

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

### MEETING AGENDA

July 11, 2022

9 to 10:30 a.m.

**Zoom link for meeting registration:** <https://us06web.zoom.us/join/join?secret=us06web.zoom.us/meeting/register/tZAocu6rpzMsH91wqzRbGpkHlBzvnZxx2F25>

#### I. Welcome (Sten Walker)

5 minutes

- July is Black, Indigenous, People of Color (BIPOC) Mental Health Awareness Month – Handouts from Mental Health America - **Page 5**  
<http://www.mhaopc.org/bipoc-mental-health-awareness-month/>
- Directing Change Art Feature: “Embrace” by Maggie Cesarini from Torrey Pines High School  
<https://gallery.directingchange.org/sandiegocounty/art/>
- Welcome new meeting attendees and Jasmine Carrasco and Guillermo Rodriguez from Excel Interpreting (English to Spanish translation team)
- Welcome Stephanie Escobar from First 5 as the new Council co-chair, representing the Public Sector
- Welcome Dr. Kelly Motadel as the alternate to Healthcare/Pediatrician
- Welcome Dina Ali and Rhonda Crowder as staff of the CYF Council
- Thank you to Peggie Webb Council member and Therese Davis, alternate representing San Diego Regional Center (SDRC) for Developmentally Disabled
- Thank you to Sten Walker and the Family / Youth Sector, for serving as the Council co-chair for the past two years

#### II. Review of Meeting Summary (Yael Koenig)

5 minutes

- May 9, 2022, Meeting Summary - Handout - **Pages 6-12**
- Action Items from May 9, 2022 – All have been completed, see Meeting Summary for action items - **Page 10**

#### III. Business Items (Yael Koenig)

10 minutes

Board Letters (BL)/ Board Actions
<p><b>May 10, 2022</b></p> <ul style="list-style-type: none"> <li><b>Item 03:</b> Supporting Care Coordination for Justice-Involved Individuals Through Funding and Integrated Data Infrastructure</li> <li><b>Item 04:</b> Authorize Agreement with the San Diego Association of Governments (SANDAG) for Youth Transportation and Application for Future funding Opportunities.</li> <li><b>Item 08:</b> Promoting Government Transparency Improving Access to Information Language Services, Remote Technology and Community Engagement</li> </ul> <p><b>May 24, 2022</b></p> <ul style="list-style-type: none"> <li><b>Item 07:</b> Action Related to Homeless Housing Assistance and Prevention Grant Program</li> <li><b>Item 08:</b> Authorize Certification Statements for Child Health and Disability Prevention and California Children’s Services Programs</li> <li><b>Item 10:</b> Continued Item from 05/10/2022 (09): Promoting Civic Engagement Through Boards, Committees, and Commissions</li> <li><b>Item 22:</b> Initial Interim Report and Recommendations of Data Driven Approaches to Public Safety, Treatment and Service Expansions and Advancing Equity Through Alternatives to Incarceration, and Amend Pre-Trial Felony Mental Health Diversion Program Agreement with Department of State Hospitals to Include Additional Grant Funds – Handout – <b>Pages 21-27</b></li> <li><b>Item 25:</b> In Support of Efforts to Amend the California State Constitution to Enshrine the Right to Choose</li> <li><b>Item 26:</b> Addressing the Needs of Vulnerable and Homeless Populations Support for Community Assistance Recovery and Empowerment (CARE) Court – Handout – <b>Pages 28-30</b></li> </ul> <p><b>June 14, 2022</b></p> <ul style="list-style-type: none"> <li><b>Item 05:</b> Authorization to Enter Into Negotiations with Alvarado Hospital, LLC DBA Alvarado Hospital Medical Center for Medi-Cal Managed Care Inpatient Acute Psychiatric Services- Handout – <b>Pages 31-32</b></li> <li><b>Item 06:</b> Supporting All Housing and Service Providers for Adults with Intellectual and Developmental Disabilities Through Adopting Resolutions and Local Advocacy to the State</li> <li><b>Item 07:</b> Lifting Up At-Risk Students, Building Lifelong Bonds with Law Enforcement and Creating a More Inclusive and Safer Campus Environment</li> <li><b>Item 15:</b> Actions to Stem the Tide of Gun Violence in Our Communities</li> <li><b>Item 16:</b> Keeping Students Safer on School Campuses - Handout – <b>Pages 33-35</b></li> <li><b>Item 23:</b> Opening More Doors to Workers Who Are Neurodivergent, Including Autism</li> </ul> <p><b>June 28, 2022</b></p> <ul style="list-style-type: none"> <li><b>Item 04:</b> Authorization to Accept Community Care Expansion Preservation Program: Operating Subsidy Payment and Capital Projects Funds and Submit Implementation Plans to the California Department of Social Services</li> <li><b>Item 05:</b> Authorize Competitive Solicitations, Approval of the Community Investment Agreement with Blue Shield of California Promise Health Plan, and Amendment to Extend and Existing Behavioral Health Services Contract - Handout - <b>Pages 36-41</b></li> <li><b>Item 19:</b> Recommendations to Enhance Human Trafficking Prevention and Service Coordination; Authorize a Procurement for Peer Support Navigation - Handout- <b>Pages 42-44</b></li> <li><b>Item 22:</b> Declaring Illicit Fentanyl Public Health Crisis - Handout – <b>Pages 45-47</b></li> </ul> <p>Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the packet, however, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings: <a href="https://www.sandiegocounty.gov/cob/bosa/index.html">https://www.sandiegocounty.gov/cob/bosa/index.html</a></p>
Information
<ul style="list-style-type: none"> <li>California Advancing and Innovating Medi-Cal (<b>CalAIM</b>) <b>Beneficiary Communication</b> – Handout – <b>Page 48</b></li> <li><b>Sub-Committees and Sector Report</b> outlining Fiscal Year 2021-22 Accomplishments and Fiscal Year 2022-23 Goals sent out to co-chairs/leads and due back by July 15, 2022 for the August 8, 2022-CYF Council Strategic Planning Meeting</li> <li><b>Behavioral Health Services Director’s Reports</b> – June and July 2022 - Handout - <b>Pages 49-60</b> Link to BHAB Webpage: <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab.html</a></li> </ul>

