral health conditions to receive care near where they live. Services are provided at numerous County locations, as well as through community-based providers to ensure care is geographically dispersed throughout the region.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year (FY) 2023-25 CAO Recommended Operational Plan for the Health and Human Services Agency. If approved, this request will result in estimated Mental Health Services Act costs and revenues of approximately \$274.9 million in FY 2023-24, inclusive of \$400,000 dedicated to the California Mental Health Services Authority, to continue participation in statewide prevention and early intervention campaigns and local initiatives. The funding source is the Mental Health Services Act. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

SUBJECT: RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT

THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24 THROUGH 2025-26 AND SUNSET TIME-CERTAIN

REPORTING (DISTRICTS: ALL)

ADVISORY BOARD STATEMENT

This item was announced to the Behavioral Health Advisory Board (BHAB) on April 6, 2023, following the commencement of the 30-day public comment period that began on April 4, 2023. At their meeting on May 4, 2023, BHAB voted to approve the recommendations.

BACKGROUND

Under the leadership of the San Diego County Board of Supervisors (Board), the Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) continues making strides to advance the transformation of the behavioral health system to a system of regionally distributed services that are accessible to all individuals and families in need. The Mental Health Services Act (MHSA) is a critical resource that provides dedicated ongoing funding to counties to support prevention, early intervention, and treatment services, along with funding for information technology and workforce development and training.

MHSA-funded programs serve children, youth, and families, transition age youth, adults, and older adults who are experiencing serious mental illness or serious emotional disturbance, with an emphasis on services accessible to unserved and underserved populations and care that is responsive to cultural and linguistic needs. The MHSA is comprised of five components: Community Services and Supports; Prevention and Early Intervention (PEI); Innovation; Workforce Education and Training; and Capital Facilities and Technological Needs.

MHSA funding allows BHS to expand and enhance critical mental health programs to dramatically shift how residents of San Diego County access care and support for behavioral health needs through the continued development of a regionally distributed model of care focused on prevention and continuous care, rather than perpetual crisis. The California Welfare and Institutions Code Section 5847 states that county mental health programs shall prepare and submit a Three-Year Plan and subsequent Annual Updates for programs and expenditures funded by the MHSA. The Three-Year Plan and subsequent Annual Updates must be adopted by the Board and submitted to the California Mental Health Services Oversight and Accountability Commission within 30 days of adoption.

Today's action requests the Board receive and approve the recommended MHSA Three-Year Plan and Expenditure Plan (Attachment A) for Fiscal Years (FY) 2023-24 through 2025-26, which includes MHSA funding of \$274.9 million in FY 2023-24, \$286.6 million in FY 2024-25, and \$286.6 million in FY 2025-26, inclusive of all programs and expenditures funded by the MHSA as required to comply with MHSA regulation. The Three-Year Plan also includes \$400,000 as part of the FY 2023-24 amount assigned to the California Mental Health Services Authority to continue statewide PEI campaigns and local PEI initiatives. This includes *Each Mind Matters*, an initiative aimed at reducing stigma and encouraging people struggling with mental health illness to reach out for support, and *Know the Signs*, a media campaign designed to educate the community on how to recognize the warning signs of suicide and where to find professional help.

A Community Program Planning (CPP) process is required by MHSA funding. Through this process, counties gather input from a diverse range of stakeholders regarding the needs of regional

SUBJECT: RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24 THROUGH 2025-26 AND SUNSET TIME-CERTAIN REPORTING (DISTRICTS: ALL)

unserved and underserved populations. BHS maintains regular contact with the public through interactive councils and advisory boards and stakeholder engagement throughout the year to inform program planning and development of the BHS continuum of care. This includes engaging in open dialogue with the Behavioral Health Advisory Board, System of Care Councils, various stakeholders and stakeholder-led councils, organizations, and individuals in various settings to gather input and form recommendations for the utilization of MHSA funds. To support these efforts, BHS has partnered with the University of California San Diego (UCSD) through a multiyear contract to facilitate the development of an engagement framework, enhance the CPP process, and provide trainings to stakeholders regarding the local impact of MHSA. Another goal of this partnership is the facilitation and threading with the Community Experience Partnership (CEP), which is a collaboration between BHS and UCSD to integrate data and community engagement to advance behavioral health equity through the development of the Behavioral Health Equity Index. This tool helps measure behavioral health equity to inform program planning, siting of services, and allocation of resources in support of BHS' effective use of MHSA funds to address the most pressing community needs. MHSA funded programs are evaluated across several categories which include, but are not limited to access, quality, cost, integration, utilization, and client satisfaction. Specific structural, process and outcome measures used within each category vary depending on the service and population but are standardized across levels of care. The evaluation of MHSA funded programs demonstrates a positive impact across multiple domains, particularly for programs that treat mental health symptoms but also proactively address unmet social needs and connection to education, employment, housing, and physical healthcare.

The County remains committed to optimizing available financial resources to support behavioral health services and workforce to meet the increasing demand of the community, which has been exacerbated due to stressors post-pandemic, the opioid crisis, economic uncertainty, and other factors. BHS continues extensive planning efforts to ensure MHSA programs are sustainable and minimally impacted when large swings in MHSA revenue projections occur.

Request to Sunset Quarterly Reporting

In an action approved by the Board on April 6, 2021 (9), the CAO was directed to complete specific recommendations designed to ramp up and strengthen the MHSA-funded Mobile Crisis Response Team (MCRT) program pilot that launched in January 2021 and to provide quarterly written reports on progress. The MCRT program is designed to help people who are experiencing a mental health or substance use crisis by sending a team of behavioral health experts to emergency calls instead of law enforcement, when appropriate. Over the last two years, BHS has provided seven quarterly updates and has completed all recommendations. As such, today's action also includes a request to sunset time-certain reporting for the MCRT program to coincide with significant developments.

SUBJECT: RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT

THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24 THROUGH 2025-26 AND SUNSET TIME-CERTAIN

REPORTING (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the County of San Diego's (County) 2023-2028 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision, by reducing disparities and disproportionality; and ensuring access for all through a fully optimized mental health and social service delivery system that provides programs and services for all individuals with behavioral health needs to enhance the community through increasing the well-being of our residents and our environments.

Respectfully submitted,

HELEN N. ROBBINS-MEYER

Interim Chief Administrative Officer

ATTACHMENT(S)

Attachment A - Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan: Fiscal Years 2023-24 through 2025-26

Link to the full document

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

Mental Health Services Act (MHSA)

Three-Year Program and Expenditure Plan
for Fiscal Years 2023-24 through 2025-26



Behavioral Health Services

June 13, 2023





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ITEM #22: RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24 THROUGH 2025-26

Nick Macchione, Agency Director, Health and Human Services Agency Luke Bergmann, PhD, Director, Behavioral Health Services Nadia Privara, Assistant Director of Departmental Operations, Behavioral Health Services

June 13, 2023



Mental Health Services Act (MHSA) (SAN DIEGO





MHSA expands and transforms California's behavioral health system through four components

Community Services & Supports

Prevention & Early Intervention

Workforce Education & Training

Innovation

Mental Health Services Act (MHSA)





Community Services and Supports

- Wraparound services
- School-based fullservice partnership programs
- Crisis stabilization units

- Mobile Crisis Response Teams
- Assisted outpatient treatment
- Adult residential facilities
- Housing

Prevention & Early Intervention

- Integrated peer, family, and community engagement programs
- Rural integrated behavioral health and primary care services
- School-based prevention and early intervention
- Veterans and family outreach

Workforce Education & Training

- Behavioral Health Training Curriculum
- Interfaith Behavioral Health Workforce Centers of Excellence

Innovation

Behavioral Health Workforce Innovation Proposal

Community Program Planning



Ongoing community engagement is integral to MHSA

Community Program Planning (CPP) process

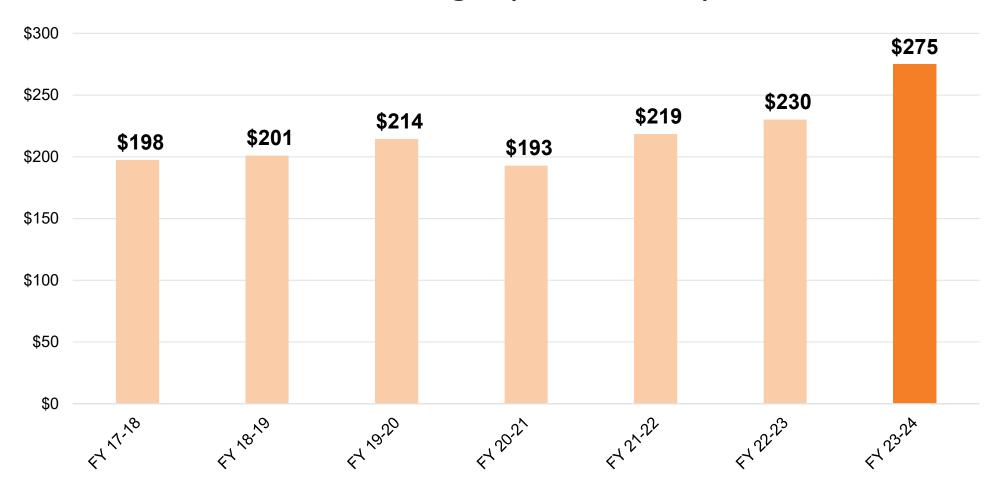
- Community Experience Partnership
- Community input gathered through:
 - Listening sessions
 - Focus groups
 - Interviews
 - Community events and meetings



Fiscal Year 2023-24 Proposed MHSA Budget



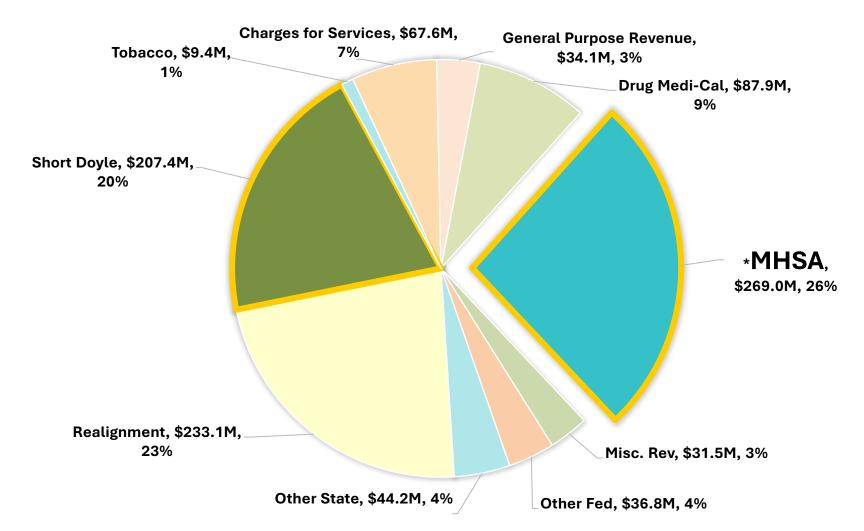
MHSA Budget (\$ in millions)



BHS and MHSA Budgets



Total BHS Budget \$1.02B



- MHSA both fully funds standalone programs and is utilized as a match for Medi-Cal programs
- In FY 2023-24, MHSA is anticipated to leverage nearly \$127 million in Medi-Cal revenue
- Leverages 50% more funding for MHSA services

^{*}Total MHSA HHSA Budget – \$274.9 million

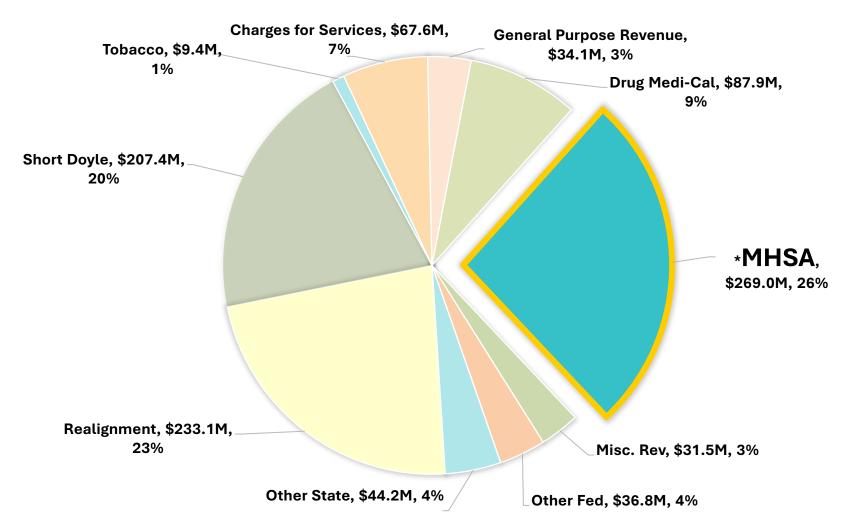
 ^{\$269.0}M BHS division

^{• \$5.9}M Various HHSA divisions

BHS and MHSA Budgets



Total BHS Budget \$1.02B



- 83% for Community Services and Supports
- 14% for Prevention and Early Intervention
- 1% for Innovation
- Nearly 3% for Workforce Education and Training

- \$269.0M BHS division
- \$5.9M Various HHSA divisions

^{*}Total MHSA HHSA Budget – \$274.9 million

KEY INVESTMENTS AND HIGHLIGHTS





Community Services and Supports

Adult Treatment Services

- Full-Service Partnership (FSP) / Assertive Community Treatment (ACT)
- Outpatient Services

Crisis & Diversionary Services

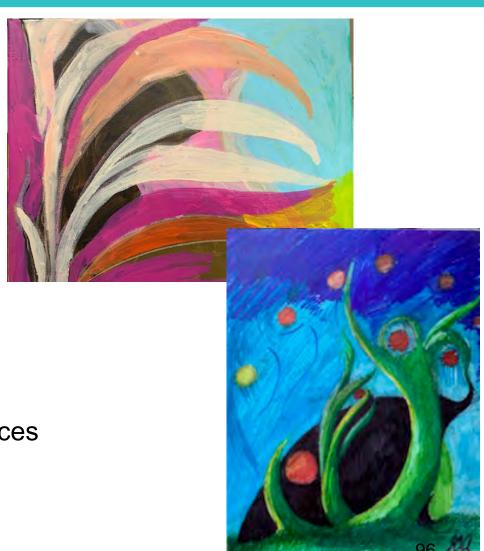
- Mobile Crisis Response Teams (MCRT)
- Psychiatric Emergency Response Team (PERT)

CARE Act Program

New ACT, outpatient, case management and other services

Youth Services

- Crisis Action and Connection
- Transitional Age Youth Recuperative Care Program



KEY INVESTMENTS AND HIGHLIGHTS (SAN DIEGO





Prevention & Early Intervention

- Public Messaging and Awareness
- Community Health and Engagement
- School ACEs Prevention Parenting Program for Fathers, Father2Child
- Based Suicide Prevention & Early Intervention



KEY INVESTMENTS AND HIGHLIGHTS (SAN DIEGO





Workforce Education & Training

Community Psychiatry Fellowship

Innovation

- Shifting Innovation programs to CSS and PEI
- Behavioral Health Workforce Innovation Proposal



LOOKING FORWARD



BHS anticipates significant activity that will affect MHSA-funded programs

CALIFORNIA ADVANCING & INNOVATING MEDI-CAL (CALAIM) BEHAVIORAL HEALTH PAYMENT REFORM

NEW ENHANCEMENTS & INVESTMENTS

MHSA MODERNIZATION

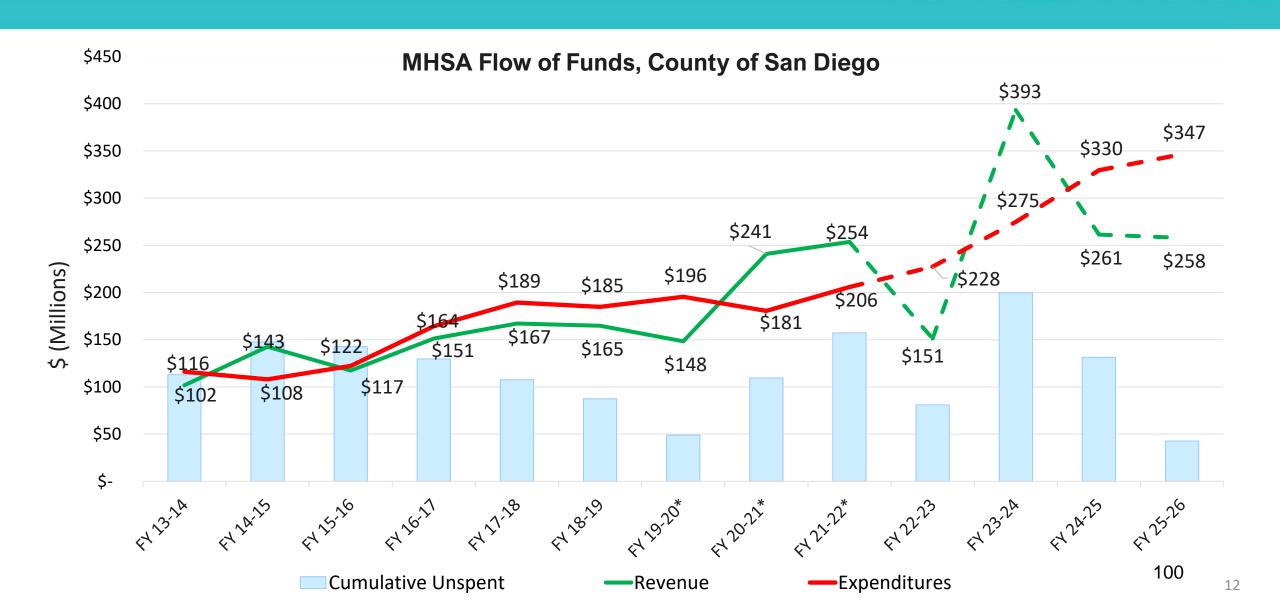
To begin in July 2023

- East Region Crisis Stabilization Unit and Recovery Bridge Center
- Alvarado Crisis Stabilization Unit
- Mobile Crisis Response Teams
- CARE Act program
- Workforce
- Optimal Care Pathways Model
- Screening to Care

2024 ballot initiative

MHSA FLOW OF FUNDS





RECOMMENDATIONS



- 1. Receive and approve the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-24 through 2025-26 (Three-Year Plan) and authorize the Agency Director, Health and Human Services Agency, to submit the Three-Year Plan to the Mental Health Services Oversight and Accountability Commission.
- 2. Direct the Interim Chief Administrative Officer to sunset time-certain reporting for the MHSA-funded Mobile Crisis Response Team program to coincide with significant developments.



ITEM #22: RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24 THROUGH 2025-26

Nick Macchione, Agency Director, Health and Human Services Agency Luke Bergmann, PhD, Director, Behavioral Health Services Nadia Privara, Assistant Director of Departmental Operations, Behavioral Health Services

June 13, 2023





COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS NORA VARGAS

JOEL ANDERSON Second District

TERRA LAWSON-REMER Third District

> VACANT Fourth District

JIM DESMOND

AGENDA ITEM

DATE: June 13, 2023

TO: **Board of Supervisors**

SUBJECT

AUTHORIZE ACCEPTANCE OF STATE YOUTH SUICIDE REPORTING AND CRISIS RESPONSE PILOT PROGRAM FUNDING AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

OVERVIEW

On March 1, 2023, the California Department of Public Health Injury and Violence Prevention Branch (CDPH-IVPB) invited the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) to participate in its Youth Suicide Reporting and Crisis Response Pilot Program (Pilot). San Diego County was among the most impacted counties in the State based on selection criteria for the Pilot with the second highest youth suicide count and second highest youth suicide rate (per 100,000 residents) for the period examined (2018-2020).

Approval of today's action would authorize BHS to accept a tentative allocation of approximately \$4.1 million of one-time funding from CDPH-IVPB to perform planning, coordination, and/or implementation of rapid reporting, crisis response, and/or data surveillance activities related to the prevention of suicides and suicide attempts among youth 25 years of age and under. This funding would augment and enhance the County's existing suicide prevention and crisis response efforts, as well as prevention and response efforts provided through County partners.

This item supports the County's vision of a just, sustainable, and resilient future for all, specifically those populations in San Diego County that have been historically left behind, as well as the ongoing commitment to the regional Live Well San Diego vision of healthy, safe, and thriving communities by ensuring youth are engaged and connected to services that promote health, wellbeing, and resiliency.