- FY 2021-22 Medi-Cal Specialty Behavioral Health External Quality Review (**EQR**) Report – Handout – **Pages 61-62**  
<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/Annual%20MHP%20EQR%20Report%20FY%2021-22.pdf>
- **Community Experience Partnership (CEP)**- Handout – **Page 63**  
<https://www.communityexperiencepartnership.com/about>
- Responsive Integrated Health Solutions (RIHS) **Childhood Anxiety Resources for Providers webpage** is now live! (Rose Woods)  
Handout – **Page 64**  
[Childhood Anxiety Resources for Providers - Academy for Professional Excellence \(sdsu.edu\)](https://theacademy.sdsu.edu/programs/rihs/elearning/)
- RIHS New available eLearning course: **Overview of AB 2083** eLearning: Multi-System Collaboration (Rose Woods)  
Training Number: BHE0136 - Handout - **Page 65**  
<https://theacademy.sdsu.edu/programs/rihs/elearning/>
- Child California Health Alert Network (CAHAN) San Diego: Health Advisory: **Nationwide shortage of infant formulas** may increase risk for inadequate nutrition in infants – Handout – **Pages 66-67**  
<https://www.cdph.ca.gov/Programs/CFH/Pages/Infant-Formula-Availability/Infant-Formula-Availability.aspx>

**Follow-Up Items from May 9, 2022, CYF Council Meeting**

- 1) The CYF Council will showcase art from the Directing Change website at each Council meeting beginning July 11, 2022.
- 2) Provide the Directing Change PowerPoint presentation from May 9, 2022, meeting in the July 11, 2022 meeting packet (**Pages 13-20**)

- IV. Mental Health Services Act (MHSA) Update** (Dr. Danyte Mockus-Valenzuela) **5 minutes**
- MHSA Stakeholder Training Sessions (June 24 and June 29, 2022) – Fliers – **Pages 68-69**

- V. Hot Topic: Conversation with the BHS Director, Dr. Luke Bergmann** (Sten Walker) **30 minutes**
- BHS Priorities as they relate to children, youth, and families inclusive of:
    - Staffing Crisis / Workforce / Services Impact
    - Housing for families
    - California Advancing and Innovating Medi-Cal (CalAIM)
  - Dialogue: inclusive of Questions and Answers Session **30 minutes**
- Dialogue

- VI. Announcements** (Sten Walker) **5 minutes**
- Polling Question - Darwin Espejo
  - 13<sup>th</sup> Annual Early Childhood Mental Health Conference – **We Can't Wait** – How are the Children? The Path from Healing to Well Being September 15-16, 2022 (Virtual) – Handout- **Page 70**  
Registration is open: [ECMH – We Can't Wait! \(earlychildhoodmentalhealth-sandiego.com\)](https://www.earlychildhoodmentalhealth-sandiego.com/)

Next Executive Sub-Committee Meeting (Zoom):  
Date: July 26, 2022  
Time: 2 to 2:30 p.m.

Next Council Meeting (Strategic Planning):  
Date: Monday, August 8, 2022  
Time: 9 to 10:30 a.m.

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

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

**Council Vision:**

Wellness for children, youth and families throughout their lifespan.

**Council Mission:**

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

**Council Principles:**

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

May 1, 2018



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# BEHAVIORAL HEALTH SERVICES CHILDREN, YOUTH & FAMILIES FRAMEWORK

## VISION

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

## PRINCIPLES

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

## PRIORITIES

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

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

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

Live Well San Diego-Areas of Influence



### Standard of Living

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



### Community

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

## HEALTH FACTORS



### Health

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



### Social

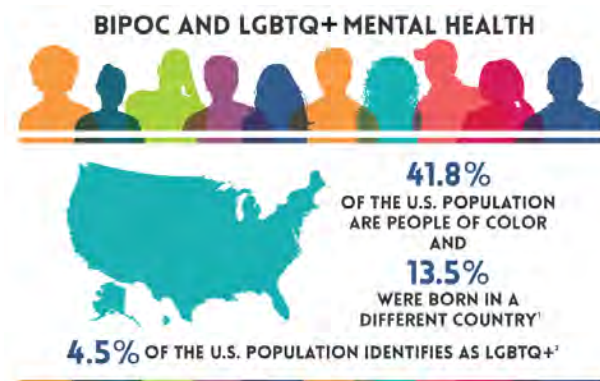
- Supportive Families
- Nurturing Communities
- Connection to Natural Supports
- Positive Social Interactions



### Knowledge

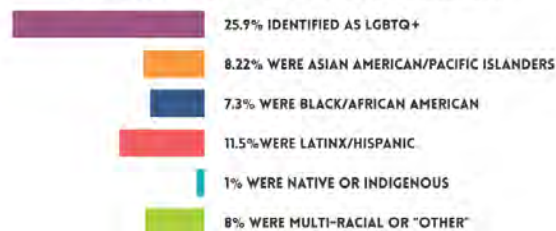
- Quality Education
- Quality Preschool For All
- Good School Attendance
- School Success
- No Suspensions or Expulsions
- Obtain a High School Diploma
- Access to Higher Education & Vocational Programs





SINCE 2014, OVER 5 MILLION PEOPLE HAVE TAKEN A MENTAL HEALTH SCREEN AT [MHASCREENING.ORG](http://MHASCREENING.ORG).

OF THOSE WHO SHARED PERSONAL INFORMATION:



#### HIGHER RISK



LGBTQ+ PEOPLE WERE MORE LIKELY THAN NON-LGBTQ+ PEOPLE TO SCREEN POSITIVE OR AT-RISK ACROSS ALL SCREENS.

AMONG BIPOC SCREENERS:  
MULTIRACIAL PEOPLE WERE THE MOST LIKELY TO SCREEN POSITIVE OR AT-RISK FOR ALCOHOL/SUBSTANCE USE DISORDERS, ANXIETY, DEPRESSION, EATING DISORDERS, AND PSYCHOSIS.

NATIVE AND INDIGENOUS PEOPLE WERE THE MOST LIKELY TO SCREEN POSITIVE OR AT-RISK FOR BIPOLAR DISORDER AND PTSD.