RECOMMENDATION(S) CHIEF ADMINISTRATIVE OFFICER

1. Authorize acceptance of a one-time tentative allocation of approximately \$4,148,148 from the California Department of Public Health, Injury and Violence Prevention Branch to participate in the Youth Suicide Reporting and Crisis Response Pilot Program for Fiscal Year 2022-23 through Fiscal Year 2024-25, to develop and test models for rapid reporting and comprehensive crisis response at the local-level related to youth suicide and suicide attempts in youth 25 and under, and authorize the Agency Director, Health and Human Services Agency, or designee to execute all required documents, upon receipt, including

SUBJECT: AUTHORIZE ACCEPTANCE OF STATE YOUTH SUICIDE REPORTING AND CRISIS RESPONSE PILOT PROGRAM FUNDING AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

any annual extensions, amendments, or revisions that do not materially impact or alter the services or funding level.

2. Waive Board policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires full cost recovery for grants.

EQUITY IMPACT STATEMENT

The vision of the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS), is to build a system in which mental health and substance use services are equitably and regionally distributed and accessible to all individuals and families within the region who are in need. To advance this goal, BHS is committed to pursuing projects and funding sources that will support the provision of services to vulnerable and underserved populations.

Although suicide rates have generally decreased in recent years, suicide remains a leading cause of death for San Diegans and the second leading cause of death for youth and young adults in the county between the ages of 10-24 years, according to data from the County, Department of the Medical Examiner. In addition, emergency department and hospitalization rates due to suicide attempts, intentional self-harm, and suicidal ideation have increased and are particularly high among those ages 10-24 years old, especially among youth and young adults who identify as female, Black/African American, American Indian/Alaska Native, or White, and live within North Inland and East Regions. Additionally, data from UCLA's 2021 California Health Interview Survey indicates that individuals who identify as LGBTQ+ and/or have a history of adverse childhood experiences report higher percentages of thoughts of seriously considering suicide compared to others.

To address the social, economic, cultural, geographic, and other barriers that often hinder the accessibility of behavioral health care, the County continues to transform service delivery by bringing services directly to communities of need and working collaboratively with residents and experts to identify and develop tailored solutions through listening sessions, focus groups, and other input activities. Today's action will allow the County to accept new one-time funding aimed at increasing existing suicide prevention and crisis response efforts and emerging strategies to support youth under the age of 25, an age group which has experienced an increase in suicide counts and suicide rates in recent years in San Diego County.

SUSTAINABILITY IMPACT STATEMENT

Today's actions support the County of San Diego's (County) Sustainability Goal #2 to provide just and equitable access to County services by enhancing the County's ability to perform suicide surveillance, allowing the County to respond more nimbly to observed increases in suicides and suicide attempts with appropriately disbursed regional prevention and crisis response efforts. Today's actions also support Sustainability Goal #4 to protect the health and well-being of everyone in the region by making a concentrated effort to reach those most at risk of suicide in all activities, specifically through suicide prevention education efforts that increase the public's awareness of mental health resources and support channels.

SUBJECT: AUTHORIZE ACCEPTANCE OF STATE YOUTH SUICIDE REPORTING

AND CRISIS RESPONSE PILOT PROGRAM FUNDING AND WAIVE

BOARD POLICY B-29 (DISTRICTS: ALL)

FISCAL IMPACT

Funds for this request are included in the Fiscal Year (FY) 2022-23 Operational Plan and FY 2023-25 CAO Recommended Operational Plan in the Health and Human Services Agency (HHSA). If approved, this action will result in minimal costs of approximately \$1,500 in FY 2022-23 for planning and development time associated with existing staff resources, with the majority of costs to be incurred in subsequent years. It is estimated that this action would result in costs of \$2.0 million in FY 2023-24 and \$2.5 million in FY 2024-25. The funding source, pending award by the State, will be one-time California Department of Public Health, Injury and Violence Prevention Branch Youth Suicide Reporting and Crisis Response Pilot Program funds totaling approximately \$4.1 million.

For the Youth Suicide Reporting and Crisis Response Pilot Program, a waiver of Board Policy B-29 is requested because the funding does not offset all costs associated with the implementation of the Youth Suicide Reporting and Crisis Response Pilot Program of approximately \$0.4 million in FY 2022-23 through FY2024-25. The anticipated funding sources for these costs are Mental Health Services Act and Realignment. The public benefit of providing these services far outweighs the unrecoverable costs and maximizes grant funds used to implement the project. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

On June 1, 2023, the Behavioral Health Advisory Board voted to approve the recommendations.

BACKGROUND

The County of San Diego (County) and its partners have been actively working to address suicide since the mid-1990s and activities have progressively increased over the years to meet demand and provide more tailored approaches and responses for the community. In the 15 years since California published its Strategic Plan on Suicide Prevention, the County has made great strides in collaboration with its partners to address and prevent suicides locally. In 2021, the region experienced its lowest suicide rate in the last ten years (10.8 per 100,000 residents). While this decline places San Diego County below the national suicide rate (14.5 per 100,000 residents) and signifies an encouraging trajectory, the local suicide rate remains higher than the State's rate (10.6 per 100,000 residents) and is a leading cause of death among San Diegans. Hospitalization and emergency department discharge rates due to nonfatal suicide attempts, intentional self-harm, and suicidal ideation have increased locally in recent years.

Suicides and suicide attempts among youth and young adults are of increasing concern. According to the 2011-2021 Youth Risk Behavior Survey, 30% of teen girls included in the survey seriously considered attempting suicide – an increase of nearly 60% from a decade ago. Data from the 2017-2019 California Healthy Kids Survey indicates 15% of school students in the county seriously considered attempting suicide. According to 2021 County, Department of the Medical Examiner data, suicide was the second leading cause of death among county youth and young adults between the ages of 10-24 and this age group accounted for 12% of all suicides. The rate of suicide among

SUBJECT: AUTHORIZE ACCEPTANCE OF STATE YOUTH SUICIDE REPORTING AND CRISIS RESPONSE PILOT PROGRAM FUNDING AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

local youth between the ages of 15-19 has increased by 29% from 2017-2021 and by 57% over the last 10 years.

Trends in these suicide-related data recently led State officials to contact the County for possible participation in a new, State-funded pilot program. In December 2022, the County was approached by the California Department of Public Health Injury and Violence Prevention Branch (CDPH-IVPB) for possible participation in a Youth Suicide Reporting and Crisis Response Pilot Program (Pilot). Selection by CDPH-IVPB was based on county rankings across several variables, including a county's average monthly suicide count and suicide rate among youth 10-24 years of age during 2018-2020, diversity (as measured by the U.S. Census Bureau's Diversity Index in 2020), and youth suicide counts within rural counties (as designated by the California State Association of Counties). Rankings also considered a composite variable created by adding each counties' rank. San Diego County was among top candidates for the Pilot based on these four selection criteria with the second highest youth suicide count and second highest youth suicide rate (per 100,000) recorded for 2018-2020. Based on these data, the County was approached about the Pilot, along with the counties of Alameda, El Dorado, Humboldt, Kern, Los Angeles, Riverside, Sacramento, San Joaquin, and Solano.

Over the last few months, the County has been in contact with the CDPH-IVPB regarding participation in the Pilot and the following events have occurred in relation to this opportunity:

- On February 27, 2023, County staff took part in a key informant interview with CDPH-IVPB. Staff provided information on activities with the target population presently overseen or under development by County departments and discussed opportunities to support development, implementation, and/or evaluation of local reporting and/or crisis response activities focused on youth suicide prevention.
- On March 1, 2023, CDPH-IVPB invited the County to participate in the Pilot and tentatively allocated \$4,148,148 to fund Pilot activities.
- On March 27, 2023, CDPH-IVPB notified the County of virtual webinars occurring on April 5, 2023 and April 6, 2023, and asked staff to review CDPH-IVPB contracting processes and next steps for participation in the Pilot.
- On April 7, 2023 and April 12, 2023, initial contracting documents and instructions were provided by CDPH-IVPB to the County.

Pending receipt of funds, County staff will initiate development of an implementation plan in collaboration with community stakeholders to submit to CDPH-IVPB in July 2023. The aim of the Pilot is to support efforts to plan, develop, and test approaches for rapidly reporting and responding to suicide-related incidences. Per CDPH-IVPB requirements, Pilot activities must focus on reporting and/or responding for youth suicides and suicide attempts among youth 25 and under and can concentrate on planning and coordination and/or implementation. Activities can also include general suicide prevention efforts (e.g., Mental Health First Aid and/or other behavioral health trainings), strategies to address social isolation and other risk factors for suicide, and tailored resource connections for youth, families, schools, and the community based upon respective needs. Local-level evaluation of all activities must also be completed by the County as a Pilot participant.

SUBJECT: AUTHORIZE ACCEPTANCE OF STATE YOUTH SUICIDE REPORTING AND CRISIS RESPONSE PILOT PROGRAM FUNDING AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

The invitation to participate in this Pilot presents several opportunities to build upon existing suicide prevention efforts and crisis response resources. Opportunities that could be supported include, but are not limited to:

- Enhancing the capacity of the County to develop and test youth suicide syndromic surveillance and perform related investigation activities;
- Planning and coordination with partners to explore implementation of peer-based support for suicide prevention within emergency department settings;
- Increasing and enhancing suicide prevention efforts for middle and high school students and transition age youth 16 to 25 years in non-school settings;
- Promoting standardized screenings for suicide risk in rural community primary care health clinics, with outreach, triage, brief intervention, and referrals for those at risk;
- Increasing behavioral health education, outreach campaigns, public messaging, and trainings regarding suicide prevention with schools, institutes of higher education, and the broader community and;
- Enhancing planning, coordination, and delivery of outreach and education to increase community awareness and literacy of existing resources through the deployment of regional engagement liaisons focused specifically on suicide prevention and facilitating linkages across existing suicide prevention efforts;

Today's action, if approved, will allow the County, BHS to accept new one-time funding aimed at supporting youth under the age of 25 and their families by enhancing existing suicide prevention and crisis response efforts.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the County of San Diego's 2023-2028 Strategic Plan initiatives of Equity (Health) and Community (Engagement, Quality of Life, and Partnership) as well as the regional Live Well San Diego vision, by ensuring children and youth are engaged and connected to services that promote health, well-being, and resiliency.

Respectfully submitted,

HELEN N. ROBBINS-MEYER

Mauline.

Interim Chief Administrative Officer

ATTACHMENT(S) N/A



ITEM # 23: AUTHORIZE ACCEPTANCE OF STATE YOUTH SUICIDE REPORTING AND CRISIS RESPONSE PILOT PROGRAM FUNDING, AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

Nick Macchione, Agency Director, Health and Human Services Agency Elizabeth A. Hernandez, PhD, Director, Public Health Services Luke Bergmann, PhD, Director, Behavioral Health Services

June 13, 2023



STATE PILOT TO ADDRESS YOUTH SUICIDE



Purpose of Pilot

 Support the planning, development, and trial of approaches to learn of and respond to youth suicide-related incidences

Categories for Planned Pilot Activities

- Data Surveillance and Reporting
- Comprehensive Crisis Response
- General Suicide Prevention

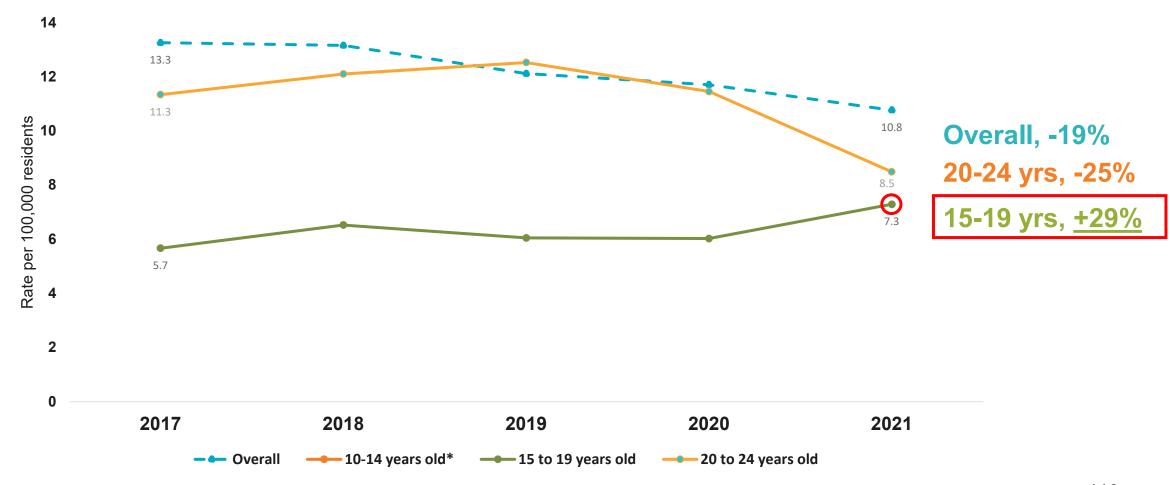


YOUTH SUICIDES IN SAN DIEGO COUNTY





5 Year Trend by Youth Age Group: Suicide Death Rates, San Diego County



STATE PILOT TO ADDRESS YOUTH SUICIDE



Suicide Counts

San Diego County ranked 2nd with 180 suicide deaths from 2018-2020

Youth Suicide Rates (Rate per 100,000)

San Diego County ranked 2nd with a rate of 8.34 per 100,000 from 2018-2020

Youth Suicide Prevention & Program Readiness

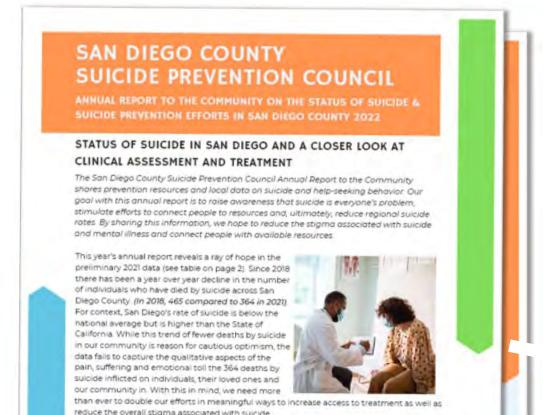
The County has ongoing programs that address youth suicide

CURRENT SUICIDE PREVENTION EFFORTS (SAN DIEGO





- San Diego County Suicide Prevention Council
- Countywide Public Messaging Campaign (It's Up to Us)







CURRENT SUICIDE PREVENTION EFFORTS







School-Based Prevention and Early Intervention

- Screening to Care Initiative
- SchooLink
- Helping, Engaging, Reconnecting, and Educating (HERE) Now
- Creating Opportunities in Preventing & Eliminating Suicide (COPES)

LEARNING FROM COMMUNITY ENGAGEMENT



- Increasing resources for youth and young adults
- Stigma reduction campaigns to encourage help-seeking
- Community Health Worker and/or peer-based liaisons to support system navigation
- Upstream prevention



OPPORTUNITIES TO ENHANCE EXISTING RESOURCES FOR YOUTH



Categories for Planned Pilot Activities

Data Surveillance and Reporting

 Surveillance and analysis of real-time data on suicide-related indicators

- Comprehensive Crisis Response
- General Suicide Prevention

OPPORTUNITIES TO ENHANCE EXISTING RESOURCES FOR YOUTH



Categories for Planned Pilot Activities

- Data Surveillance and Reporting
- Comprehensive Crisis Response
- General Suicide Prevention

- Surveillance and analysis of real-time data on suicide-related indicators
- Peer-based support within emergency departments

OPPORTUNITIES TO ENHANCE EXISTING RESOURCES FOR YOUTH



Categories for Planned Pilot Activities

- Data Surveillance and Reporting
- Comprehensive Crisis Response
- General Suicide Prevention

- Surveillance and analysis of real-time data on suicide-related indicators
- Peer-based support within emergency departments
- School-based suicide prevention
- Outreach and standardized risk screenings for rural communities
- Behavioral health education, public messaging, and trainings
- Dedicated regional community liaisons

STATE PILOT FOR YOUTH SUICIDE PREVENTION



Timeline of Activities

April 5-6, 2023
Virtual informational webinars held

June 30, 2023
Deadline for counties to execute contracts with CDPH-IVPB

March 1, 2023
County tentatively
allocated \$4.1 million in
funding for pilot
participation

April 7 & 12, 2023
Contracting documents and next steps provided

July 2023
Pending receipt of funds,
develop workplan in
collaboration with
stakeholders

RECOMMENDATIONS



- 1. Authorize the acceptance of \$4,148,148 of a one-time tentative allocation from the California Department of Public Health, Injury and Violence Prevention Branch to participate in the Youth Suicide and Reporting and Crisis Response Pilot Program; and authorize the Health and Human Services Agency Director or designee to execute all documents as required.
- 2. Waive Board policy B-29, Fees, Grants, Revenue Contracts Department Responsibility for Cost Recovery.

SUPPORT IS AVAILABLE



NATIONAL SUICIDE & CRISIS LIFELINE

9-8-8

SAN DIEGO COUNTY ACCESS AND CRISIS LINE

1-888-724-7240





ITEM # 23: AUTHORIZE ACCEPTANCE OF STATE YOUTH SUICIDE REPORTING AND CRISIS RESPONSE PILOT PROGRAM FUNDING, AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

Nick Macchione, Agency Director, Health and Human Services Agency Elizabeth A. Hernandez, PhD, Director, Public Health Services Luke Bergmann, PhD, Director, Behavioral Health Services

June 13, 2023



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





Article One: Name

The name of this organization shall be the <u>Children</u>, <u>Youth and Families Behavioral Health System of Care Council</u> (also known as CYF Council or the Council).

Article Two: Purpose and Duties

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

The duties of the Council shall be set forth by Behavioral Health Services (BHS) Administration, a department of the Health and Human Services Agency (HHSA). The Council reports to the Behavioral Health Services Director (BHS Director)/Designee and serves in an advisory capacity. The Council is charged by the BHS Director/Designee to perform the following functions:

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

Article Three: Membership

Membership on the Council is via appointment by the BHS Director/Designee through recommendations of each sector. The Council provides an opportunity for all four sectors to have a voice in policy development and advancement of the System of Care. Members will be appointed from the following:

Sector	Constituencies	Seats
Public	Behavioral Health Advisory Board (BHAB)	1
	Behavioral Health Services (BHS) - HHSA	1
	Homeless Solutions and Equitable Communities - HHSA	1
	Public Health (PH) - HHSA	1
	Medical Care Services (MCS)	1
	Child and Family Well-Being (CFWB) Department-Office of Child Safety –HHSA	1
	CFWB Department - Office of Child and Family Strengthening - First 5 San Diego -	1
	HHSA CONTRACTOR OF THE PROPERTY OF THE PROPERT	
	Public Safety Group (PSG) / Probation	1
	Juvenile Court	1
Private	San Diego Regional Center for Developmentally Disabled	1
	Alcohol and Drug Services Provider Association (ADSPA)	2
	Mental Health Contractors Association (MHCA)	2
	Fee For Service (FFS) Network	1
	Managed Care Health Plans (MCP)	1
	Healthcare/Pediatrician	1
Education	Special Education Local Plan Areas (SELPA)	1
	Regular Education - Pupil Personnel Services	1
	School Board	1
	Special Education	1
Family	Consumer Advocacy/Family Education Services	1
	Caregiver of child/youth served by the public health system	1
	Youth served by the public health system (up to age 26)	2

Membership shall be limited to 25 voting members. Each member/sector shall designate an "alternate," a person to act on behalf of the regular member when the regular member is unavailable. Alternates retain voting privileges only when the regular member is not present. Council members serve two-year terms, which may be renewed at the discretion of the BHS Director/Designee. Terms will begin in July and be staggered with half of the membership rolling over one year, and the other half the next, to avoid enlisting an entirely new slate at one time.

Current Council members and alternates shall have access to the trainings provided by the BHS training contractor. To gain access, a written request shall be submitted to Council staff for processing.

Council members from the Youth served by the public health system constituency, who complete an application for the annual California Mental Health Advocates for Children and Youth (CMHACY) conference scholarship, shall be given priority status for scholarship award.

Article Four: Vacancies

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

Article Five: Quorum

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

Article Six: Meetings

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

Agendas: Agendas are prepared by the Executive Committee in consultation with the BHS Deputy Director/Designee. Stakeholders may submit proposed agenda items to the co-chairs or staff of the Council on a continuous basis. Agendas are forwarded to Council members, alternate, and attendees in advance of the Council meeting.

Meeting Summary: County administrative staff completes and maintain the Council Meeting Summary documentation. Meeting summaries are distributed to Council members in advance of the next regularly scheduled meeting and are posted on the County CYF Council website.