#### LOWER RISK



BLACK/AFRICAN AMERICAN PEOPLE WERE SLIGHTLY LESS LIKELY TO SCREEN POSITIVE OR AT-RISK FOR ALCOHOL/SUBSTANCE USE DISORDERS, ANXIETY, DEPRESSION, EATING DISORDERS, AND PSYCHOSIS.

ASIAN AMERICAN/PACIFIC ISLANDERS WERE SLIGHTLY LESS LIKELY TO SCREEN POSITIVE OR AT-RISK FOR BIPOLAR DISORDER AND PTSD.

SCREENING IS A FREE, ANONYMOUS, AND CONFIDENTIAL WAY TO DETERMINE IF A PERSON IS EXPERIENCING SYMPTOMS OF A MENTAL HEALTH CONDITION. RESULTS CAN BE USED TO START A CONVERSATION ABOUT YOUR MENTAL HEALTH. VISIT [MHASCREENING.ORG](http://MHASCREENING.ORG) TO GET STARTED.



#### LEARN MORE ABOUT BIPOC AND LGBTQ+ MENTAL HEALTH AT:

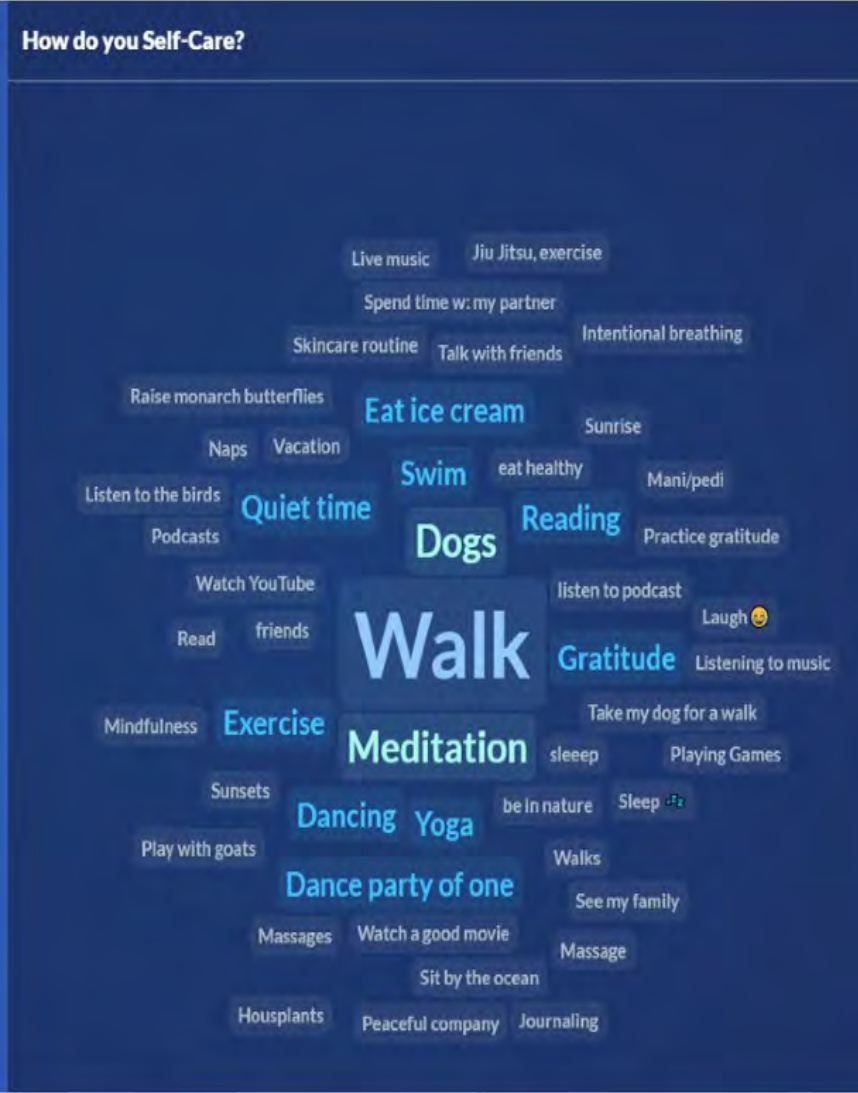
[www.mhanational.org/bipoc-mental-health](http://www.mhanational.org/bipoc-mental-health)  
[www.mhanational.org/BIPOC-mental-health-month](http://www.mhanational.org/BIPOC-mental-health-month)  
[www.mhanational.org/issues/black-african-american-communities-and-mental-health](http://www.mhanational.org/issues/black-african-american-communities-and-mental-health)  
[www.mhanational.org/issues/latinxhispanic-communities-and-mental-health](http://www.mhanational.org/issues/latinxhispanic-communities-and-mental-health)  
[www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health](http://www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health)  
[www.mhanational.org/issues/asian-americanpacific-islander-communities-and-mental-health](http://www.mhanational.org/issues/asian-americanpacific-islander-communities-and-mental-health)  
[www.mhanational.org/issues/lgbtq-communities-and-mental-health](http://www.mhanational.org/issues/lgbtq-communities-and-mental-health)