Article Seven: Officers

The business of the Council is organized and managed through two co-chairs. The co-chairs are identified by the sector responsible for chairing the upcoming serving term, with the identified co-chair starting to serve in the month of July.

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

The co-chairs participate in the development and preparation of the meeting agendas and receive briefings on progress and activities from the BHS Director/Designee. County Administrative staff provides support to the co-chairs and to activities of the Council, including meeting notices, meeting scheduling, meeting preparation, meeting summaries, and overall coordination.

Article Eight: Committees

The Council has a "standing" Committee, known as the Executive Committee, which is tasked to follow up on current SOC principles and recommend a process to ensure relevancy to current realities and challenges which includes the development of committees and task forces to complete its business, as well as the pausing or retirement of committees that are no longer needed. Committees submit bi-annual written report to the Council.

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

Article Nine: Voting and Consensus

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

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

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

The Council votes by show of hands (or virtual alternative) on all action items brought before the Council for formal decision. The majority voice carrying the decisions is noted in the corresponding meeting summary. Vote counts are not required. Members opposing the outcome of a closely contested vote may request permission to submit a "minority opinion" into the record of the vote. Opposing members have two working days from the date of the vote to submit their minority opinion, in writing, to the co-chairs for inclusion in the official meeting summary of the Council. Only members of the Council, or alternates attending in place of the delegated member, are eligible to vote. Alternates attending in addition to the regular member are not eligible to vote and do not count in the quorum determination.

Article Ten: Member Conduct

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

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

Article Eleven: Ratification and Amendments

Bylaws are reviewed and updated as needed following Article Nine which outlines voting and consensus practices.

Link to the document



GOVERNOR NEWSOM'S TRANSFORMATION OF BEHAVIORAL HEALTH SERVICES

Housing with Accountability. Reform with Results.

- Major effort to pass a bond for 10,000 new clinic placements and homes.
- First reform in nearly two decades since voters passed the Mental Health Services Act in 2004.
- Focus on housing with accountability for people with mental health needs, including veterans and unhoused people.

Together with the Legislature, local officials, labor leaders, community organizations, and more, Governor Gavin Newsom is proposing a major transformation of the State's behavioral health care system – making good on decades-old promises. This effort will **build 10,000 new beds with \$4.68 billion funded by a bond on the March 2024 ballot** to provide the resources needed to care and house those with the most severe mental health needs and substance use disorders.

The package focuses on **five solutions** to transform California's behavioral health system through **housing with accountability and reform with results**:

- 1. Reforming the Mental Health Services Act to provide services to the most seriously ill and to treat substance use disorders
- 2. Building a workforce to reflect and connect with California's diversity
- 3. Focusing on outcomes, accountability, and equity
- 4. Housing and behavioral health treatment in unlocked, community-based settings
- 5. Housing for veterans with behavioral health challenges

LEGISLATIVE PACKAGE

• SB 326: REFORM - After nearly 20 years, this bill would modernize and reform the Mental Health Services Act (MHSA), which was passed as Proposition 63 by voters in 2004. This legislation would expand services to include treatment for those with substance use disorders – in addition to care for the most seriously mentally ill – provides more resources for housing and workforce, and continues community support for prevention, early intervention, and innovative pilot programs – all with new and increased accountability for outcomes and through an equity lens.

• AB 531: BUILD - A \$4.68 billion general obligation bond to build 10,000 new clinic beds and homes that would be on the March 2024 ballot. This would be the single largest expansion of California's continuum of behavioral health treatment and residential settings. It will create new, dedicated housing for people experiencing homelessness who have behavioral health needs, with a dedicated investment to serve veterans, allowing Californians experiencing behavioral health conditions to have a place to stay while safely stabilizing and healing.

Combined, these two bills will build out the State's capacity to provide behavioral health care and housing with **strengthened accountability for results**, while creating good jobs. These reforms will complement and build upon Governor Newsom's <u>Behavioral Health Expansion</u> and <u>Reform efforts</u> to provide care - from prevention and early intervention to outpatient, crisis, inpatient, and supportive care and supplements the work currently underway with the implementation of CARE Court.

The behavioral health legislative package will go to the **voters for approval in March 2024**, after consideration and approval by Legislature and Governor Newsom's signature in 2023.

SB 326: REFORM

REFORMING BEHAVIORAL HEALTH CARE FUNDING TO PROVIDE SERVICES TO THE MOST SERIOUSLY ILL AND TO TREAT SUBSTANCE USE DISORDERS.

- Expands services to include treatment for substance use disorders (SUDs) alone and allows counties to use funds in combination with federal funds to expand SUD services.
 Because of this expansion to cover SUD, the bill updates the name of the MHSA to the Behavioral Health Services Act (BHSA).
- Recognizes the need for housing to address a variety of serious behavioral health disorders.
- Modernizes county allocations (92%) to require the following priorities and encourage innovation in each area:
 - o 30% for Housing Interventions for children and families, youth, adults, and older adults living with serious mental illness/serious emotional disturbance (SMI/SED) and/or SUD who are experiencing homelessness or are at risk of homelessness.
 - Authorizes housing interventions to include rental subsidies, operating subsidies, shared housing, family housing for children and youth who meet criteria, and the non-federal share for certain transitional rent.

- Half of this amount (50%) is prioritized for housing interventions for the chronically homeless. Up to 25% may be used for capital development.
- o 35% for Full Service Partnership (FSP) programs, which are the most effective model of comprehensive and intensive care for people at any age with the most complex needs. These funds will be used to expand the number of FSP slots available across the state and are key to CARE Court being successfully implemented.
- o 30% for Behavioral Health Services and Supports, including early intervention, workforce education and training, capital facilities and technological needs, and innovative pilots and projects, to strengthen the range of services individuals, families, and communities need. A majority of this amount must be used for Early Intervention.
- <u>5% for Prevention</u> through population-based programming on behavioral health and wellness. For example, in school-linked settings, this prevention funding must focus on school-wide or classroom-based mental health and substance use disorder programs, not individual services.
- Creates a **new total state-directed funding (3%)** to workforce investments, leveraging existing federal funding, and benefitting the entire state system.
- Continues the **funding for state implementation (5%)** of the policy, including development of statewide outcomes, oversight of county outcomes, training and technical assistance to counties, research and evaluation, and policy administration.

EXPANDS THE BEHAVIORAL HEALTH WORKFORCE TO REFLECT AND CONNECT WITH CALIFORNIA'S DIVERSE POPULATION.

The proposal recognizes and supports the critical need to expand a culturally-competent and well-trained behavioral health workforce to address behavioral health capacity shortages and expand access to services.

- Provides up to 3% of annual BHSA funds for the California Health and Human Services
 Agency (CHHS) to implement a statewide behavioral health workforce initiative,
 including leveraging federal dollars through a workforce initiative under BH-CONNECT;
 a proposed Medicaid demonstration waiver that will draw down significant additional
 federal matching dollars for this purpose.
- Authorizes counties to also fund additional, local workforce initiatives using resources from their local BHSA allocation prioritized for Behavioral Health Services and Supports.

FOCUSING ON OUTCOMES, ACCOUNTABILITY, AND EQUITY.

OUTCOMES: The proposal replaces the existing plan with a new <u>County Integrated Plan for</u>

<u>Behavioral Health Services and Outcomes</u>, including all local behavioral health funding and services.

- Requires counties to demonstrate coordinated behavioral health planning using all services and sources of behavioral health funding (e.g., BHSA, opioid settlement funds, realignment funding, federal financial participation), in order to provide increased transparency and stakeholder engagement on all local services.
- Requires stratified local data analysis to identify behavioral health disparities and consider approaches to eliminate those disparities.
- Requires the Department of Health Care Services (DHCS) to work with counties and stakeholders to establish outcome metrics for state and county behavioral health services and programs.

ACCOUNTABILITY: The proposal establishes a new, annual <u>County Behavioral Health</u>
<u>Outcomes, Accountability, and Transparency Report</u> to provide public visibility into county results, disparities, spending, and longitudinal impact on homelessness.

- Requires counties to report annual service utilization data and expenditures of state
 and federal behavioral health funds, unspent dollars, and other information. Authorizes
 DHCS to impose corrective action plans on counties that fail to meet the requirements
 established by this section.
- Authorizes up to 2% of local BHSA revenue to be used for local resources to assist
 counties in improving plan operations, quality outcomes, reporting fiscal and
 programmatic data and monitoring subcontractor compliance for all county
 behavioral health funding, on top of the existing 5% county administrative costs.
- Reduces authorized local prudent reserve amounts in the BHSA to allow for needed investments while still saving for an economic downturn.

EQUITY: The proposal connects the Behavioral Health System statewide for all Californians.

- For those with Medi-Cal health insurance: Authorizes DHCS to align the terms of the county behavioral health plan contracts regarding administration, infrastructure, and organization with Medi-Cal managed care plan contracts.
- For those with commercial health insurance: Directs the Department of Managed
 Health Care (DMHC) and DHCS to develop a plan with stakeholder engagement for
 achieving parity between commercial and Medi-Cal mental health and substance use
 disorder benefit. This may include, but is not limited to, phasing in alignment of utilization
 management, benefit standardization, and covered services.

AB 531: HOUSING

HOUSING AND BEHAVIORAL HEALTH TREATMENT IN COMMUNITY-BASED UNLOCKED SETTINGS.

The proposal places a General Obligation Bond on the March 2024 ballot for construction of unlocked community-based behavioral health treatment & residential care settings.

- A recent RAND study indicates the state has a shortage of at least 6,000 behavioral health beds. This lack of sufficient capacity leads not only to unnecessary long lengths of stays in locked settings and hospitals, but contributes to the growing crisis of homelessness and incarceration among those with severe mental illness and substance use disorders.
- To address this long-standing challenge, the Governor is proposing to use a general obligation bond to build up settings that will help ensure those with the greatest needs have access to high quality, unlocked, community-based residential care, including "step-down" community-based facilities, where people can reside short-term after a behavioral health crisis hospitalization and then transition to lower levels of care that can better support long-term success.
- Bond funding would be used to construct, acquire, and rehabilitate unlocked, voluntary, community-based residential care settings for individuals with behavioral health needs, increasing the availability of care settings that support rehabilitation and recovery.
- Among Californians experiencing homelessness, nearly 40,000 have a severe mental illness and over 36,000 have a chronic substance use disorder.

HOUSING FOR VETERANS WITH BEHAVIORAL HEALTH CHALLENGES.

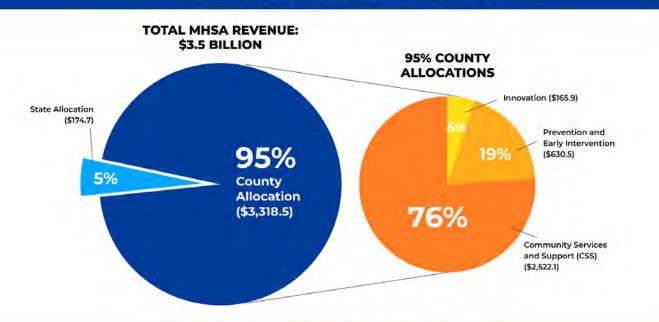
The proposal dedicates a portion of the bond to housing for veterans at risk of, or experiencing, homelessness with behavioral health needs.

- Upwards of 50% or more of homeless veterans suffer from mental health issues and upwards of 70% or more are affected by SUD.
- Bond funding would be disbursed as grants for new construction, acquisition, rehabilitation, or preservation of affordable multifamily housing to provide interim, transitional, and permanent supportive housing for veterans who are homeless, or at risk of homelessness, and living with behavioral health challenges.

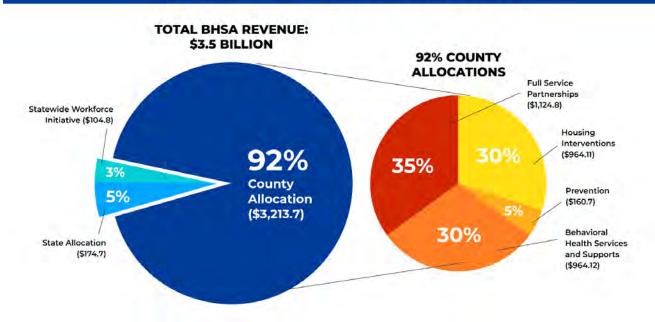
Figure 1. Comparison of Existing MHSA Allocations and Proposed BHSA Allocations

(Dollars in Millions)

CURRENT ALLOCATION



PROPOSED ALLOCATION



Link to the document



April Update

















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A Message from CYBHI Director Melissa Stafford Jones

In the coming month, people across California and the U.S. will join together to draw attention to the importance of mental health and wellness for our youth and families.

May is Mental Health Awareness Month, and Children's Mental Health Awareness Week is May 1-7, 2023. This is a time in which we shine a spotlight on the roles we can all play in raising awareness of youth mental health and substance use needs, reducing stigma and sharing information about vital resources and supports. The California Health and Human Services Agency has curated a list of key resources through the Youth Mental Health Resource Hub, and we have put together a digital toolkit that partners can use to help spread the word.

The State of California leads the way in supporting youth mental health. The Master Plan for Kids' Mental Health and the Children and Youth Behavioral Health Initiative (CYBHI) represent a historic effort to transform the way we serve kids and families, reimagining our systems over the long term while addressing urgent current needs.

The CYBHI continues to make important progress. As part of our Workforce Training and Capacity strategy, the Department of Health Care Access and Information recently awarded over \$210 million in grants to build a diverse and culturally responsive healthcare workforce that can serve underserved areas, while the Office of the California Surgeon General (OSG) completed beta testing of Safe Spaces, a series of self-paced, online modules that help early care and education personnel recognize and respond to trauma and stress in youth. Through our Public Awareness strategy, OSG awarded a communications contract to launch a \$24 million healing-centered campaign focused on Adverse Childhood Experiences and Toxic Stress.

Mental Health Awareness Month and Children's Mental Health Awareness week are opportunities to reaffirm our commitment to children and youth and redouble our efforts to meet their needs. I am grateful to all our partners for all you have achieved and what we will collectively achieve in the work ahead. Thank you for your continued engagement, collaboration and commitment to building a healthier and more equitable future for our children, youth and families.

In Partnership,

Melissa Stafford Jones, Director, Children and Youth Behavioral Health Initiative

Current Funding Opportunities

Scholarship - Behavioral Health Scholarship Program (HCAI) Funding opportunity opening on May 15, 2023.

The Behavioral Health Scholarship Program (BHSP) will open on May 15, 2023, with an informational webinar taking place on May 31, 2023 at 10am. BHSP aims to increase the number of appropriately trained allied and advanced behavioral health professionals providing direct patient care in California. Information is available on HCAI's Behavioral Health Scholarship Program webpage.

Updates

Prioritizing Student Mental Health: Resources for Schools

Schools are leaders, and they play a critical role in supporting their students' behavioral health and well-being. The California Health and Human Service Agency (CalHHS) and the California Department of Education (CDE) recognize the wide array of efforts schools have underway to support the young people's social, emotional and mental health needs.

CalHHS and CDE value the opportunity to work in partnership with schools through a range of statewide efforts from CDE-provided learning support to California's Safe Schools for All hub and the CalHope Student Services program, which supports Local Education Agency (LEA) communities of practice to strengthen social emotional learning.

To continue building on these efforts and as part of Children's Mental Health Awareness Week, CalHHS and CDE will share a diverse group of resources to support student, staff and school mental health and well-being. From storytelling to suicide prevention toolkits and resiliency programs, these resources can help schools, staff and educators to further create a nurturing learning environment for students.

You can visit the Youth Mental Health Resource Hub for more information and additional resources for Children's Mental Health Awareness Week www.chhs.ca.gov/youthresources.

California Awards Over \$150 Million to Bolster Health Care Workforce

The Department of Health Care Access and Information (HCAI) awarded more than \$150 million in grants to strengthen the state's health care workforce.

The grants include \$117.7 million to help behavioral health providers at 134 nonprofit Community-Based Organizations (CBOs) support scholarships, loan repayments, stipends, and recruitment and retention incentives for as many as 5,000 eligible individuals through the CBO Behavioral Health Workforce Grant Program.

HCAI also awarded \$33.7 million \$30 million of which comes from the CYBHI to the California Social Work Education Center (CalSWEC) to provide stipends and fellowships to 892 students pursuing careers in social work.

To learn more about the program and awards, read Governor Newsom's full announcement.

Office of The California Surgeon General Awards ACEs and Toxic **Stress Healing-Centered Campaign Contract**

The Office of the California Surgeon General (CA-OSG) selected Civilian, a San Diegobased social change and marketing agency, as its vendor partner to launch a \$24 million healing-centered campaign aimed at raising awareness of Adverse Childhood Experiences (ACEs) and providing support and healing strategies for individuals and communities across California. ACEs are highly stressful and potentially traumatic experiences that can occur before turning 18, such as witnessing domestic violence or experiencing abuse or neglect. Research shows that two out of three adults in the United States have been exposed to one or more ACEs.

To address this issue, the campaign will focus on reaching out to communities that are disproportionately impacted by ACEs, including economically disadvantaged communities, LGBTQ, communities of color, immigrants, refugees, rural areas, justice-involved youth, child welfare-involved youth, and transition-age youth.

To learn more about the ACEs and toxic stress healing centered-campaign and other efforts from CA-OSG to enhance mental health for all Californians, visit their website.

Beta Testing Complete for Surgeon General's Trauma-Informed Training

The CA-OSG recently conducted a statewide beta testing of its trauma-informed training, launching summer 2023.

Safe Spaces: Foundations of Trauma-Informed Practice for Educational and Care Settings is a free, voluntary, two-hour online learning opportunity that helps early learning and TK-12 personnel understand and incorporate trauma-informed practices into their work with children and youth.

More than 200 people tested the training and shared valuable feedback. Among the testers were personnel in the education and childcare fields, including TK-12th grade teachers, superintendents, principals, teacher aids, family childcare providers, and early childhood educators. Testers came from 31 counties, as far north as Eureka and all the way South to San Diego.

Feedback was positive, with 97 percent of participants agreeing the testing improved their knowledge and 99 percent agreeing the material provided useful information for their work. Additionally, 99 percent agreed the content and objectives reflected the diversity of early learning and care providers and school personnel in California.

Said one participant: "I really like the way it presented all the material. Very short and precise. I like the characters, and the content is not only about our work but also about each of us. As a society, we need more compassion, more kindness and more love for ourselves and for our community."

The training focuses on raising awareness of the impact of stress and trauma on health, development and learning, and on sharing key mindsets and strategies to respond to trauma-informed principles and help create the conditions for safe and supportive learning environments for everyone.

The CA-OSG is making final edits to the training before it goes live in late June. To learn more about the training and the expert panel that helped inform the training, visit https://osq.ca.gov/safespaces/

Stories From the Field: The Power of Connection, Community, and Peer **Support**

Stories from the Field showcase the CYBHI's values and vision and demonstrate how the initiative can build on existing efforts, learn from them, and work towards scalable and systemic change. This composite story—based on real youth experiences compiled by <u>The Social Changery</u>—speaks to some of the challenges identified by youth and families in the CYBHI Youth at the Center Report and the hopes they expressed for a reimagined behavioral health ecosystem..

Carlos first noticed he was different in middle school. One day, kids were playing together, and gender didn't matter. Then, everyone seemed to get sorted into gender-specific groups preoccupied with dating people from the other group. Carlos didn't know which group he belonged to or which he wanted to date. He didn't feel like he belonged anywhere.

In his early teens, Carlos started hanging out by himself. Alone, he didn't have to figure out where he belonged or why there wasn't a place for people like him. It was a good solution at first, but over time, he started to feel socially awkward. Eventually, he only interacted with his mom.

Over the years, Carlos got more depressed, and his mom grew worried. She tried to get him to see his school counselor, but the older lady with the wholesome-looking family photos on her desk didn't seem like she would understand. Once, he got so desperate that he called a hotline. Carlos liked the anonymity, and the person was a good listener, but it wasn't a long-term solution.

Carlos started spending a lot of time online, and the anonymity helped him open up. He started talking to some other players on an online game about more than just gaming. One person who really understood added him to a chat group of other people his age who felt like he did. There, Carlos connected to more people like him – non-binary people, LGBTQ people. Talking to people from his community who were like him, who understood what he had been feeling since he was a little kid, who could name it and bond over it, made a huge difference.

Looking back, Carlos wondered what would have happened if he had been surrounded by more LGBTQ people when he was younger. Maybe his depression wouldn't have gotten so bad and he wouldn't have felt like such an outsider. Today, Carlos' depression is a lot better. He still spends a lot of time on the internet even getting his Bachelor's degree online and he's finding people in real life who can be there for him, too.

Carlos isn't alone in his experience. Thousands of California youth struggle with depression, feel like they don't fit in and don't know where to go for help. Thinking about the mental health system, Carlos wishes it had more. More counselors in schools and the community who understand the experience of people like him. More safe spaces online to find community while you are still figuring out your identity. And more real-life places you can find people like you, who you can sit, hang out, play games and do creative things with. Not because it's their job, but because they need community too.

Carlos's story emphasizes the power of connection, community, and peer support—as well as safe online spaces and peer-led programs—in addressing youth behavioral

health needs. This aligns with the CYBHI's efforts to provide support that is culturally responsive and tailored to the unique circumstances of each individual. To learn more about the CYBHI's values and how they drive our efforts, visit the CYBHI website.

Upcoming Meetings and Participation Opportunities

May 31, 2023 – 10-11:30 a.m. – Behavioral Health Scholarship Program Webinar

Registration information is available via the Behavioral Health Scholarship Program webpage.

May 31, 2023 - 3-5:30 p.m. - E uity Working Group Please RSVP via the registration page.

June 9, 2023 – 2-4:00 p.m. – CYBHI uarterly Webinar Registration information will be available on the CYBHI web page.

Stay Engaged

The CYBHI welcomes all input. To learn more about the CYBHI and to sign up to receive regular updates and engagement opportunities, please visit the CYBHI webpage.

To engage on workstream-specific topics, please use the following information:

- Department of Health Care Services:
 - Contact information for questions/feedback: CYBHI dhcs.ca.gov
 - Children & Youth Behavioral Health Initiative Webpage
 - Student Behavioral Health Incentive Program (SHIP) Webpage
 - Behavioral Health Continuum Infrastructure Program (BHCIP) Webpage
 - CalHOPE Student Support Webpage
- Department of Health Care Access and Information (HCAI): CYBHI hcai.ca.gov
- Department of Managed Health Care: CYBHI dmhc.ca.gov
- California Department of Public Health: CYBHI cdph.ca.gov
- Office of the California Surgeon General: info osg.ca.gov

About the CYBHI

The Children and Youth Behavioral Health Initiative (CYBHI) is a five-year, \$4.7 billion initiative that is transforming the way California supports children, youth and families. Serving as the core of California's Master Plan for Kids' Mental Health, the CYBHI works to reimagine a more integrated, youth-centered system where young people can find support for mental health and substance use needs where, when and in the way they need it most. Built on a foundation of equity and accessibility, the CYBHI is created by and for youth and families. Together with partners across sectors and systems, we are meeting young people where they are such as schools to provide access to mental health and substance use services and supports.

Past Updates & Information

- March 2023 CYBHI Update
- February 2023 CYBHI Update
- February 2023 Quarterly Webinar (presentation and video recording)
- January 2023 CYBHI Update
- December 2022 CYBHI Update
- October 2022 Quarterly Webinar (presentation and video recording)
- September 2022 CYBHI Update
- August 2022 CYBHI Update
- July 2022 Quarterly Webinar (presentation and video recording)
- June 2022 CYBHI Update
- March 2022 CYBHI Update
- March 2022 Kick-Off Webinar (presentation and video recording)
- February 2022 CYBHI Update

Link to the document



May Update

















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A Message from CYBHI Director Melissa Stafford Jones

As we come to the end of Mental Health Awareness Month, I am grateful to the Children and Youth Behavioral Health Initiative's (CYBHI) partners and collaborators for all you do to raise awareness of and reduce stigma around mental health and substance use issues.

It has been inspiring to see so many agencies, organizations and individuals bring attention to youth mental health needs and services, from the Governor's proclamation of Children's Mental Health Awareness Week to CalHHS and California Department of Education's (CDE) joint <u>letter</u> spotlighting schools' efforts to support student mental health and linking them to CalHHS and CDE resources that can help further create nurturing learning environments.

One major theme this Mental Health Awareness month has been widening our idea of what behavioral health support looks like and who provides it. I recently saw this in action at the first annual California Moves event, which focused on the intersection between movement, mindfulness and mental health, and it is central to many of the CYBHI's efforts to expand our behavioral health workforce and services, such as the forthcoming Wellness Coach Role.

The CYBHI and its workstreams continue to make progress. In May, we saw the opening of applications for grant and scholarship opportunities, as well as the awarding of more than \$23 million in grants through the Substance Use Disorder Earn and Learn program. Building on our Youth at the Center Report, the CYBHI also launched a new Children, Youth and Family Network which will help guide the initiative's engagement efforts over time

While Mental Health Awareness Month may be over, the work of supporting California's youth mental health needs continues every day of the year. Thank you for your commitment, your hard work and your passion for helping our kids and families.

In Partnership,

Melissa Stafford Jones, Director, Children and Youth Behavioral Health Initiative

Current Funding Opportunities

Youth Suicide Prevention and Outreach Campaign (CDPH) Grants Applications due by 1 p.m., June 6, 2023

The California Department of Public Health (CDPH) and The Center at Sierra Health Foundation are partnering to implement the Youth Suicide Prevention Media and Outreach Campaign for youth at increased risk of suicide. This funding opportunity is intended for 501(c)(3) community-based organizations, Tribal organizations and coalitions/collaboratives. Information is available on The Center at Sierra Health Foundation website.

Scholarship - Behavioral Health Scholarship Program (HCAI) Application due by 3 p.m., August 15, 2023.

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

Updates

Training a New Generation of Substance Use Disorder Counselors in California

In a significant move towards the fight against the opioid epidemic and substance use disorders (SUD), California has awarded \$23.3 million in grants to support students training to become certified SUD counselors.

The SUD Earn and Learn program seeks to build a skilled workforce that provides empathetic, compassionate care. The program, which is supported by the CYBHI, and administered by the Department of Health Care Access and Information (HCAI), provides students with specialized education in addiction treatment and counseling, along with hands-on experience working with clients in a supervised setting.

With a growing demand for SUD services and an ongoing workforce crisis, this program breaks down the barriers to entry that make it difficult for an individual to become a certified SUD counselor. The program also allows providers to offer paid time for schooling activities, cover costs of certification incentive programs for

educational instructors and SUD experience mentors, and offer career placement bonuses.

See the list of awardees on the HCAI website.

Stories From the Field: Alameda Behavioral Health Collaborative

To help youth and families get mental health and substance use support where, when and in the way they need it, the CYBHI is developing a larger, more skilled and more representative behavioral health workforce. The following story demonstrates approaches that can help advance that goal and the impact they can create.

To address California's rising youth mental health needs, California created the Wellness Coach role, a new, certified position to provide wellness promotion and education, screening, care coordination, pre-clinical individual and group support and crisis referrals in a variety of settings, such as schools and community-based organizations.

Open to associate's- and bachelor's-degree-holders who meet certification requirements, the position will enable a diverse applicant pipeline while supplementing existing behavioral health roles and filling workforce gaps.

Roles of this type can be found across the state, including in Alameda County. Members of the Behavioral Health Collaborative of Alameda County have created, highlighted and expanded roles that 1) provide individual and group support; 2) integrate between systems and within broader teams; and 3) are accessible to people who are interested in behavioral health careers but have not earned a master's degree. creating accessibility to a wider range of candidates.

"Formal education is important, but it's not everything," said Collaborative Executive Director Matthew Madaus. "It should be a supplement to life experience, character and values "

So, what can these types of roles look like in practice One example can be found at East Bay Agency for Children (EBAC), which for 70 years has helped East Bay children, youth and families to recover from trauma, build resilience and avoid exposure to adverse childhood experiences.

Integrating Mental Health in the School System: Behavioral Health Counselors

As a Behavioral Health Counselor at EBAC, Harold Johnson works in partnership with the school system to help students understand, respond to and heal from the effects of trauma. "These kids are amazing and wonderful, and if you come in with an open heart, you can make some breakthroughs," Harold said.

Addressing youth mental health needs begins with meeting them where they are. Behavioral Health Counselors are embedded into the classroom, where they can give kids the support they need, when, where and in the way they need it.

For Harold, that means doing a little bit of everything. "I provide academic support, emotional support, one-to-one counseling, group counseling," Harold said. "I'm pretty much a good listener."

When Harold started with EBAC 28 years ago, youth behavioral health work was mainly focused on talk therapy, treated separately from educational needs. Today, it's integrated directly into the classroom, and roles like Harold's form a critical bridge between our education and mental health systems. The resulting environment is conducive to learning and healing. "To learn, kids need trust and to feel safe. Meeting them where they are, you can connect, build a relationship and make that happen."

Harold has seen the education and mental health systems grow more collaborative over the years. Looking forward, Harold believes that finding ways to combine their strengths will help them serve students together from a place of empathy.

"I would love for schools to implement trauma-informed training for all staff." Harold said. "Training everyone, from the teachers to the front office, custodians and cafeteria staff, would help not just students but the whole school." (In Summer, 2023, The Office of the California Surgeon General will release a free, online professional learning module designed to help early care and education personnel respond to trauma and stress in children.)

EBAC's Behavioral Health Counselors are just one innovative approach being used in Alameda County to expand the behavioral health workforce in areas from education to social services and substance use recovery. "The compassion and ability to restore hope that paraprofessionals exhibit can be extraordinarily effective," said Matthew.

Integrating systems, coordinating care and embracing trusted voices for education and skill-building can make our systems more equitable and effective for all our children and families. "When kids see us, all pulling in the same direction for them, that's big," said Harold. "They see all that love and attention coming, and they know it's for them."

To learn more about the Wellness Coach model, visit HCAI's CYBHI webpage.

Upcoming Meetings and Participation Opportunities

May 31, 2023 – 10-11:30 a.m. – The Behavioral Health Scholarship Program Webinar

Learn how the Behavioral Health Scholarship Program (BHSP) Program works, and how to apply for scholarships in this informational webinar. Registration information is available on the <u>BHSP webpage</u>.

June 9, 2023 – 2-4:00 p.m. – CYBHI uarterly Webinar Register to join this webinar.

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- December 2022 CYBHI Update
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- June 2022 CYBHI Update
- March 2022 CYBHI Update
- March 2022 Kick-Off Webinar (<u>presentation</u> and <u>video recording</u>)
- February 2022 CYBHI Update

Link to the document



June Update

















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A Message from CYBHI Director Melissa Stafford Jones

Happy Pride Month! In June, we honor the incredible resilience and strength of LGBTQIA+ communities and stand together against those who would marginalize them. Young people's mental health is particularly impacted by anti-LGBTQIA+ hatred and stigma, and CYBHI is committed to supporting their behavioral health and wellbeing, connecting them to resources, increasing access to services and supports, and creating a healing, inclusive and equitable behavioral health ecosystem.

This month, I'd like to express my gratitude to the members of the CYBHI Equity Working Group, which held its final meeting on May 31. Consisting of 40 members with backgrounds at the state and local levels covering health and behavioral health, education, mental health advocacy, family and community engagement, research and evaluation, and a number of other areas, this committed group worked together to create an equity framework and toolkit that will be critical to the initiative's efforts.

Equity is at the center of our vision of a transformed behavioral health system for California's children, youth and families. The framework is designed to help embed equity into every aspect of the CYBHI's work, from program design to implementation and evaluation. We've begun incorporating it into the initiative's workstreams, though there is still much work left to be done. While the framework is specific to CYBHI, departments are also finding ways to apply the ideas it contains into other work.

I'm happy to share a new Story From the Field featuring the Desert Mountain Children's Center, whose transdisciplinary approach is a great example of how integrating efforts can provide more effective and equitable care.

This month, we also launched CYBHI's new website, where you can find a wealth of information about CYBHI, its workstreams and how to get involved with and support its work. I encourage you to visit the site, discover what's available and sign up for our mailing list to stay up to date on the initiative's progress.

Thank you to all who have joined us in this effort. Your collaboration, leadership and dedication play a vital role in transforming our behavioral health system to better serve California children, youth and families.

In Partnership,

Melissa Stafford Jones, Director, Children and Youth Behavioral Health Initiative

Current Funding Opportunities

Scholarship - Behavioral Health Scholarship Program (HCAI) Application due by 3 p.m., August 15, 2023.

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

Updates

CYBHI Equity Working Group Releases Final Framework

On May 31, 2023, the CYBHI **Equity Working Group (EWG)** held its final meeting. Over the past year, the group has worked to help embed equity into the processes, design, planning, implementation and accountability efforts of the Initiative and its individual workstreams.

The EWG has adopted an **Equity Framework and Toolkit**, including a working definition of equity, six core equity pillars, a toolkit to support implementation and an extensive resource list.

Launched in summer 2022, the EWG was chartered to provide advice, guidance, tools and recommendations on embedding and advancing equity in the work of the CYBHI, including:

- Developing and helping to apply a recommended equity framework for the CYBHI, with a toolkit to aid implementation.
- Supporting the use of data to advance equity.
- Serving as thought partner and go-to resource on advancing equity through the work of the CYBHI.

Designed to tap into expertise from the field about how to meaningfully advance equity in an initiative such as CYBHI, the EWG's initial call for members resulted in more than 100 applications. The final group represented a wide range of backgrounds, constituencies and areas of expertise—including behavioral health agencies, mental

health advocates, community-based organizations, school mental health professionals, local and regional education agencies and others—all committed to making transformational change. While the Equity Working Group may have completed its work, the effort to incorporate equity throughout the CYBHI and its workstreams continues. CalHHS and its departments are working to apply the framework and toolkit at the workstream level.

CYBHI has also formed an Evaluation Advisory Group, which includes several members of the EWG, to help center equity in our evaluation work. The EWG also offered detailed guidance to CYBHI's evaluation partner, Mathematica, on intended outcomes, data metrics and approaches to quantitative and qualitative evaluation; provided thought partnership and guidance to two key workstreams; and created a crucial space enabling candid conversations between people with many different experiences, deepening relationships that will be crucial to future equity work.

To learn more about the CYBHI equity framework, visit the CYBHI website.

Stories From the Field: Desert Mountain Children's Center

Stories from the Field highlight work addressing youth behavioral health needs and efforts to improve systems and create sustainable change. They showcase CYBHI's values, vision and goals through personal experiences, composite stories and audiocasts, while demonstrating how the Initiative can learn from existing efforts and build on them. A value fundamental to CYBHI is **integration**—breaking down the silos between child-serving systems and uniting their efforts to better meet the behavioral health needs of California kids and families. The following story is one example of what integration can look like in action and the impact it can create.

For young children with behavioral health needs, early intervention can positively impact learning, development and overall well-being. But navigating multiple systems or providers to receive early intervention services can pose hurdles for families and hinder access to care, particularly when those systems are misaligned or uncoordinated.

Yet, some providers are finding ways to address the fragmentation of child-serving systems, including the Desert Mountain Children's Center (DMCC) in San Bernardino County.

The DMCC partners with child- and family-serving agencies throughout the region to provide a coordinated system of care for children and families, including the Desert Mountain Special Education Local Plan Area, Desert Mountain Charter Special Education Local Plan Area, California Association of Health and Education Linked Professions, San Bernardino County Superintendent of Schools, San Bernardino Department of Behavioral Health, local school districts and other agencies.

They and their partners apply a transdisciplinary approach to care, leveraging a team of practitioners from different disciplines, partnering across agencies and with families to work toward a shared vision of success for each child.

One example of this approach is the **Comprehensive Assessment**, **Research**, and **Evaluation (CARE)** program. Developed by DMCC to serve preschool-aged children with acute behavioral health needs, CARE uses an intensive 10-week therapeutic program that assesses each child's unique needs and designs tailored supports to meet them. It involves an extensive transdisciplinary team, including a pediatrician, pediatric neuropsychologist, clinical psychologist, school psychologist, speech and language psychologist, occupational therapist, public health or clinical nurse, licensed clinical social worker and marriage and family therapist, as well as specialists in Applied Behavior Analysis.

This team collaborates to create what CARE Program Supervisor Keri Gomez describes as "a mental health environment." Working together across disciplines, they consider each child's unique, multifaceted needs, helping them get the differentiated supports they need to thrive in school and life.

"We use the term 'transdisciplinary team' versus 'multidisciplinary team,' and that really is the idea that what we all do overlaps for the child. No one discipline is better than the other, and no one discipline is more important than another," said DMCC Director Linda Llamas. "We are all in the room so that we can help the child, and we can see from different lenses about how to do that and how to integrate each modality of treatment into helping the child and the family be most successful."

DMCC staff report a slew of positive outcomes associated with this approach. Children regularly emerge from the program with improved social, emotional, behavioral and language skills, enabling them to form relationships and participate in essential day-to-day activities, such as classroom learning or family meals.

"How do we know there's success? You see it," said Program Manager Theresa Vaughan. "You have a kid who came in with no speech and by the end of the 10 weeks is able to tell their parent—and this is a true story—'I love you,' for the first time."

The biggest measure of success are the reports that DMCC receives from their families, as well as the different things that their children are doing. Families are able to take their kids to the grocery store for the first time, build attachments and see fewer struggles based on the trauma that their kids have experienced. Their kids are able to sit in the classroom, complete assignments and more.

The innovative transdisciplinary approaches to behavioral health care facilitated by DMCC and its partner agencies are helping to put some of the Desert Mountain area's youngest children on a path toward lifelong health and well-being.

This story was created in partnership with <u>WestEd</u> as part of CYBHI's Stories From the Field audiocast series. To hear the full story on the Desert Mountain Children's Center's Transdisciplinary System of Care and to hear other audiocasts, visit cybhi.chhs.ca.gov/dmcc/.

California Awards \$14.4 Million to Boost the State's Behavioral Health Workforce

In June, Governor Gavin Newsom announced \$14.4 million in grants to add nearly 3,300 peer personnel to California's behavioral health workforce through training and placement programs.

"California is building a behavioral health workforce that reaches people where they are," said Governor Newsom. "These grants will help provide invaluable support to those who need it most from workers with lived experience."

Awarded under the Department of Health Care Access and Information's (HCAI) Peer Personnel Training and Placement program, the grants will allow 16 organizations to recruit, train and place peer personnel across the state.

Peer personnel have lived experience with mental or behavioral health services as a consumer, a family member or caregiver. They lead recovery groups, build community and relationships, share resources and advocate for people in recovery.

"Governor Newsom and this Administration are committed to providing better access and care related to behavioral health, especially among our state's youth," said California Health and Human Services Agency Secretary Dr. Mark Ghaly. "Providing grants for peer personnel training and placement will help Californians get the care they need, when they need it."

"When we go through a difficult situation in our lives, having someone providing support that has been there helps us not feel alone and get the help we need," said HCAI Director Elizabeth Landsberg. "At HCAI we are working to support and diversify every level of the behavioral health workforce, including those with lived experience."

Upcoming Meetings and Participation Opportunities

July 12, 2023 – Safe Spaces: Foundations of Trauma-Informed Practice for **Educational and Care Settings (OSG)**

On July 12, the Office of the California Surgeon General (OSG) will launch a new online learning opportunity designed to help people who work with or care for children and youth to incorporate trauma-informed practices into their work. The self-paced training consists of three modules, two hours each, focusing on three age groups including 0-5, 5-11 and 12-18. It will be offered in both English and Spanish. More information will be available on the **Safe Spaces** Webpage.

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

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

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

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

Stay Engaged

The CYBHI welcomes all input. To learn more about the CYBHI and to sign up to receive regular updates and engagement opportunities, please visit the CYBHI webpage.

To engage on workstream-specific topics, please use the following information:

- Department of Health Care Services:
 - Contact information for questions/feedback: <u>CYBHI@dhcs.ca.gov</u>
 - Children & Youth Behavioral Health Initiative Webpage
 - Student Behavioral Health Incentive Program (SHIP) Webpage
 - Behavioral Health Continuum Infrastructure Program (BHCIP) Webpage
 - CalHOPE Student Support Webpage
- Department of Health Care Access and Information (HCAI): CYBHI@hcai.ca.gov
- Department of Managed Health Care: CYBHI@dmhc.ca.gov
- California Department of Public Health: <u>CYBHI@cdph.ca.gov</u>
- Office of the California Surgeon General: info@osg.ca.gov

About the CYBHI

The CYBHI is a five-year, \$4.7 billion initiative that is transforming the way California supports children, youth and families. Serving as the core of California's Master Plan for Kids' Mental Health, the CYBHI works to reimagine a more integrated, youth-centered system where young people can find support for mental health and substance use needs where, when and in the way they need it most. Built on a foundation of equity and accessibility, the CYBHI is created by and for youth and families. Together with partners across sectors and systems, we are meeting young

people where they are—such as schools—to provide access to mental health and substance use services and supports.