Sources:  
<sup>1</sup> U.S. Census (2018). Quick Facts. <https://www.census.gov/quickfacts/st/US/PSST0019>  
<sup>2</sup> <https://www.gallup.com/poll/214862/indigenous-people-population.aspx>  
 All other facts and figures derived from proprietary data from MHAU screening.org



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

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

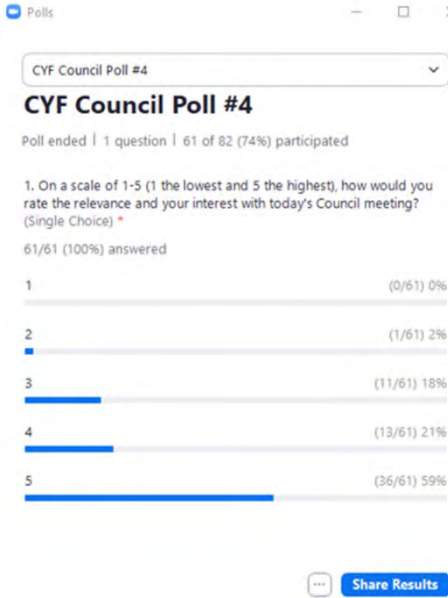
ITEM	SUMMARY AND ACTION ITEMS
<p><b>I. Welcome</b> (Jaime Tate-Symons)</p> <ul style="list-style-type: none"> <li>Welcome</li> <li>Thank you, Adrienne Yancey - Outgoing Council Member Alternate representing Public Health Services</li> <li>Thank you, Chrystal Sweet, Outgoing Council Member Alternate representing Public Safety Group (PSG) Probation</li> <li>Welcome back Rhonda Freeman, Council Member Alternate representing Public Health Services</li> <li>Welcome Tabatha Wilburn, Council Member representing PSG/Probation</li> <li>Welcome Delona King, Council Member Alternate representing PSG/Probation</li> <li>Welcome Dr. Patricia Cardenas-Wallenfelt – Behavioral Health Services (BHS) CYF Psychiatrist and Council Alternate representing BHS</li> </ul> 	<ul style="list-style-type: none"> <li>Yael Koenig introduced the meeting acknowledging May is Mental Health Matters Month with an engagement exercise: How do you self-care?</li> <li>Responses provided are included in bottom of Item I. Other responses provided through the Chat feature: <ul style="list-style-type: none"> <li>Dog rescue</li> <li>Self-Reflection</li> <li>Delegate as an act of self-care</li> <li>Soul-care I sing. Listen to music and journal</li> <li>Rest</li> </ul> </li> </ul>