Past Updates & Information

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- May 2023 CYBHI Update
- April 2023 CYBHI Update
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Link to the Report

San Diego County Gun Violence Reduction Community Needs Assessment

Comprehensive Report





2023



Youth Opportunity Pass





Youth Ride Free with PRONTO

The Youth Opportunity Pass (YOP), which provides for all riders 18 and under to ride North County Transit District (NCTD)* and MTS services for FREE, has been extended through June 2024. Those wanting to participate in the YOP pilot program, sponsored by the San Diego Association of Governments (SANDAG) and County of San Diego, must obtain a Youth PRONTO app account, or a Youth PRONTO card.



To be eligible for the Youth Opportunity Pass, riders 18 and under must have a Youth PRONTO app account, or a Youth PRONTO card, and travel with proof of eligibility. (Riders 5 and under ride NCTD and MTS free at all times, and don't need a card or proof of eligibility.)

You can request to change to a reduced fare card online using the MTS form below.

Request to Change to a Reduced Fare Card

Do you work for a school or community organization? You can request a bulk order of PRONTO Youth Passes.

*Youth Opportunity Pass excludes Rail-to-Rail service

What services is the Youth Opportunity Pass good for?

The Youth Opportunity Pass program covers free transit rides on all fixed-route North County Transit District's BREEZE, SPRINTER, COASTER, FLEX, and MTS buses and Trolleys.

The Youth Opportunity Pass is not valid on NCTD LIFT or MTS Access paratransit services.

Link to Youth Opportunity Pass



NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

LUKE BERGMANN, Ph.D.
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May 25, 2023

TO: Behavioral Health Advisory Board (BHAB)

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

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT - JUNE 2023

BEHAVIORAL HEALTH SERVICES FISCAL YEAR (FY) 2023-2024 RECOMMENDED BUDGET

Behavioral Health Services Overview and Vision

As part of the Health and Human Services Agency (HHSA) proposed Operational Plan, Behavioral Health Services (BHS) continues to press forward with our bold, population health approach to shift how residents access care for their behavioral health needs which seeks to transform a crisis-driven system to one rooted in chronic and continuous care; prevention through the regional distribution of services; and integration with primary healthcare to keep people connected, stable, and healthy. BHS continues to make programmatic investment decisions with the goal of building an integrated, seamless, and outcome-oriented behavioral health system that utilizes a health equity lens to ensure critical services are available to those in need.

BHS provides essential mental health and substance use services to people of all ages in San Diego County, working across four distinct domains:

- By statute and federal waiver, BHS is the **Specialty Mental Health Plan** for Medi-Cal beneficiaries with serious mental illness and/or substance use disorders.
- As such, and in partnership with our contracted community providers, BHS stewards a vast and diverse network of community-based services that make up the behavioral health systems of care.
- BHS is a direct services provider, with our San Diego County Psychiatric Hospital (SDCPH), our Edgemoor Distinct Part Skilled Nursing Facility (Edgemoor), Public Conservator services, and County-operated clinics across the region, as well as other direct services for special populations.
- BHS acts as a **public health entity**, taking a population-health approach to improving the behavioral health of every resident of San Diego County.

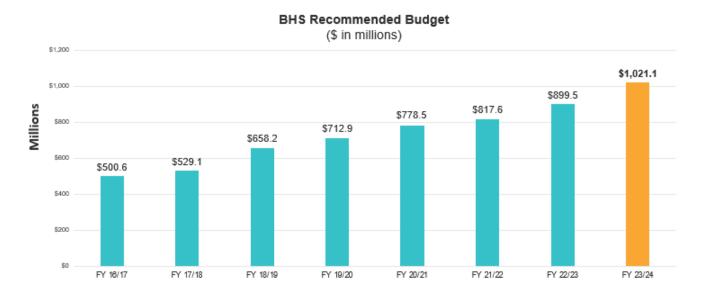
BHS remains committed to achieving the County of San Diego's (County) *Live Well San Diego* vision of achieving a healthy, safe, and thriving region by providing accessible, culturally aware community-based services throughout the region to support the wellness and self-sufficiency of children, adults, and families. This includes robust collaboration with individuals, community partners, local government, schools, and other stakeholders. Mental health and substance use disorder services are provided

Director's Report – June 2023

through a person-centered approach by a broad network of community-based service providers, including non-profits, through competitively procured contracts. To support the delivery of high-quality services, teams of subject-matter experts within BHS lead the clinical design, provide contract oversight and monitoring, and utilize a data-driven approach to evaluate the effectiveness of services.

BHS FY 2023-24 Recommended Budget

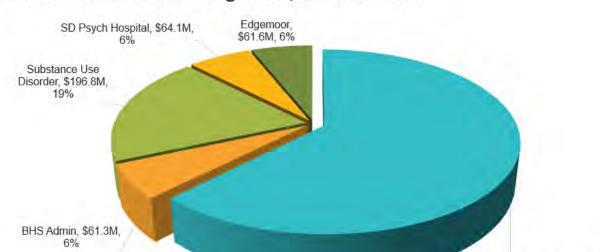
The HHSA recommended budget for FY 2023-24 is \$3.2 billion, with BHS – at \$1.02 billion – comprising nearly 32% of the budget, representing an **increase of \$121.6 million** over last year.



Since FY 2016-17, investments in the BHS budget have more than doubled, increasing by \$520.5 million, demonstrating the County's continued commitment to supporting the behavioral needs of the region. Drivers for these investments include the priorities of the County Board of Supervisors (Board), stakeholder and community input and priorities, new mandates, and the growing need for services within our communities.

The recommended BHS budget for FY 2023-2024 of \$1.02 billion is allocated across four areas:

- **Mental Health Services**: Includes County-operated case management and outpatient programs, adult and juvenile forensics, County care coordination, and contracted services.
- Substance Use Disorder Services: Includes primarily contracted services.
- Inpatient Services: Includes Edgemoor DP-SNF (\$61.6 million) and the SDCPH (\$64.1 million).
- Administrative Services: Includes salaries and benefits, information technology, data infrastructure, and general administrative support.



TOTAL BHS Recommended Budget: \$1,021.1 MILLION

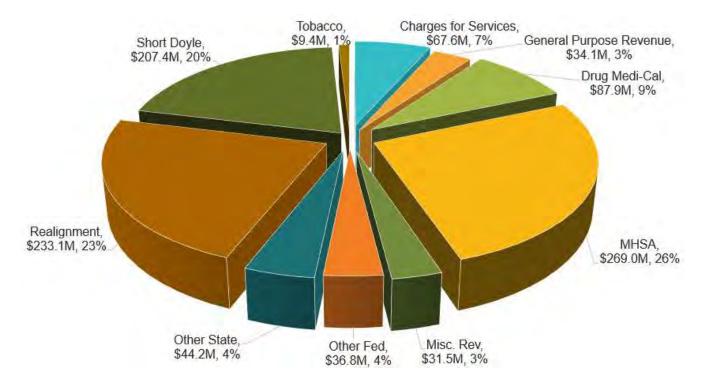
BHS Funding (Revenue) Sources

BHS utilizes many different revenue sources to fund services and administrative functions, and many of the funding streams have restrictions outlining how funds can be utilized. As a department, BHS supports flexibility across all revenues to support the integration of services rather than siloing services due to revenue restrictions.

Key federal and state funding sources include:

- Short-Doyle Medi-Cal (SD/MC): Federal funding for Medi-Cal eligible individuals for specialty
 mental health services delivered in acute care hospitals; individual, group, or family therapy; and
 provided in outpatient or clinic settings; as well as various partial day or day treatment programs.
- **Drug Medi-Cal (DMC): Federal funding** for substance use disorder treatment services for Medi-Cal eligible individuals for outpatient, residential, or opioid treatment services.
- Mental Health Services Act (MHSA): State revenue that is a 1% income tax on personal income in excess of a million dollars in the State of California. MHSA is the largest source of revenue for BHS and is comprised of five separate components. More information on MHSA, including the five components, can be found in the MHSA Three-Year Program and Expenditure Plan and subsequent Annual Updates.
 https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental-health-services-act/
 - https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental health services act/mhsa cosd docs.html
- **Realignment: State revenue** from sales tax and vehicle license fees. Realignment is the County's most flexible type of state funding.
- General Purpose Revenue (GPR): Local revenue from property taxes and Intergovernmental Transfer (IGT). GPR is flexible and can be utilized for any purpose that is a legal expenditure of County funds.
- Charges for Services: Revenue for services provided at Edgemoor DP-SNF (primarily Medi-Cal).
- Other Federal and State Revenues: Includes Substance Abuse Prevention and Treatment Block Grant (SABG), Mental Health Block Grant (MHBG), Project for Assistance in Transition from Homelessness (PATH), Mental Health Student Services Act (MHSSA) grant, American Rescue Plan Act (ARPA), DMC State General Fund, and various other miscellaneous funding sources.

Mental Health Services, \$637.3M, 63%



Realignment and MHSA funding are used as a required match for federal SD/MC and DMC revenue. BHS strives to optimize drawdown of federal revenues to ensure the impact of the more flexible revenue sources, including MHSA, Realignment, and General Purpose Revenue, can be maximized.

Additional Funding Opportunities

New state and federal grants are becoming available and typically awarded via competitive applications. BHS will continue to apply for grant funding, when applicable, to further build out behavioral health services and infrastructure to bolster the region.

- The state Behavioral Health Continuum Infrastructure Program (BHCIP) grant funding is becoming available in phases to support the development of behavioral health infrastructure across the state. Over \$2.2 billion will be available statewide to construct, acquire, and expand properties and invest in behavioral health infrastructure, which will be released via six grant rounds. BHS applied for nearly \$47 million of BHCIP Round 3 grant funding to support capital construction and improvement costs for the construction of the Tri-City Psychiatric Health Facility, the East County Crisis Stabilization Unit (CSU) and the development of the Edgemoor Acute Psychiatric Unit. BHS was awarded \$16.8 million in grant funds for the Edgemoor Acute Psychiatric Unit. Information on BHCIP Grants can be found at https://www.infrastructure.buildingcalhhs.com
- The state Community Care Expansion (CCE) Program Grant will provide \$805 million statewide for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities that serve Supplemental Security Income/State Supplementary Payment (SSI/SSP) and Cash Assistance Program for Immigrants (CAPI) applicants and recipients, including those who are experiencing or at risk of homelessness and people with behavioral health conditions. BHS has been awarded \$16.6 million in grant funds.
- The California Department of Health Care Services (DHCS) Crisis Care Mobile Units (CCMU) program provides funding for California county, city, or tribal entity behavioral health authorities to implement new and enhanced CCMUs. BHS was awarded \$18 million in grant funds.
- Through the **Behavioral Health Bridge Housing (BHBH) Program**, the California Department of Health Care Services (DHCS) will provide a total of \$1.5 billion in funding to county behavioral health agencies and tribal entities to operate bridge housing settings to address the immediate and sustainable housing needs of people experiencing homelessness who have serious

- behavioral health conditions, including a serious mental illness (SMI) and/or substance use disorder. BHS recently applied for **\$44.3 million in BHBH grant funding**. Information on the BHBH program can be found at BHBH (buildingcalhhs.com).
- Nationwide settlements have been reached to resolve opioid litigation brought by 47 states and local jurisdictions. The County is a litigant in these lawsuits and will likely be awarded tens of millions of dollars. The County has developed a proposed **Opioid Settlement Framework**; elements of the Framework include overdose prevention, public health messaging, a Buprenorphine induction initiative, and program administration. The first settlement distribution payment was received last year. Additionally, the County anticipates receiving payments from the settlement on an annual basis.
- Senate Bill 1338 established the **Community Assistance**, **Recovery**, **and Empowerment** (**CARE**) **Act**, which provides community-based behavioral health services and supports to adults with untreated schizophrenia spectrum or other psychotic disorders through a new civil court process. This Program will be implemented in two phases; San Diego County is part of Cohort 1 which will be implemented by October 1, 2023.

BHS FY 2023-24 Recommended Increases/Enhancements

To ensure continuity of services, most of the services outlined in the BHS FY 2023-24 recommended budget includes investments in programs and services that are a carryover from the previous fiscal year. New investments are prioritized to support enhancements and/or the expansion of services to the most vulnerable populations across the behavioral health behavioral health continuum of care.

BHS Programs:

Behavioral Health Treatment for Adults (\$29.3 million increase)

- Assertive Community Treatment (ACT)
- Bio-Psychosocial Rehabilitation (BPSR)
- Agewise Institutional Case Management (ICM)
- Psychiatric and Addiction Consultation and Family Support Services

Crisis and Diversionary Services (\$10.9 million increase)

- Mobile Crisis Response Teams (MCRT)
- Mandated Crisis Line
- Public Messaging and Awareness
- Psychiatric Emergency Response Teams (PERT)
- Crisis Stabilization Units (CSU)

<u>Substance Use Disorder Outpatient, Withdrawal Management, Residential, and Recovery Services</u> (\$9.5 million increase)

- Non-Residential Substance Use Disorder Treatment & Recovery Services Adult
- Substance Use Residential Treatment Program
- Substance Use Ambulatory Withdrawal Management
- Substance Use Disorder Organized Delivery System (SUD-ODS) Outpatient
- Prosecution and Law Enforcement Assisted Diversion Services Program (PLEADS)

Long-Term Care and Sub acute Care (\$8.8 million increase)

- Lakeside Skilled Nursing Facility/Special Treatment Program (SNF/STP) (addition of 22 beds)
- Crestwood Behavioral Health, Inc. (addition of 13 beds)
- KF Community Care (addition of 6 beds)
- Alpine Special Treatment Center Institution for Mental Disease (IMD) beds

Care Act (\$8.0 million increase)

• Delivery of mental health treatment for clients referred through the CARE Act civil court process

Prevention Programs and Community Awareness Efforts (\$5.3 million increase)

- Public Messaging and Awareness Suicide Prevention & Stigma Reduction Media Campaign -It's Up to Us
- Prevention Parenting Program for Fathers Father to Child Program, Adverse Childhood Experiences (ACE)
- School Based Suicide Prevention & Early Intervention
- Positive Parenting Program

Annualization of Prior Year Contract Increases (\$5.0 million net increase)

Various operational costs (\$4.7 million increase)

- County Counsel costs for increased legal support and CARE Act implementation
- Various operational costs and facility improvement project

Opioid Settlement Framework efforts (\$4.1 million increase)

- Public Messaging and Awareness program
- Emergency Room Drug Checking program
- Emergency Department Relay program

Behavioral Health Support Services (\$3.2 million increase)

- Behavioral Health Support Services (BHSS) Care Coordination
- Clubhouse (Mental Health)
- Employment Solutions Supported Employment Continuum
- Short-Term Bridge Housing

Workforce Enhancement (\$2.5 million increase)

- Behavioral Health Training Program
- Community Psychiatry Residency Program

Mental Health Services for Transition Age Youth (\$1.1 million increase)

- Crisis Action and Connection (CAC)
- Just Be You Short Term Housing and Recuperative Care program

Additional programs

- Transfer of the Public Conservator program from Aging & Independence Services (\$0.3 million increase).
- Expenditure Transfer & Reimbursement (\$2.6 million decrease in appropriations).

BHS Workforce and Infrastructure (\$31.5 million increase)

BHS continues to recalibrate its organizational structure to align with similarly sized healthcare organizations, with the goal of establishing infrastructure and expert staff able to deliver excellent quality services across County-operated and contracted programs. Investments will support further development of key capacities, including community engagement, finance, information systems, data science, and project management.

BHS is recommending investments to bolster the regional behavioral health workforce by recommending the addition of 125.0 County positions to support several key areas, including:

 55.0 <u>new</u> full-time equivalent (FTE) to support enactment of required behavioral health services associated with Senate Bill 1338, Community Assistance, Recovery & Empowerment CARE Act implementation, including direct client services and administrative support and program oversight.

- 12.0 new FTE within County-Operated Direct Services to support the delivery of direct client services and address increased service needs at County operated mental health clinics, along with adding additional staff within SDCPH and Edgemoor to address increased nursing staffing level needs, quality assurance, and in-service education requirements.
- 24.0 <u>new Administrative Services</u> FTE to support BHS' role as a health plan and provide clinical and administrative oversight, and management of direct and contracted services. These FTEs will lead and support work within finance, grant development, community engagement, data science, and program oversight to support growing mental health and substance use disorder services as well as to enhance program oversight and administrative support in the Public Conservator Office.
- 8.0 <u>new</u> FTE transferred to BHS to support the Board's adopted **Opioid Settlement Framework** and **Overdose Data to Action (OD2A)** grant efforts (October 25, 2022, Minute Order 20)
- 27.0 FTE transferred from Aging & Independence Services to address the shift in oversight
 of the Public Conservator Office to Behavioral Health Services, as approved by the Board on
 October 11, 2022 (Minute Order 3). This will allow for a more seamless delivery of services and
 align clinical oversight and management of services in support of adults with serious mental
 illness.
- The above recommended increases and are offset by a decrease of 1.0 FTE due to transfer to Administrative Support to support operational needs.

Additional Operational Plan Information

In May and June 2023, several opportunities to learn about the operational plan, including opportunities for public input, will be available. BHS encourages all stakeholders to listen to and/or participate in this process.

Key dates include:

- May 4: Chief Administrative Officer (CAO) Recommended Operational Plan made available to the public and eComment period began
- May 11: Budget presentations to the Board of Supervisors
- May 16: Hybrid community budget meeting
- May 18: Virtual community budget meeting
- June 12: (9:00 am) Public hearing on CAO Recommended Budget
- **June 15:** (5:30 pm) Public hearing on CAO Recommended Budget
- June 21: (5:00 pm) Last Day for Written Testimony to Clerk of the Board
- June 23: Revised recommended budget available to the public.
- June 27: Budget Deliberations and Budget Adoption by the Board of Supervisors

For more information and key budget dates visit the San Diego County Open Budget website found here: https://www.sandiegocounty.gov/content/sdc/openbudget/en/home.html

BHS SPECIAL EVENTS AND ANNOUNCEMENTS

NAMIWalks Mental Wellness Expo Promotes Awareness About Mental Health

The 19th Annual San Diego NAMIWalks and Mental Wellness Expo, organized by the National Alliance on Mental Illness (NAMI) San Diego in partnership with the County's Health and Human Services Agency, was held on Saturday, April 29th at the NTC Park in Liberty Station. Annually, this event kicks

off May is Mental Health Matters Month activities in San Diego. More than 2,000 people attended the event to participate in the free community walk, raise community awareness about mental illness and available services, and help end the stigma faced by people experiencing mental health conditions.

The Mental Wellness Expo included many activities, including gardening for mindfulness, gratitude journaling, a stigma busting photo booth, check your mood screenings, naloxone training and distribution, and Tai-Chi demonstrations. BHS staff and volunteers were on hand throughout the event, encouraging participants, hosting the activity stations, and providing organizational support to ensure this



event was successful in making an impact on mental health in our community! Check out <u>It's Up to Us</u> to learn more about *May is Mental Health Matters Month* and other free mental health-related events held in May.

Respectfully submitted,

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, Acting-Assistant Director, Chief Strategy and Finance Officer Eric McDonald, MD, MPH, FACEP
INTERIM AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

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

BEHAVIORAL HEALTH SERVICES
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June 29, 2023

TO: Behavioral Health Advisory Board (BHAB)

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

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – JULY 2023

EDGEMOOR DISTINCT PART SKILLED NURSING FACILITY (EDGEMOOR) UPDATES

Accomplishments/Announcements

- Edgemoor remains an overall five-star facility on the Centers for Medicare and Medicaid Services (CMS) Five-Star Quality Rating System, achieving five out of five stars in all five rating categories (Overall Quality, Health Inspection, Quality Measures, Staffing, and RN Staffing).
- Edgemoor was recognized at the San Diego Health Care Association RAP session on April 13, 2023 by the County of San Diego and received a Certificate of Achievement for exceeding an 80% resident up-to-date COVID-19 vaccination rate.
- The County's Annual Blood Drive was held at Edgemoor on April 6, 2023. Our goal was to collect 30 pints and we collected 28 pints, which equates to helping save 84 lives.
- Edgemoor celebrated National Skilled Nursing Care Week (May 14th 20th) and Nurses Week (May 6th 12th) with a special presentation and meal on May 15th. The Nurse of the Year and Certified Nursing Assistant of the Year were both awarded during the presentation.

COVID-19 Update

California's COVID-19 State of Emergency ended on February 28, 2023, and the Federal Public Health Emergency for COVID-19 ended on May 11, 2023. As a result of these declarations, some skilled nursing home requirements have been lifted. Edgemoor continues to require masking in direct patient care areas and the main hallways, and has updated protocols for screening staff and visitors for COVID-19. Edgemoor continues to follow all other requirements of various local, state, and federal health organizations.

Facility Improvements

The planning and development of a 12-bed acute psychiatric facility into the existing floor plan of Edgemoor remains ongoing. Licensure of this new acute unit will provide continuity of care and access for patients from the skilled nursing facility for stabilization. Edgemoor will be licensed as a distinct part skilled nursing facility of the new unit and no longer be under the San Diego County Psychiatric Hospital's license. Licensure will require approval by the California Department of Public Health (CDPH) and the Department of Health Care Access and Information.

A new nurse call system is currently being installed and is anticipated to be completed in May 2024. The facility flooring project was completed, and various areas of the facility have new sheet vinyl. Edgemoor continues work on a dishwasher replacement and reconfiguration project; work is anticipated

to begin by early 2024. Other upcoming facility projects include roofing, additional electric vehicle charging stations, and parking lot resurfacing.

Finally, several IT projects are underway including a Payroll Based Journaling (PBJ) Custom Solution, NetSolutions Enhancements, and a Network Redundancy Update. Peraton – the County's contractor for Information Technology (IT) – and HHSA IT Services are also addressing issues with user experience and productivity. Many computers have been refreshed which has helped addressed connectivity and intermittent slowness. Additional wireless access points have also helped with Wi-Fi coverage.

Financial

Following the Federal Public Health Emergency for COVID-19 expiring on May 11, 2023, effective May 12, 2023, the Medi-Cal COVID-19 increased reimbursement ceased, and reimbursement rates were reverted to the rate year 2022-23 annual per diem rates.

An increase to the private pay rate received Board of Supervisors approval and will become effective July 1, 2023. The 17% increase in the private pay rate from \$775 to \$908 will support full cost recovery, as well as ensure alignment with current Medi-Cal rates.

Resident Occupancy

Occupancy remains at almost 100% of available beds. The Pico Neighborhood unit remains empty in anticipation of additional construction.

Recruitment and Hiring

Dr. Wendy Gibbons was appointed as Pharmacy Manager effective February 24, 2023. A new Assistant Administrator, Darren Kasai, started on February 14, 2023. The Assistant Administrator supervises the Social Services, Health Informatics, Rehab, Environmental Services (EVS), and Therapeutic Recreation departments. He also began rotating with the Administrator as the Administrator-On-Call for after-hours needs.

Edgemoor continues to pursue strategies to recruit and retain critical workforce. During the third quarter of FY 2022-23 the facility recognized one employee for ten years of service, one employee for fifteen years of service, and one employee for twenty years of service, highlighting the commitment of our employees to our patients and public service.

SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL (SDCPH) UPDATES

Leadership Change | Welcoming Lauren Mahalik as our new Social Work Behavioral Health Program Manager for SDCPH

Lauren started her County service in 2019 as a Licensed Mental Health Clinician working in the SDCPH's Social Work Department. In that role, she served as a direct care provider on several acute care treatment teams, specializing in collaborating with other disciplines to develop effective plans of care and individualized behavioral plans. She also worked within the emergency psychiatric unit with her primary focus on crisis assessment, stabilization, and care coordination. Lauren previously served as a member of The Joint Commission Readiness Committee and participated in the successful 2021 Joint Commission survey. Lauren was one of the subject matter experts for the implementation of the new electronic medical record system and has assisted hospital leadership in clinical workflow development and utilization review.

In 2021, Lauren began serving on the facilitation team for Culture of Safety, focusing on best practices with an emphasis on decreasing aggressive acts while enhancing staff and patient safety. Lauren has represented the Social Work Department for New Employee Orientation and assisted with training

nursing staff through the Social Work-Nursing Onboarding Preceptorship program. Lauren's strengths include building collaborative partnerships with internal and external service providers. She was recently identified as a Change Ambassador within BHS for elevating efficiency and quality of clinical services. She proactively brings new ideas to the hospital, which has streamlined treatment planning and patient care within the hospital. Her ability to embrace change and embody resilience under these challenging times has not gone unnoticed.

Mental Health Awareness

The SDCPH celebrated Mental Health Awareness Month in May with several activities celebrating self-care and honoring those struggling with mental health. We all know someone struggling with mental health issues, and sometimes the one struggling is ourselves. We collected tallies (211 collected) throughout the month of May to account for those we wanted to honor. Some of the self-care events hosted were: A Moment of Silence on May 2, 2023; Laughter Yoga; Tai Chi; Walk-It-Wednesdays throughout the month; and Pet Therapy from Love on a Leash. The hospital has also added routinely scheduled Employee Assistance Program (EAP) sessions for on-site staff support.

Development

A Leadership Development Series was implemented for Department Managers and the Leadership Council, made up of line staff. The series includes team building, identifying leadership philosophies/styles, characteristics of inspiring leaders, and developing values and strengths as a leader.

Nurses' Week was honored with a celebration and an all-staff team building event – including guest speakers: Dr. Denise Foster, Chief Nursing Officer; Angie Mitchell, Assistant Chief Nursing Officer; Nick Macchione, Agency Director; Dr. Luke Bergmann, BHS Director; Aurora Kiviat, BHS Assistant Director; and Dr. Krelstein, BHS Clinical Director.

Programming

Fentanyl Harm Reduction is prioritized at SDCPH. High risk areas were identified by our Risk Event Taskforce. Mitigation strategies are being implemented in phases including enhanced monitoring for change in condition, increased reassessment by nurses for patients who received psychiatric medications, and enhanced skin assessment and search of belongings.

BHS SPECIAL EVENTS AND ANNOUNCEMENTS

Behavioral Health Workforce Innovation Program Proposal Update

On June 15, 2023, BHS presented the Behavioral Health Workforce Innovation Program proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC) seeking their approval in utilizing Mental Health Services Act (MHSA) Innovation funds for this program. BHAB members Robin Sales, Carol Clemens, and Serita Polinaire provided public comment in support of the proposal. MHSOAC approved up to \$75 million in Innovation funding over five years for the training and tuition-reimbursement program and the upskilling components to meet professional needs; however, the housing incentive program was not approved. BHS will continue working with the MHSOAC on adjusting the housing incentive program and may return to the commission at a future date to revisit this component of the proposal.

BHS Receives National Association of Counties (NACo) Achievement Awards

In January, BHS nominated six programs for the National Association of Counties (NACo) Achievement Awards Program. This award recognizes programs for innovative approaches to providing new or needed services, improving the administration of existing programs, or promoting intergovernmental cooperation and coordination. We are pleased to announce all six BHS programs received NACo awards! Below is a description of the winning programs.

These three programs have added new capacity responsive to community need and are now an essential part of our behavioral health continuum of care.

- The Mobile Crisis Response Team (MCRT) program. Law enforcement agencies in San Diego County receive thousands of calls annually involving a psychiatric crisis. Many of those calls do not require law enforcement involvement and would be better served by a clinical response team. The MCRT program provides non-law enforcement, clinician-led, community-based crisis response with teams comprised of licensed mental health clinicians, case managers, and peer support specialists that conduct assessments, utilize de-escalation strategies, and connect individuals to appropriate services. The desired outcome is to mitigate the crisis at the point of contact in the field and to connect the client to ongoing supportive services designed to reduce the need for high-acuity level care and the increased cost associated with those services while providing a response that is appropriate and respectful of community and individual needs. Current providers of the MCRT program are Exodus Recovery serving the North Coastal Region, and Telecare Corporation serving the remaining Regions.
- Community Harm Reduction Teams (C-HRT) and the Harm Reduction Interim Shelter in San Diego aim to assist those who are experiencing chronic substance use, co-occurring mental health conditions, and homelessness. The program is a collaboration between the San Diego County Health and Human Services Agency (HHSA) and the City of San Diego Homelessness Strategies and Solutions Department. The services offered by C-HRT include street outreach, harm reduction, just-in-time services, case management, system navigation, permanent housing, behavioral health service referrals, and medical care referrals. The street outreach program is staffed by a multi-disciplinary team and operated by the Family Health Centers of San Diego. The shelter, run by Alpha Project, provides 44 beds and supportive oversight for individuals in transition to permanent housing. The program has seen positive results, including 200 individuals with improved health and quality of life, and 17 individuals transitioning to permanent housing (numbers as of January 2023 when the nomination was submitted). C-HRT provides resources and support to ensure a successful transition. Individuals are not required to be substance-free or attend treatment as part of their participation in the program.
- North Coastal Live Well Health Center Community-Based Crisis Stabilization Unit (CSU). CSUs provide short-term psychiatric stabilization, reduce inpatient and emergency department utilization, and promote connections to community-based and residential programs as a critical component of the broader continuum of care. The goal of a CSU is to provide immediate behavioral health stabilization services that assist with reducing the severity of a person's level of distress associated with a serious mental illness or co-occurring disorder in a recovery-oriented environment. These services, lasting less than 24 hours, include a mental health evaluation and psychiatric assessment, crisis intervention, medication management, collateral, and disposition planning including linkage to ongoing outpatient services. Since 2018, there has been tremendous growth in this service line with six CSUs currently operational and a seventh being planned in El Cajon. Visit the CSU webpage for more information on all County CSUs. The North Coastal Live Well Health Center CSU, located in Oceanside and operated by Exodus Recovery, was nominated for excellence in care and for its state-of-the-art design. This 8,000-square-foot suite is calming and supportive of psychiatric stabilization with access to natural elements such as indoor and outdoor patios with water features and an abundance of greenery, including potted plants and three "living walls" with tropical-style plants. The facility has airy rooms with calming colors, a multipurpose room with warm décor and recreational activities, and an overall relaxing environment that provides dignified care for people in psychiatric crisis.

System Optimization

These three bodies of work advanced our commitment to transforming our system of care through innovative solutions.

- The Behavioral Health Continuum Optimal Care Pathways (OCP) model aims to recalibrate and expand current services to ensure equity in services across the behavioral health continuum of care. It is a data-informed algorithm that quantifies the optimal utilization and the capacity needed across the system within four distinct domains: Community Crisis Diversion, Subacute Services, Community-Based Care, and Acute Inpatient Services. It is anticipated the implementation of the OCP model will significantly improve the behavioral health care continuum and lead to better outcomes that put individuals first, promote health equity, prevent homelessness and/or incarceration, and address the disparity faced by people with behavioral health issues. It will also connect people to the care they need, when they need it, to ensure wellness over the long-term.
- The BHS Population Health Unit. BHS endorses an approach to behavioral health that focuses on the health of the general population. The department is currently undergoing a transformation from a conventional behavioral health model to one based on population health principles. Population health refers to the overall health of a group of people, including health outcomes and factors that determine health, as well as the policies and actions that connect these components. To advance this new model, BHS has continued to grow its Population Health Unit since its establishment in 2021, along with its unique scope on data-driven, preventative initiatives and efforts. Central to the operations of the unit is the consolidation of behavioral health data and the use of analytical tools to gain a comprehensive understanding of the behavioral health situation in the county, including needs, strengths, outcomes, and disparities. This rich behavioral health data also enables the creation and implementation of novel programs and policies that address current trends and requirements.
- The BHS Project Management Office (PMO) represents a Systems-Focused Approach to Enhancing Behavioral Health Care and is dedicated to overseeing healthcare infrastructure and capital projects through cross-departmental, inter/intra-organizational, and public-private collaborations and partnerships. Designed to encourage collaboration across disciplines and promote strategic approaches to project work, the PMO acts as a central backbone unit, coordinating complex projects within short time frames by integrating subject matter experts from various departments and fields of expertise. The PMO provides project governance, metrics and reporting, and management tools to ensure that projects are completed within scope, budget, and timeline, ensures compliance with regulations and standards, promotes visibility into project progress and performance, and aligns projects with the County's Strategic Plan. The PMO team works together to process project approaches, facilitate decision-making, and resolve conflicts. In addition, the PMO strives to infuse project management principles throughout the department by providing training and continuous exposure to these principles. With its focus on collaboration and strategic approaches, the PMO plays a crucial role in ensuring the successful completion of our healthcare infrastructure and capital projects.

14th Annual Early Childhood Mental Health Conference-We Can't Wait!

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

Registration is open: https://www.earlychildhoodmentalhealth-sandiego.com/

Director's Report - July 2023

Respectfully submitted,

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, Chief Strategy and Finance Officer

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





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

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

Fiscal Year 2023-24 Goals

- Embrace the General Management System Reimagined and Live Well Vision while recognizing the Pandemic and Racial Justice context.
- Consider current landscape & systems priorities to identify opportunities for synergy to advance system of care with specific emphasis on the Continuum of Care Youth Strategies focus (September 27, 2022, Board Letter, item 23):
 - o Strategic Domain 1 Family System Work and Supports
 - o Strategic Domain 2 School Engagement and Care Opportunities
 - o Strategic Domain 3 Health Integration
- Emphasize Behavioral Health Continuum of Care for children and youth with focus on families, early intervention, and access to care.
- Consider population health and social determinants/drivers of health in the system of care and Council activities.
- Coordinate the delivery of the annual CYF Council Orientation (June 2024).
- Incorporate the CYF Council Priorities identified in the Fiscal Year 2023-24 Strategic Planning session.
- Address Equity and Racial Justice.
- Support the County Substance Use Harm Reduction Strategy.
- Participate in addressing Access to Care and Workforce Challenges.
- Support the California Advancing and Innovating Medi-Cal (CalAIM) implementation inclusive of Payment Reform and other state driven initiatives such as the Children and Youth Behavioral Health Initiative (CYBHI).
- Provide input for Mental Health Services Act (MHSA) Community Engagement events and BHS Forums.
- Educate about other systems' priorities and look for opportunities to align efforts to best impact positive system changes.
- Focus on system integration & moving beyond coordination with other child servicing systems, as promoted by Assembly Bill (AB) 2083 mandates.
- Continue the partnership with the Child and Family Well Being (CFWB) Department and Juvenile Probation supporting various activities inclusive but not limited to:
 - o Families First Prevention Services Act (FFPSA)
 - Qualified Residential Treatment Programs (QRTP)
 - o Institution for Mental Diseases (IMD) Determination
 - o Senate Bill (SB) 823 Division of Juvenile Justice (DJJ)
- Advance the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- Collaborate with the education sector to support students, including but not limited to areas of suicide prevention and universal screening.
- Continue Screening to Care Initiative efforts.
- Continue partnership with Managed Health Care Plans (MHCP) for Student Behavioral Health Initiative Program (SBHIP) and other activities such as Enhanced Care Management (ECM) and Community Supports (CS).

- Contribute to the Medi-Cal Peer Support Certification Program implementation at the State and local level.
- Emphasize the importance of Early Childhood Mental Health, specifically prevention, early intervention, Adverse Childhood Experiences (ACEs), and resiliency.
- Increase participation in the 10th Annual Children/Youth Mental Health Well Being Celebration (May 2024)
- Support the advancement of the CYF System of Care through trainings:
 - <u>The 14th We Can't Wait Early Childhood Conference</u>: "Reimagining Prevention and Early Intervention in Communities of Hope (September 28-30, 2023).
 - The 4th Annual Birth of Brilliance conference focused on racial equity (February 2024)
 - 9th Annual Critical Issues in Child and Adolescent Mental Health (CICAMH) conference (Spring 2024)
 - Look to reinstate the CYF System of Care (CYF-SOC) Training Academy with annual Conference.
- Maintain and improve the children and youth Service Directory and BHS CYF SOC Web pages, adding Early Childhood resources and information.

Highlights of Fiscal Year 2022-23 Accomplishments

- Considered current landscape & systems priorities, identified opportunities for synergy to advance system of care:
 - The Hot Topic for the July 11, 2022, meeting was **Conversation with the BHS Director.** BHS priorities as they relate to children, youth, and families were discussed. The meeting was attended by 112 individuals.
 - The Fiscal Year 2022-23 **Strategic Planning** meeting was completed on August 8, 2022. A summary document with areas of focus and recommendations made by over 90 participants, was delivered to the BHS Director on August 29, 2022. Additionally, a new revision of the Council bylaws was presented for a vote and approved to include "Homeless Solutions and Equitable Communities" representation.
 - The September 12, 2022, meeting Hot Topic was **Continuum of Care -Youth Strategies**. BHS Director, Luke Bergmann was the guest speaker. This meeting was attended by 93 individuals.
 - An additional Public Sector seat, Medical Care Services (MCS) was presented for a vote and approved on September 12, 2022.
 - <u>"The Importance of Touch"</u> document, developed by Meg Olinger, Ashley Rambeau, and the CYF Council Early Childhood Committee, which was presented at the September 12, 2022, meeting.
 - October 10, 2022, Combined Councils meeting Hot Topic was Fentanyl Awareness. The meeting was attended by 146 individuals.
 - November 14, 2022, meeting Hot Topic was Student Behavioral Health Incentive Program (SBHIP) presented by NAMI San Diego staff and Managed Health Care Plans representatives. This meeting was attended by 128 individuals.
 - February 13, 2023, meeting Hot Topic was dedicated to **Sectors and Committees updates**. The meeting-was attended by 124 individuals.
 - The **Sectors and Committees updates** continued at the March 13, 2023, meeting. The meeting was attended by 105 individuals.
 - The April 10, 2023, Combined Councils Hot Topic meeting focused on "Connecting to Services Throughout the Lifespan."
 - The May 8, 2023, Hot Topic was **Conversation with the BHS Director**, focused on BHS priorities as they relate to children, youth, and families. The meeting was attended by 120 individuals.
- Addressed shifting needs with the pandemic:
 - The December 12, 2022, Hot Topic was **Post-COVID-19 Considerations for Children, Youth and Families**, presented by the Early Childhood Mental Health. The meeting was attended by 123 individuals.
- Addressed Equity and Racial Justice:
 - Acknowledged celebrations, shared information on relevant trainings, and Board Letters.
 - Added a Cultural Share component to the Council effective February 13, 2023.

- Increased participation in the annual Children/Youth Mental Health Well Being Celebration:
 - On May 13, 2023, BHS through the NAMI San Diego Community Advocacy Program hosted the 9th Annual Children and Youth Mental Health Well-Being Celebration. The event was held at Grossmont Center. Over 14 organizations participated in the event and celebrated with over 200 community members. There were engaging activities at each resource table, bubble dance parties, drum circles, and opportunity drawings. A youth also provided an inspirational speech, and a youth musician provided a musical performance.
- Promoted youth engagement and participation:
 - Began showcasing artwork from the Directing Change website at the July 11, 2022, meeting.
 - Secured two scholarships for youth to attend the 2023 Critical Issues in Child and Adolescent Mental Health (CICAMH) conference.
 - Promoted awareness and collaboration with Live Well San Diego Youth Sector
- Supported the CalAIM implementation by:
 - Providing timely information on local community sessions and resources: https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx
 - Inclusion in discussion during the Conversation with the Director's meeting on July 11, 2022.
- Supported the County Substance Use Harm Reduction Strategy through:
 - The October 10, 2022, Combined Councils meeting agenda included and Overview of Harm Reduction and Overdose Education.
- Coordinated the delivery of the annual CYF Council Orientation on June 12, 2023. This event was attended by a total of 91 participants.
- Supported the advancement of the CYF System of Care through trainings:
 - The We Can't Wait Early Childhood Conference (September 15-16, 2022)
 - The Birth of Brilliance conference (February 23, 2023)
 - CICAMH conference (April 21, 2023)
- Continued with the Training Academy efforts after the Training contract sunset on March 31, 2023.
- Redesigned the children and youth Service Directory that obtained community praise for utility and usability. Children, Youth and Families (sandiegocounty.gov)

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





Submitted by Golby Rahimi, Angela Rowe, and Stephanie Sobka

Private Sector

Purpose

There are two associations that elevate the private sector voice. Membership is open to all BHS-contracted providers and includes regularly scheduled meetings and work groups. Both associations also have executive teams, and they meet monthly with the BHS Administration team.

Alcohol and Drug Service Providers Association (ADSPA)

Mission: To serve as a voice for SUD providers and the people we serve to support county/contractor relations and take a leadership role in ensuring access to high-quality care.

Mental Health Contractors Association (MHCA)

Mission: to provide a collective voice for member agencies in matters relating to the effective delivery of quality mental health services on behalf of those we serve in San Diego County.