ITEM	SUMMARY AND ACTION ITEMS
<p><b>II. Hot Topic: Directing Change – Program and Film Contest (Yael Koenig)</b>  <b>Jana Sczersputowski, MPH</b>, Founder and Executive Director, Directing Change Program</p> <ul style="list-style-type: none"> <li>• Polling Questions <ul style="list-style-type: none"> <li>▪ Are you aware of Directing Change and what they do? (Single Choice: Yes/No)</li> <li>▪ Have you seen a Directing Change video before today? (Single Choice: Yes/No)</li> </ul> </li> <li>• Overview Link: <a href="https://directingchange.org/about/">https://directingchange.org/about/</a></li> <li>• San Diego County students recognized for Mental Health and Suicide Prevention Achievements</li> <li>• Local award winners Directing Change videos</li> <li>• Tenth Annual 2022 Award Ceremony is May 17, 2022, at 7 p.m. via Facebook Link: <a href="https://www.facebook.com/directingchange/">Tenth Annual Directing Change Awards Ceremony   Facebook</a></li> <li>• Monthly Art and Film Contest Link: <a href="https://directingchange.org/sandiegocounty/">https://directingchange.org/sandiegocounty/</a></li> <li>• Dialogue: Questions/Answers</li> <li>• Polling question <ul style="list-style-type: none"> <li>▪ How will you support Directing Change? (Check all that apply) <ul style="list-style-type: none"> <li>○ Help get the word out about Directing Change</li> <li>○ Encourage youth to participate</li> <li>○ View the videos when released</li> <li>○ Share videos on social media and in other ways</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Directing Change is a suicide prevention and mental health promotion program and film contest. (30 and 60-second) films or art projects. Students learn about suicide prevention, mental health, and other social justice and critical health topics; discuss and apply what they learn in peer groups; and communicate positive; youth focused, action-oriented messages to peers and adults in their communities</li> <li>• The program includes monthly and annual art contests</li> <li>• In the 2021-22 school year, 117 students from 7 schools in San Diego County submitted 44 films about mental health and suicide prevention</li> <li>• 2022 First Place Walk in Our Shoes – The Superhero in Each of Us: “Dear Future Me” (Recognized at award ceremony) Rancho Minerva Middle School <a href="https://vimeo.com/681023182">https://vimeo.com/681023182</a></li> <li>• 2022 Second Place Walk in Our Shoes – What is Mental Health &amp; Words Matter - TIED: “Fingerprints” and “un-Silent” Rancho Minerva High School <a href="https://vimeo.com/683588834">https://vimeo.com/683588834</a> <a href="https://vimeo.com/683080147">https://vimeo.com/683080147</a></li> <li>• 2022 Second Place Hope and Justice – Justice - “Missing Kids of Color Diary PSA” Canyon Hills High School <a href="https://vimeo.com/672137511">https://vimeo.com/672137511</a></li> <li>• 2022 Third Place Hope and Justice – Hope - “What Are You Waiting For?” Rancho Minerva Middle School <a href="https://vimeo.com/651806402">https://vimeo.com/651806402</a></li> <li>• Meeting attendees were invited to sign up as a judge for the Directing Change program</li> <li>• Action Item: The CYF Council will showcase art from the Directing Change website at each Council meeting beginning July 11, 2022.</li> <li>• Action Item: The presentation will be shared with the CYF Council distribution lists.</li> </ul>