Vision: MHCA is an essential leader in the development, delivery, and advocacy for effective and sustainable mental health services in San Diego County.

In addition to the two associations, the CYF SOC Council has historically held a Private Sector committee meeting, however in recent years it has transitioned to an ad hoc committee that is available to meet as needed. Any Council member may request to initiate the Private Sector committee which would likely be led by one of the CYF Council Public Sector Members.

Private Sector CYF Council Constituency	Council Member	Council Alternate
Alcohol and Drug Service Provider	Angela Rowe	
Association (ADSPA)		
Alcohol and Drug Service Provider	Marisa Varond	Claudette Allen Butler
Association (ADSPA)		
Mental Health Contractors Association	Julie McPherson	Vanessa Arteaga
Mental Health Contractors Association	Laura Beadles	Golby Rahimi Saylor
Fee- For-Service (FFS) Network	Dr. Sherry Casper	Marcelo A. Podesta
Managed Care Health Plan	Kathleen Lang	James Trout
Healthcare/ Pediatrician	Dr. Pradeep Gidwani	Vacant
San Diego Regional Center (SDRC) for	Zachary Guzik	Lori Sorenson
Developmentally Disabled		

San Diego Regional Center (S	•	Zachary Guzik		Lori Sorenson
Developmentally Disable				
Fiscal Year 2023-24 Association Executive Positions				
ADSPA		MHCA		
Chair	Ma	risa Varond	President	Golby Rahimi Saylor
Vice Chair	Step	hanie Sobka	Vice President	t Laura Beadles
Secretary			Secretary	Mona Minton
			Past President	- · · · · · · · · · · · · · · · · · · ·
Treasurer	Bev	erly Monroe	Treasurer	Minola Clark Manson
Member At Large	Je	erry Shirey	Children's At Larg	•
Member At Large	K	atie Wood	Adult At Large Representative	
Immediate Past Chair	Ar	igela Rowe	TAY At Lage Representative	•
Adult	St	acie Perez	Health Care Policy Large Representat	
CYF	Claude	ette Allen Butler		
Outpatient	Terri-H	lagman Garcia		
Prevention	F	Ron Stark		
Policy				
Special Populations				
QI	Br	ian Bauers		

Fiscal Year 2022-23 Accomplishments

ADSPA:

- Support and advance CalAIM implementation, especially as it relates to documentation reform, peer services, and integration.
- Improve data collection and understanding of access times and community needs
- Contracting and procurement advocacy
- Continued efforts to address the behavioral health workforce crisis

MHCA:

- Fiscal contract improvements for improved service delivery, fiscal management, and maximizing budgets
 - In collaboration with ADSPA, submitted recommendations for revision to AAR and Flex Funds process
 - Requested BHS review of current practice of not allowing nurse practitioners to provided medication management in CYF programs, with implementation of a workgroup to discuss the issue.
 - Continued focus on workforce shortage, impact on contractors, need for flexibility with budgets, and potential impact of CalAIM payment reform implementation on the workforce
- CalAIM implementation impact on contractors; Quality assurance and transition to CalAIM reform
 - Provided feedback and led discussions with BHS on implementation on CalAIM payment form, highlighting expected impact on contractors, support for providers to be successful in implementation, and need for SOW revision to minimize non-reimbursable administrative burden to support contractor solvency and increase time for direct client care.
 - Provided ongoing updates and information to MHCA membership regarding the process and available information on CalAIM payment reform implementation
 - Provided feedback to BHS on contractor concerns and support needs with implementation to ensure successful transition while meeting the need of the SOC
- Operational contracting improvements for improved program design and service delivery
 - Advocated for increased BHS/Contractor collaboration and communication including:
 - BHS/contractor collaboration prior to implementation of SOW changes and OPOH changes
 - Timely issuance of contract awards
 - Effective use of Industry Days
 - Provided feedback to BHS to support effective and collaborative implementation of Peer Support Certification, including identifying strengths and barriers to planned implementation plan
 - Continued to tri-chair financial workgroup
 - Continue to support the QI Leadership Workgroup
 - MHCA and ADSPA held first joint meeting with BHS leadership to address common areas of need impacting all sectors
- 4. Data quality and reliability
 - Requested BHS review of current ASJ process to ensure contractors are completing ASJ consistently to ensure county has and is reporting on accurate data, with BHS QI issuing updated FAQ and Tip Sheet for providers

Areas of Focus for Fiscal Year 2023-24

ADSPA

- Support and advance CalAIM implementation, with special focus on payment reform.
- Further Quality Improvement collaboration efforts with BHS

MHCA

CalAIM Rollout, including information sharing with providers, advocacy for success of providers with payment reform change, and minimizing administrative burden

leadership, focusing on data collection, outcome measures and consistency of services provided.

- · Contracting and procurement advocacy Supporting providers, with a focus on upcoming RFP's.
- · Continued efforts to address the behavioral health workforce
- · Seeking organizational growth within ADSPA, promoting a more unified voice and advocacy for the providers of San Diego County.
- Student intern billing
- Program budgets, including COLAs and increases for non-competitive contracts
- Implementation of Nurse Practitioner medication management in CYF system
- Alignment of CYF and AOA expectations
- ADSPA/MCHA/BHS ongoing collaboration

Fiscal Year 2023-24 Meeting Information

Alcohol and Drug Service Providers Association (ADSPA)

General Membership Meeting are held on the fourth Thursday of the month

Time: 10 to 11:30 AM

Executive: Meets with BHS Leadership (by invitation) monthly on

the first Wednesday

Time: 1 to 2:30 PM

Currently meeting virtually via Zoom

Contact: Marisa.Varond@mcalisterinc.org

Mental Health Contractors Association (MHCA)

General meetings are held the fourth Thursday of the month every other month (July-May).

Time: 12:30 to 2:30 PM

Executive: Meets with BHS Leadership (by invitation) monthly on

the third Wednesday

Time: 12:30 to 2 PM

Currently meeting virtually via Zoom

Contact: mhcasandiego@gmail.com

About MHCA — Mental Health Contractors Association

(mhcasandiego.org)

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





Submitted by Sten Walker

Family Sector	Fam	ily	Se	ctoi
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Purpose

To ensure family and youth voice and values are incorporated into service development and implementation plans of Behavioral Health Services.

Fiscal Year 2023-24 Active Committee Members

Public	Private	Family	Education
Edith Mohler	Khalif Kelly	Kari Perry	
Darwin Espejo	Sten Walker	Caitlynn Hauw	

Fiscal Year 2022-23 Accomplishments

- On May 13, 2023, BHS hosted the 9th Annual Children and Youth Mental Health Well-Being Celebration. The event was held at Grossmont Center. Over 14 organizations participated in the event and celebrated with over 200 community members. There were engaging activities at each resource table, bubble dance parties, drum circles, and opportunity drawings. A youth also provided an inspirational speech, and a youth musician provided a musical performance
- There have also been efforts in involving more youth voices in Behavioral Health discourse.

Areas of Focus for Fiscal Year 2023-24

- There has been some interest in availability of naloxone trainings at high schools
- There will soon be a division of MCRT that will focus on youth there is some interest in how that will be implemented
- The implementation of SBHIP
- Having more youth voices involved with Behavioral Health discourse

Fiscal Year 2023-24 Meeting information			
MEETING DATE: Pending	LEAD /Co-Leads		
LOCATION:	Sten Walker and Khalif Kelly		
TIME:	-		





Submitted by Heather Nemour

Education Sector

Purpose of Committee

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

Fiscal Year 2023-24 Active Committee Members						
Public	Public Private Family Education					
Fran Cooper	Pam Hansen	Christine Frey	Rosemary Eshelman			
		Debbie Dennison	Yuka Sakamoto			
		Caitlyn Hauw	Rebecca Ramirez			
			Jaime Tate-Symons			
			Heather Nemour			

Fiscal Year 2022-23 Accomplishments

- 1. Be responsive to the changing needs of schools as they return to school with trainings, resource identification and student, staff and family wellness resources.
 - In partnership with Rady's Children Hospital, provided two mental health webinar series, one for <u>school</u> employees and one for <u>parent/caregivers</u> based on trending topics delivered by medical experts.
 - Provided calming corner kits to 470 <u>COPES</u> schools that designated a common area for students to take a
 break, practice self-regulation strategies, refocus and decompress. <u>Click here</u> to view KPBS story.
 - Provided three Youth Mental Health First Aid trainings for schools across the county and over 20 trainings on mental health & wellness and positive school climate to school staff and parents.
 - Planned and developed 4 partnerships with Hope Squad, Sources of Strength, NAMI on Campus and Bring to Change to Mind to implement peer programming in 177 COPES schools for suicide prevention and mental health for the 2023-24 school year.
 - Held four Mental Health in Schools Collaborative meetings to bring together the education sector to peer share and learn best practices in school mental health.
- 2. Support districts and charter schools with professional development, TA and resources in suicide prevention, intervention and postvention protocols, practices and policies for staff, students and parents.
 - Provided four countywide Suicide Risk Screening and Continuum of Care trainings to school districts.
 - Provided two countywide Suicide Prevention 101 for parents in English and Spanish.
 - Supported 16 districts and 16 charters schools using an evidence based suicide risk screening tool and comprehensive suicide intervention protocols.
 - Collected anonymous data from 32 <u>COPES</u> LEAs on the number of suicide risk screenings conducted along with demographic information to help inform programming efforts and policy recommendations
 - Supported 32 LEAs in conducting comprehensive needs assessment and action planning around suicide prevention, intervention and postvention.
 - In partnership with UCSF, developed and disseminated <u>annual brief</u> on the Creating Opportunities for Preventing & Eliminating Suicide (<u>COPES</u>)

- In partnership with the County of San Diego Suicide Prevention Council, updated the Suicide Prevention Resource Guide for Schools 2023-24
- 3. Identify and create awareness and clarity on countywide projects among LEAs related to school behavioral/mental health initiatives to better understand the different funding sources and criteria
 - SDCOE supported the planning stages in multiple countywide initiatives including Screening to Care, SBHIP and Community Schools and assisted in identifying LEAs
 - SDCOE became the Third Party Administrator with Managed Care Providers to distribute funding to participating LEAs to improve the delivery of services to students.

- 1. In partnership with Rady Children's Hospital, offer a mental health webinar series for parents/caregivers based on countywide parent survey results.
- 2. Offer Lunch & Learn mental health webinar series to district/school staff to support school mental health & wellness.
- 3. Expand the countywide Mental Health in Schools Collaborative to include youth serving organizations that directly support schools to continue to peer share and learn around best practices in school mental health.
- 4. Offer countywide Youth Mental Health First Aid trainings to certify district and school staff, to learn a 5-step action plan to offer initial help to young people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care.
- 5. Implement peer suicide prevention and mental health programming in <u>COPES</u> elementary, middle and high schools in order to increase mental health literacy skills, reduce stigma and promote mental wellness.
- 6. In partnership with BHS, continue to implement the <u>COPES</u> initiative to build the capacity of 32 LEAs to become subject matter experts in suicide prevention and champion mental health.
- 7. In partnership with the American Academy of Pediatrics, SDCOE and 16 school districts, promote collaboration, knowledge sharing and communication pathways between the medical and education systems when a child is identified in a mental health crisis/suicidal.

Fiscal Year 2023-24	Meeting information
This is an Ad Hoc Committee. Meets as needed.	LEAD /Co-Leads
	Heather Nemour





Submitted by Yael Koenig and Edith Mohler

Executive Committee

Committee Purpose

The Executive Committee is a "standing" committee of the CYF Council that is tasked with maintaining the organization of the Council. The work of the Executive Committee is anchored in the System of Care principles and connected to current events and system issues at the local, state, and national level. The Behavioral Health Services Deputy Director and administrative staff support the Council by leading the Executive Committee which is comprised of the Council committees' chairs and co-chairs of the CYF Council. The Executive committee is tasked to:

- Coordinate CYF Council activities
- Inform on current issues relevant to the CYF System of Care (SOC)
- Ensure follow through on CYF Council action items.

Fiscal Year 2023-24 Active Committee Members			
Public	Family		
Stephanie Escobar -	Rhonda Crowder	Julie McPherson	Khalif Kelly
(Co-Chair - CFWB)	BHS	CADRE CYF - CRF	NAMI SD
Yael Koenig	Eileen Quinn-O'Malley	Marisa Varond	Sten Walker
BHS	(BHS - Outcomes)	CADRE CYF - MITE	NAMI SD
Edith Mohler	Private	Jennifer Kennedy	Education
BHS		Early Childhood - AAP	
Darwin Espejo	Celica Garcia Plascencia	Stephanie Gioia-Beckman	Heather Nemour
BHS	(Co-Chair - TURN)	Early Childhood - Rady	SDCOE
	Rosa Ana Lozada	Emily Trask	
	CCRT – Harmonium	Outcomes – UCSD CASRC	

- Fiscal Year 2022-23 Accomplishments
 Continued to plan Council meetings, manage infrastructure to promote valuable information exchange, deliberation and actions, including support to the Council-committees
 - Shared relevant information including Board of Supervisors Letters and BHS Director's monthly reports
 - Maintained the CYF Council website updated
- For full outline of Council accomplishments, please see the Children, Youth and Families Behavioral Health System
 of Care Council Goals and Accomplishments document located on pages 174-176 of this meeting packet.

- Continue to plan Council meetings, manage infrastructure that promotes valuable information exchange, deliberation and actions that extends to supporting the Council committees
 - Host the October 9, 2023 Combined Councils meeting expanding to include other Councils
 - Maintain CYF Council website updated
 - Ensure that the meeting format meets the Council needs (virtual or in-person)
- Facilitate the annual Strategic Planning for Council identified priorities

Fiscal Year 2023-24					
MEETING DATE: 4th Thursday of the month	Co-Chairs				
LOCATION: Via Zoom	Public Sector: Stephanie Escobar				
TIME: 11:30 a.m. to noon	Stephanie.Escobar@sdcounty.ca.gov				
	Private Sector: Celica Garcia Plascencia				
	BHS Lead: Yael Koenig				
	Rhonda.Crowder@sdcounty.ca.gov				





Submitted by Amy Chadwick

Outcomes Committee

Purpose

The Outcomes Committee reviews service delivery systems and aims to improve County of San Diego System of Care services by measuring and evaluating outcomes and use results to provide recommendations to the CYF Council.

Fiscal Year 2023-24 Active Committee Members					
Public	Private Private Family				
Yael Koenig	Emily Trask	Golbanou (Golby) Rahimi			
Amanda Lance-Sexton	Amy Chadwick	Sara Welsh			
Eileen Quinn-O'Malley	Brent Crandal	Andrea Hazen			
Elizabeth Miles	Antonia Nunez	Maria Quezada			
Ezra Ramirez	Shellane Villarin	Jamie Martinez			
Babbi Winegarden	Julie McPherson	Joel Crume	Education		
Phuong Tran	Carmen Pat	Karen Giannini	Yuka Sakamoto		
	Adia Nembhard	Deanna Zamudio	Jessica Luckey		

Fiscal Year 2022-23 Accomplishments

- Identified quality of care indicators for STRTPs
- Reviewed new STRTP dashboards to improve quality of care
- Developed Outcomes sub-committee of LGBTQ+ stakeholders to inform/guide LGBTQ+ PIP
- Addressed impact of the transition to time-based services from session-based on collection of outcome measures
- Continued to evaluate the impact of the Pandemic on youth in the CYFBHS system
- Discussed continued utility/relevance of the PESQ for clients in FSP-AD subunits
- Supported expansion of CANS administration to 18-21 population
- Discussed impact of CalAIM on outcomes/data collection

- Discuss how to increase utilization of Group Therapy services
- Evaluate clinical and administrative assignment of "primary diagnosis" in the CYFBHS system
- Discuss enhanced identification of CYFBHS youth with both mental and substance use issues
- Continue to evaluate the impact of the Pandemic on youth in the CYFBHS system
- Continue to support expansion of CANS administration to 18-21 population
- Continue to monitor impact of CalAIM on outcomes/data collection

Fiscal Year 2023-24 Meeting information		
MEETING DATE: First Tuesday, every other m	onth LEAD /Co-Leads	
LOCATION: Virtual	Eileen Quinn-O'Malley	
TIME: 11:30 a.m. – 12:30 p.m.	Eileen.Quinn-OMalley@sdcounty.ca.gov	
	Fmily Trask eytrask@health.ucsd.edu	





Submitted by Stephanie Gioia-Beckman

Early Childhood Committee

Purpose

This ECMH committee advances practices, services, and resources for the early childhood population through the following strategies: 1). **EDUCATE** by providing information to improve system-wide understanding of early childhood mental health and integrating the information throughout the system of care; 2). **ADVOCATE** by addressing key issues impacting young children and their families; and 3). **PROMOTE SYSTEM CHANGE** by increasing the system of care's understanding of services currently available and supporting culturally relevant and trauma informed system improvements. ECMH committee partners with BHS CYFSOCC when considering the unique needs of the 0-5 population and their caregivers when making decisions on programming, policy, and training.

Fiscal Year 2023-24 Active Committee Members			
Public	Private	Private	Private
Jerelyn Bourdage	Ingrid Alvarez-Ron	Lisa Linder	Mina Arthman
Shannon Jackson	Jennifer Kennedy	Amanda Family McDaniel	
Alicia Castro	Imaya Stevens	Ginger Bial	LaTysa Flowers
Stephanie Escobar	Ashley Rambeau	Aimee Zeitz	
	Stephanie Gioia- Beckman	Rosa Ana Lozada	Education
Private	Melanie Morones	Aisha Pope	Kim Flowers
Payal Beam	Nubia Soto	Natalie Elms	Fernanda Garcia
Stacy Annand		Kacie Rodville	

Fiscal Year 2022-23 Accomplishments

Cross-cutting Strategy:

 Established ECMH sub-committee work plans and aligned goals with County Behavioral Health Director Priorities

Educate:

- Formal ECMH presentation to the CYFSOCC on 12/13/22 including: information on early childhood, reflective practice, program highlights and resource sharing
- Developing informative document for distribution and advocacy to advance Reflective Practice system-side

Advocacy:

- ECMH Committee members recruited partners to join in advocating at the County Behavioral Health Advisory
 Board public hearing on 6/23/23 regarding the MHSA Behavioral Health Workforce Development Proposal and
 emphasized importance of investing dedicated resources for Early Childhood practitioners and having
 representation on steering committee from Early Childhood Workforce
- Finalized and posted tips sheet entitled, "The Importance of Touch" for parents and caregivers on County BHS webpage

Promote System Change:

 Convened diverse stakeholders and updated Behavioral Health Assessment for children ages O-5 for future dissemination to providers

Areas of Focus for Fiscal Year 2023-24

- 1.) Actively influence program design, services, resources, workforce development, and funding that impacts the 0-5 population by advocating to local and state leaders, decision-making initiatives, and other venues
- 2.) Recommend behavioral health trainers/trainings, including reflective practice to advance early childhood mental health throughout all systems of care including key conferences (i.e. We Can't Wait; Birth of Brilliance)
- 3.) Identify content for systemwide distribution in early childhood designed for providers, parents and caregivers; and
- 4.) Partner with other Children, Youth and Families System of Care Committees, County Departments, and County Collaboratives to identify and advance practices specific to children ages 0-5 and expand sector membership.

Fiscal Year 2023-24 Meeting information

MEETING DATE: Second Monday of the Month

LOCATION: Zoom

TIME: 10:45 -11:45 a.m. (proposed)

LEAD /Co-Leads:

Stephanie Gioia-Beckman: sgioiabeckman@rchsd.org

Jennifer Kennedy: .jkennedy@aapca3.org





Submitted by Yael Koenig and Edith Mohler

CYF Training Academy

Purpose

The Children Youth and Families System of Care (CYF-SOC) Training Academy provides trainings to enhance the work of public systems in providing services to children, youth, and families in San Diego County. The CYF Training Academy Committee, a collaboration of partners in the four sectors of the CYF System of Care provides recommendations on relevant trainings and training needs to the Behavioral Health Services leadership.

The San Diego State University (SDSU) Responsive Integrated Health Solutions (RIHS) contract sunset on March 31, 2023 with some content shifting to the HHSA/BHS webpage-Workforce Training and Technical Assistance. The Training Academy committee chair shifted from RIHs to BHS administration. The five CYF Training Academy classes, annual CYF conference, and California Mental Health Advocates for Children and Youth (CMHACY)/conference scholarships will be evaluated for inclusion in future County contract.