ITEM		SUMMARY AND ACTION ITEMS
<b>Poll Results</b>		
<b>CYF Council Poll #1</b> Poll   1 question   50 of 63 (79%) participated  1. Are you aware of Directing Change and what they do? (Single Choice) *  50/50 (100%) answered  <div> <div>Yes</div> <div>(16/50) 32%</div> </div> <div> <div>No</div> <div>(34/50) 68%</div> </div>		<b>CYF Council Poll #3</b> Poll   1 question   66 of 82 (80%) participated  1. How will you support Directing Change? (Multiple Choice) *  66/66 (100%) answered  <div> <div>Help get the word out about Directing Change</div> <div>(50/66) 76%</div> </div> <div> <div>Encourage youth to participate</div> <div>(30/66) 45%</div> </div> <div> <div>View the videos when released</div> <div>(43/66) 65%</div> </div> <div> <div>Share videos on social media and in other ways</div> <div>(18/66) 27%</div> </div> <div> <div>Apply to be a judge of video submissions</div> <div>(12/66) 18%</div> </div> <div> <div>Other ways not outlined</div> <div>(8/66) 12%</div> </div>
<b>CYF Council Poll #2</b> Poll   1 question   51 of 67 (76%) participated  1. Have you seen a Directing Change video before today? (Single Choice) *  51/51 (100%) answered  <div> <div>Yes</div> <div>(15/51) 29%</div> </div> <div> <div>No</div> <div>(36/51) 71%</div> </div>		
<b>III. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela)</b> <ul style="list-style-type: none"> <li>May is Mental Health Matters Month – Send your events to: Dawn.Hull@sdcounty.ca.gov <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mimhm_resources.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mimhm_resources.html</a></li> <li>National Federation of Families - Children's Mental Health Week Moving from Awareness to Acceptance May 1-7, 2022 Link: <a href="https://www.ffcmh.org/acceptanceweek">https://www.ffcmh.org/acceptanceweek</a></li> <li>Youth Mental Health Virtual Celebration - Local Theme: "Bloom Where You Are" celebrated on May 6, 2022 Link: <a href="https://cyfliaison.namisaniego.org/may-event-2022/">https://cyfliaison.namisaniego.org/may-event-2022/</a></li> </ul>		<ul style="list-style-type: none"> <li>Dr. Mockus-Valenzuela highlighted additional resources included in the May is Mental Health Matters Month web page: <ul style="list-style-type: none"> <li><a href="https://www.sdparks.org/">San Diego County Parks and Recreation (sdparks.org)</a></li> <li><a href="https://www.livewellsd.org/">https://www.livewellsd.org/</a></li> </ul> </li> </ul>
<b>IV. Review of Meeting Summary (Sten Walker)</b> <ul style="list-style-type: none"> <li>March 14, 2022, Meeting Summary - Handout - <b>Pages 5-9</b></li> <li>Action Items from March 14, 2022 – All have been completed, see Meeting Summary for action items - <b>Page 7</b></li> </ul>		<ul style="list-style-type: none"> <li>Sten Walker reviewed the meeting summary and action items from March 14, 2022.</li> </ul>
<b>V. Business Items (Yael Koenig)</b> <b>Board Letters (BL) /Board Actions</b> <b>March 15, 2022</b> <ul style="list-style-type: none"> <li><b>Item 05:</b> Authorize Competitive Solicitations, Single Source Procurements and Amendments to Increase Existing Child Welfare Services Contracts, Authorize Application for and Acceptance of Funding for the Transitional Housing Program Plus Housing Supplement Program, and Adopt a Resolution Authorizing Application and Acceptance of Allocation Award.</li> <li><b>Item 19:</b> Receive the Final Report on Increasing Access and Enrollment in County Self Sufficiency Programs to Serve Every Community Member in Need Without Barriers to Entry</li> </ul>		<ul style="list-style-type: none"> <li>Note: Board Letters that are highlighted on the meeting agenda were included in the meeting packet.</li> <li>Board Letters from the March 15, April 5, April 26, 2022 were highlighted.</li> <li>The March 30, 2022 Update on Mobile Crisis Response Team (MCRT) Program Board Memo was also highlighted.</li> <li>Information items regarding the proposed County budget, mental health resources, and Council membership were shared.</li> </ul>