Fiscal Year 2023-24 Active Committee Members						
Public Public Private Private						
Edith Mohler	Becky Lanier	Melissa Penaflor	Mina Arthman			
Rhonda Crowder	Private	Faeth Jackson	Kacie Rodvill			
Jennifer Rusit	Linda Ketterer	Pam Hansen	Family			
Jorge Aguilar	Golby Rahimi	Aisha Pope	Celeste Hunter			
Nilanie Ramos	Latysa Flowers	Angela Rowe				

Fiscal Year 2022-23 Accomplishments

- Strengthening Families and the Protective Factors Framework Webinar, December 12, 2022
- Trauma and Attachment in Children Ages 0-5, November 29, 2022
- Planning for Gender Identity and Youth and Affirming Care training to support the 2022-23 County of San Diego BHS PIP focused on improving therapeutic services and/or supports for youth who identify as sexual and gender minorities.
- 2022 Advancing Principles Awards (application, anonymous selection, and selection of two recipients: Lesley Johnson and Vista Hill ADAPT Program)

- Provide recommendations for relevant and current training needs
- Provide recommendations for themes, speakers, and format of training needed, including conferences/mini conferences
- Active participation in the professional development opportunities process of awarding scholarships to parent partners, family partners and youth support partners throughout the CYF System of Care to attend local and statewide
- Participate in the selection process of the annual CYF System of Care Advancing Principles Awards recipients

Fiscal Year 2023-24 Meeting information			
MEETING DATE: First Wednesday of the month	LEAD /Co-Leads		
LOCATION: Virtual via Zoom	Edith.Mohler@sdcounty.ca.gov		
TIME: 9 to 10 a.m.	Jennifer.Rusit@sdcounty.ca.gov		





Submitted by Michael Miller

Transition Age Youth (Council)

Purpose

The purpose of this council is to facilitate the design and implementation of Transitional Aged Youth (TAY), ages 16-25 services in the Children, Youth, and Families and the Adult and Older Adult Systems of Care by providing feedback and recommendations to the Behavioral Health Director. The TAY council provides community representation and input for the integrity of all TAY services and advancement of all TAY related aspects of the System of Care

Fiscal Year 2023-24 Active Participants							
Public	Private Private Private						
Steven Wells	Laura Tancredi-Baese	Karen Lenyoun	Eycleisha Eriksen				
Claire Riley	Pam Meza	Irving Chavez	Simone Hidds Monroe				
Michael Miller	Jennica Valdez	Paul Herrmann	Ahni Rocha-Redmond				
Aprille Pena	Khalif Kelly	Marian Edelbrock	Family				
Asheka Huey	Rafael Ortiz-Gomez	Victor Esquivel					
	Rebecca Hamada	Katie Blevitt	Education				
	Nicole McDonald	Jesses Emerson					
	Anne Lacy	Eliza King					

Fiscal Year 2022-23 Accomplishments

The 3 Primary Areas of Focus for the Council in FY22/23 and into FY23/24:

- 1. TAY Resource Guide,
- 2. Housing Services: Bridging the Gap Between TAY and Substantiable Housing, and
- 3. Education/ Employment Services: Importance of Promoting Education and Employment Services Within Our TAY and How Providers Can Help Support Them.

The three focus subcommittees have been meeting monthly and cross treading their ideas with other subcommittees.

Presentations to the Council for FY 2022/23 include Doors of Change; Helping disadvantaged and Homeless Youth to better lives, SOAP MAT- Opioid Treatment Program, Oasis Clubhouse, North Central Teen Recovery Center, UPAC Teen Recovery Center, The Lodge- Home Start, Urban Street Angels and Strengths Based Case Management.

The TAY Council added a County of San Diego Board of Supervisor information/update item to the agenda to keep the Council informed of Board Letters and Actions that impact TAY in the County.

There have been further vacancies to the TAY Council since the beginning of the year and a heightened priority is to fill the following seats:

Commercial Sexual Exploitation of Children; Foster Youth; Hospital Partner; Law Enforcement; Primary Health

• Please send any interest in any of the before mentioned seats to Claire Riley and Michael Miller.

Having one co-chair leading the meetings due to absent co-chair for fiscal year.

Organizing and leading a Co-Council meeting in April 2023.

Areas of Focus for Fiscal Year 2023-24

The Annual Strategic Planning meeting for Fiscal Year 23-24 will be held in July to determine focus areas and goals for the year ahead.

- 1. TAY Resource Guide,
- 2. Housing Services: Bridging the Gap Between TAY and Substantiable Housing, and
- 3. Education/ Employment Services: Importance of Promoting Education and Employment Services Within Our TAY and How Providers Can Help Support Them.

Publish TAY Resource guide and TAY resource survey to go out to the public.

Starting a new year with two new co-chairs with new ideas.

Incorporating the new County of San Diego Logo for a new PowerPoint for TAY general meetings.

Fiscal Year 2023-24 Meeting information

MEETING DATE: 4th Wednesday of the month **LOCATION**: Virtual Meetings on Microsoft TEAMS

TIME:

LEAD /Co-Leads

AOA Representative: Claire Riley Claire.Riley@sdcounty.ca.gov CYF Representative: Michael Miller Michael.Miller@sdcounty.ca.gov





Submitted by Kathleen Lang

Managed Care Health Plans

Purpose

Most children receiving mental health and substance use services through the San Diego County BHS system are enrolled in one of 6 Medi-Cal Managed Care Plans (MCP). The County Mental Health Plan is responsible to cover these children's mental health needs, while their health plans cover their physical health needs. Care coordination between these two systems is vital to overall wellbeing, and new benefits and services are included in California Advancing and Innovating Medi-Cal (CalAIM) programs.

San Diego Medi-Cal Managed Care Plans Enrollment (April 2023)		
Aetna	38,512	
Community Health Group	359,099	
Health Net Community Solutions	103,637	
Kaiser Permanente	72,419	
Molina Healthcare of California	263,343	
Blue Shield of California Promise	150,046	
Grand Total	987,056	

Fiscal Year 2023-24 Active Participants

Health Plan	Member Services/ Transportation	Telephone Advice Nurse Behavioral	Behavioral Health Dept.	
Aetna Better Health	1-855-772-9076	800-977-2273	1-855-772-9076 Opt. 4	1-855-772-9076
Blue Shield CA Promise Health Plan	1-855-699-5557	800-977-2273	1-800-609-4166	1-855-321-2211
Community Health Group	1-800-224-7766	800-977-2273	1-800-647-6966	1-800-404-3332
Health Net	1-800-675-6110	800-977-2273	1-800-675-6110	1-888-426-0030
Kaiser Permanente	1-800-464-4000	800-977-2273	1-800-290-5000	1-877-496-0450
Molina Healthcare	1-888-665-4621	800-977-2273	1-888-275-8750	1-888-665-4621

 $\underline{https://www.optums and iego.com/content/dam/san-diego/documents/healthysandiego/forms/HSD\%20 Health\%20 Plan\%20 Contact\%20 Card\%206.9-23.pdf$

Fiscal Year 2022-23 Accomplishments

Managed Care Plans (MCP) continued the work of providing services for almost 1,000,000 San Diego members.

MCPs worked with the Department of Health Care Services (DHCS) through the RFP procurement process, resulting in the exit of United Healthcare from the Medi-Cal market, effective December 31, 2022. Through a concerted effort, the MCPs collaboratively ensured continuity of care for United Healthcare members through a

series of workgroups designed to minimize disruption. United Healthcare members were successfully transitioned to the remaining 6 MCPs.

The DHCS is innovating and transforming the Medi-Cal delivery system, offering Medi-Cal enrollees coordinated and equitable access to services that address their physical, behavioral, developmental, dental, and long-term care needs. Primarily, during 2022-23 the MCPs focused on this effort via standing up California Advancing and Innovating Medi-Cal (CalAIM) programs and drawing down funding

- California Advancing and Innovating Medi-Cal (CalAIM) services/benefits program implementation throughout the region and partner incentive funding programs, including
 - School Behavioral Health Incentive Payment Plan (SBHIP) to enhance access to behavioral services and address the mental well-being of children and adolescents in partnership with the education system
 - CalAIM Incentive Payment Program (IPP) supports the continued expansion of Enhanced Care
 Management (ECM) and Community Supports (CS) with partner Community based organizations and
 providers; Round 1 is nearing completion and Round 2 is launching
 - Housing and Homelessness Incentive Payment Program (HHIP) allows MCPs to earn incentive funds for making investments and, in partnership with the Regional Task Force on Homelessness (RTFH), address and reduce homelessness; a collaborative Local Homelessness Plan (LHP) was developed and will guide the investments

MCPs have created and participated in a variety of numerous workgroups, both specifically for the plans and collaboratively with County partners/stakeholders, for these workstreams.

DHCS implemented a "no wrong door" policy to ensure beneficiaries receive mental health services regardless of the delivery system where they seek care (via county behavioral health, MCP, or the fee-for-service delivery system). As a result, MCPs met with San Diego County Behavioral Health Services throughout the past year to discuss and develop policy and procedures for No Wrong Door for Mental Health Services, specifically related to eating disorders. The focus has been ensuring access to behavioral health services regardless of patient severity or payor and primarily related to partial hospitalizations and developing systems to coordinate care and cover costs.

NOTE: acknowledging that much of the language above originated from the DHCS website.

Areas of Focus for Fiscal Year 2023-24

As we move into the new fiscal year, MCPs will continue to expand the work outlined above.

Per DHCS requirements, ECM is expanding to include Children and Youth Population of Focus (POF) that require the MCPs to develop and implement programs and build adequate Models of Care (MOC) to meet local need. Effective July 1, 2023, MCPs offer ECM for a comprehensive list of potential participants:

- Children and Youth Experiencing Homelessness
- Children and Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
- Children and Youth with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
- Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition
- Children and Youth Involved in Child Welfare
- Children and Youth with Intellectual or Developmental Disabilities (I/DD)
- Children and Youth who are Pregnant and Postpartum at Risk for Adverse Perinatal Outcomes

Additionally, other MCP workstreams include

- Based on DHCS contract awards, Health Net Community Solutions and Aetna Better Health will exit the San Diego Medi-Cal market, effective December 31, 2023. Efforts are already underway to replicate the success of the United Healthcare member transition, ensuring continuity of care for impacted members of all ages.
- Providing Access and Transforming Health (PATH) Collaborative Planning and Implementation Initiative (CPI) is a regional collaborative planning and implementation effort among managed care plans, providers, CBOs, county agencies, public hospitals, tribes, and others to promote readiness for Enhanced Care Management and Community Supports for youth and adults. MCPs collaborate with San Diego Advancing and Innovating Medi-Cal (SDAIM) and the assigned regional entity leading the work (Intrepid Ascent).
- Justice-Involved capacity building program initiatives are in progress in collaboration with multiple stakeholders to support the implementation of pre-release Medi-Cal enrollment and suspension processes, as well as the delivery of Medi-Cal services in the 90 days prior to release. This work includes behavioral health services for youth and adults.

NOTE: Acknowledging that much of the language above originated from the DHCS website.

Fiscal Year 2023-24 Meeting information			
MEETING DATE: Multiple LOCATION: TIME:	LEAD /Co-Leads: if needed, please contact Dr. Kathleen Lang at klang@healthnet.com or 916-307-1081, or James Trout at troutj@aetna.com or 312-764-4184 for more information regarding any of the above or for meeting information		





Submitted by: Rosa Ana Lozada and Edith Mohler

Cultural (Competence	Resource Team ((CCRT)	
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Purpose

To provide recommendations to Behavioral Health Services executive leadership on issues of cultural competence.

Fiscal Year 2023-24 Active Committee Members				
Public Public		Private	Family	
Piedad Garcia Chair/Ethnic Services Coordinator Claire Riley		Shiva Jaimes	Mercedes Webber	
Charity White-Voth	Martin Dare	Rebecca Paida	Celeste Hunter	
Liz Miles Private Nilanie Ramos Shadi Haddad		Rosa Ana Lozada	Ingrid Alvarez-Ron	
		Fardosa Osman	Nathaly Martinez	
Edith Mohler	Sahra Abdi	Ingrid Alvarez-Ron		
Nancy Rodriguez	Rebecca Paida	Awichu Akwanya		
Sara Zare	Evelyn Parada	Gebaynesh Gashaw-Gant	EDUCATION	
Jennifer Rusit	Mercedes Webber	Elisa Barnett	Juan Camarena	
Andrea Duron	Kat Katsani-Semel	Mahvash Alami	Erick Mora	
Natanya Glezer	Shadi Haddad	Brian Bauers		
Danyte Mockus-Valenzuela	Adam Renteria	Stacy Thompson		
Angie Solom	Robert Cook	Jama Mohamed		
Danielle Eguiza	Rick Heller			

Fiscal Year 2022-23 Accomplishments

- Convened Health Care Disparities discussions
- Provided recommendations to the Community Experience Partnership (CEP) dashboard:
- https://www.communitvexperiencepartnership.com/
- Participated in the Statewide Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Learning
- Implementation of Cultural Competence Plan: Review of three Legal Entities' practices in implementing Culturally and Linguistically Appropriate Services (CLAS) Standards
- Convened relevant presentations:
 - o Community Experience Partnership and Dashboard (August 8, 2022)
 - o Community and Harm Reduction Team (CHRT/Harm Reduction (September 2, 2022)
 - o California Advancing and Innovating Medi-Cal (CalAIM) (November 4, 2022)
 - o Language Equity in Practice: The Translation, Language, Culture Connection Story (February 3, 2023)
 - o County of San Diego Response to Fentanyl as a Public Health Crisis (May 5, 2023)
 - o Department of Homeless Solutions and Equitable Communities (June 2, 2023)
- Cultural Share introduced as a standing agenda item in the monthly CYF Council meeting

- Continue with Fiscal Year 2022-23 efforts
- Presentation of Legal Entities Cultural Competence Plans Reviews
- Convene the following presentations:
 - Mobile Crisis Resource Teams (MCRT) (August 4, 2023)
 - Behavioral Health Equity Index (September 1, 2023)
 - Population Health (September 1, 2023, or October 6, 2023)

Fiscal Year 2023-24 Meeting information		
MEETING DATE: First Friday of the month	LEAD /Co-Leads	
LOCATION: Virtual via Zoom	Piedad Garcia, Charity	
TIME: 10 to 11:30 a.m.	To be added to the e-mail invitation, please contact Andrea Durón at:	
	Andrea.Duron@sdcountv.ca.gov	





Submitted by Julie McPherson

CYF Change Agents Developing Recovery Excellence (CADRE)

Purpose

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

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

Fiscal Year 2023-24 Active Committee Members				
Public	Private	Family	Education	
Shannon Jackson Terri Kang	Mental Health and Substance Use Disorder (SUD) BHS-contracted providers			

Fiscal Year 2022-23 Accomplishments

- In depth review of the COMPASS-EZ program self-assessment tool for dual diagnosis capability Dual Diagnosis Capability in Mental Health Treatment, (DDMHT) and the Dual Diagnosis Capability in Addiction Treatment (DDCAT): Purpose, process, how to administer, etc.
- Reinstated cross-administration among providers of the DDCMHT and the DDCAT to access programs' co-occurring capability
- Teen vaping tends, resources and treatment, including new Early Intervention services in Teen Recovery Center
- Review of the Community Experience Partnership as a tool to start identifying and responding to health disparities of individuals served by County of San Diego Behavioral Health Services (BHS)
- Discussion on the upcoming California Advancing and Innovating Medi-Cal (CalAIM) healthcare reform and potential impact, both positive and negative, on the current system of care.

- Continue dialogue within the sectors to address changes to the system and impacts, both positive and negative, related to CalAIM
- Continue to enhance ease of cross-referrals and access to services for children, youth, and families who are impacted by complex needs
- Maximize on-site <u>SchooLink</u> behavioral health services as permitted
- Keep providers up to date regarding specialized Medication Assisted Treatment (MAT) services for youth in San Diego County
- Engagement and participation in prevention, education, and early intervention in SUD groups for youth and caregivers
- Identifying and addressing racial/ethnic and sex/gender disparities as it relates to increased co-occurring disorders and access to treatment

Fiscal Year 2023-24 Meeting information			
MEETING DATE: Second Thursday of every 3 rd month	LEAD /Co-Leads:		
7/13/23, 10/12/23, 1/11/24, 4/11/24	Marisa Varond and Julie McPherson		
LOCATION: Zoom			
TIME: 1:30 to 3 p.m.			



FAMILY VOICE MEETINGS



JOIN US...

As we discuss and demonstrate alfrEDU

The alfrEDU App is the ultimate guide for navigating special needs education and will be your companionin the complex Individualized Education Plan process.

Thursday, July 13th via Zoom 11:00 AM

Register Here

Registration is limited

Funded through San Diego County Behavioral Health Services Act, Mental Health Services Act (MHSA)





NAMI Basics is a free, 6-session education program for parents, caregivers and other family who provide care for youth (ages 22 and younger) who are experiencing mental health symptoms. This class is taught by trained teachers with lived experience raising a child with a mental health condition. They know what you're going through because they've been there too.

NAMI Basics covers the impact mental health conditions can have on your entire family. Different types of mental health care professionals, available treatment options and therapies. An overview of the public mental health care, school and juvenile justice systems and resources to help you navigate these systems. How to advocate for your child's rights at school and in the healthcare settings, the importance of taking care of yourself and so much more!

English (virtual)	Begins July 18	Ends August 3	Tues & Thurs	<u>Event Information –</u>
			6:00- 8:30 PM	NAMI San Diego
English (virtual)	Begins August 29	Ends September	Tues & Thurs	<u>Event Information –</u>
		14	6:00- 8:30 PM	NAMI San Diego



Participant Perspectives

"This is such a great step by step program that walks parents through every step. It's as if they're holding your hand through it all."

"This class was unexpectedly wonderful! I did not expect to learn so very, very much! This program is well written with excellent segues between topics. It covers so much more that BASICS- the title doesn't do it justice."



Contact us for more information about NAMI Basics class: basics@namisd.org

About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. **NAMI San Diego** is an affiliate of NAMI **California**. **NAMI San Diego** and dedicated volunteer members and leaders work tirelessly to raise awareness and provide essential education, advocacy and support group programs for people in our community with mental health conditions and their loved ones.

Funded through San Diego County Behavioral Health Services, Mental Health Services Act (MHSA)



14th Annual Early Childhood Mental Health Conference – We Can't Wait! Re-imagining Prevention and Early Intervention in Communities of Hope

September 28-30, 2023

This **14th Annual Early Childhood Mental Health Conference** will inspire attendees to re-imagine prevention and early intervention and shift the focus to the role of positive experiences in human development. Distinguished speakers will highlight community driven, evidence-based interventions that have been developed, researched, implemented, and are making a difference, including Zero to Thrive from Michigan and the HOPE programs from Chicago. These programs, some of which have been implemented here in San Diego, promote healthy child development (0-5) and emphasize strengths, positivity, and hope, rather than deficits.

In addition to exploring early childhood development, culturally informed, evidence-based practices, and advances in early education programs, attendees will be able to examine ways that our communities and systems of care can better ensure diversity, equity, and access to care so that children have more positive experiences, and that all families have support to nurture and celebrate their strengths.

Finally, we are excited to offer a Hybrid Event this year! Live sessions will be in-person, in San Diego and a networking reception is planned on Thursday evening. Keynote sessions and selected breakout sessions will simultaneously be offered on Zoom for virtual attendees.

Learning Objectives:

At the conclusion of this activity, the participants should be able to:

- Review the neurobiological nature of the developing brain and recognize how it is directly shaped by positive, interpersonal experiences
- Identify best practices in socio-emotional support and strategies for cultivating positive experiences that extend to the home, schools, and community
- Create partnerships among healthcare, education, behavioral health, and child welfare professionals to create communities of hope for infants, children and families
- Discover ways to build workforce capacity and community involvement to expand diversity-informed strategies that support infants, children, and families

Target Audience:

The target audience includes those involved in providing assessment, treatment, education, support, and advocacy for children and families. Attendees will include psychiatrists, pediatricians, marriage family therapists, social workers, psychologists, mental health workers, substance abuse and addiction professionals, counselors and case managers, nurses, occupational therapists, physical therapists, speech therapists, teachers, educators, child welfare workers, early childhood education providers, childcare specialists, mental health administrators and other healthcare and educational providers.

ECMH – We Can't Wait! (earlychildhoodmentalhealth-sandiego.com)

Registration: <u>14th Annual Early Childhood Mental Health Conference – We Can't Wait - Choose Registration</u> (eventscloud.com)