ITEM	SUMMARY AND ACTION ITEMS
<p><b>April 5, 2022</b></p> <ul style="list-style-type: none"> <li>• <b>Item 05:</b> Authorize Competitive Solicitation for Mental Health Screening to Care Initiative - Handout - <b>Pages 10-12</b></li> <li>• <b>Item 16:</b> Gun Violence Reduction Program Update &amp; Request to Issue a Competitive Solicitation for Community Needs Assessment</li> </ul> <p><b>April 26, 2022</b></p> <ul style="list-style-type: none"> <li>• <b>Item 02:</b> Expanding Capacity for Trauma Recovery Services in South County and Developing Future South County Family Justice Center: Improving Services for Crime Prevention, Intervention and Victim-Survivor Care Through Comprehensive Trauma Focused Services</li> <li>• <b>Item 11:</b> Adopt a Resolution of the San Diego County Board of Supervisors Authorizing a Joint Application to the Homekey Program</li> <li>• <b>Item 12</b> Authorize Extension of Contracts Related to Operations and San Pasqual Academy - Handout <b>Pages 13-15</b></li> <li>• <b>Item 14:</b> Approve and Ratify the Children's Trust Fund Three-Year Funding Proposal</li> <li>• <b>Item 33:</b> Receive an Update on Affordable Housing Accomplishments, Authorize the Allocation of American Rescue Plan Act Funds for Affordable Housing, and Adopt a Resolution of the San Diego County Board of Supervisors Providing Authorization to Participate in the Fourth Round Notice of Funding Availability for the No Place Like Home Program Alternative Process Allocation Funds</li> <li>• <b>Item 34:</b> An Ordinance to Provide for the Local Implementation of the United Nations Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW)</li> <li>• <b>Item 38:</b> County Action to Address Termination of Title 42: Addressing the Need for Respite Migrant Shelter - Handout - <b>Pages 16-17</b></li> </ul> <p><b>Board Memos</b></p> <ul style="list-style-type: none"> <li>• March 30, 2022 - Update on Mobile Crisis Response Team (MCRT) Program Handout <b>Pages 18-26</b></li> </ul> <p>Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the packet, however, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings: <a href="https://www.sandiegocounty.gov/cob/bosa/index.html">https://www.sandiegocounty.gov/cob/bosa/index.html</a></p> <p><b>Information Items</b></p> <ul style="list-style-type: none"> <li>• <b>Behavioral Health Services Director's Reports</b> – April and May 2022 - Handout - <b>Pages 27-37</b> Link to Behavioral Health Advisory Board (BHAB) Webpage: <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab.html</a></li> <li>• <b>May 5, 2022 BHAB Meeting Agenda Highlights</b> <ul style="list-style-type: none"> <li>▪ FY 2022-23 Chief Administrative Officer (CAO) Recommended Operational Plan May 2022 – Handout – Pages 38-51</li> <li>▪ Link to County Budget: <a href="https://www.sandiegocounty.gov/budget/">https://www.sandiegocounty.gov/budget/</a></li> <li>▪ Link to CAO Recommended Operational Plan: <a href="https://www.sandiegocounty.gov/content/sdc/auditor/opplan/fyp22-24.html">https://www.sandiegocounty.gov/content/sdc/auditor/opplan/fyp22-24.html</a></li> <li>▪ FY 2022-23 CAO – BHS Recommended Operational Plan-May 2022 Handout – Pages 52-55</li> </ul> </li> <li>• Drug Medi-Cal (DMC) Virtual <b>External Quality Review (EQR)</b> – April 26-28, 2022 Handout <b>Page 56</b> Link: <a href="https://www.dhcs.ca.gov/provgovpart/Pages/Quality-EQR.aspx">https://www.dhcs.ca.gov/provgovpart/Pages/Quality-EQR.aspx</a></li> <li>• <b>Urgent Community Alert about Fentanyl</b> about from the San Diego District Attorney's Office – Handouts in English, Spanish, and Tagalog respectively – <b>Pages 57-59</b></li> <li>• <b>K-12 Youth Services Community Grant Program</b> Applications accepted through 5 p.m., June 3, 2022 – Handout – <b>Page 60</b> <a href="https://www.sandiegocounty.gov/content/sdc/public_safety/k12-community-grant-program.html">https://www.sandiegocounty.gov/content/sdc/public_safety/k12-community-grant-program.html</a></li> <li>• <b>Mental Health Resources</b> shared by the Education Sector: <ul style="list-style-type: none"> <li>▪ San Diego County Office of Education (SDCOE): <a href="https://www.sdcoe.net/students/health-well-being/mental-health-supports">https://www.sdcoe.net/students/health-well-being/mental-health-supports</a></li> </ul> </li> </ul>	



ITEM	SUMMARY AND ACTION ITEMS
<ul style="list-style-type: none"> <li>SDCOE - Mind Out Loud: <a href="https://www.mindoutloud.org/">https://www.mindoutloud.org/</a></li> <li>California Mental Health Services Authority (CalMHSA): <a href="https://takeaction4mh.com/may-is-mental-health-month/">https://takeaction4mh.com/may-is-mental-health-month/</a></li> <li>Mental Health America – Mental Health Month Toolkit: <a href="https://mhanational.org/mental-health-month">https://mhanational.org/mental-health-month</a></li> <li><b>Brain XP Tik Tok Video:</b> <a href="https://www.tiktok.com/@brainxpproject/video/7078384247693675822?is_copy_url=1&amp;is_from_webapp=v1">https://www.tiktok.com/@brainxpproject/video/7078384247693675822?is_copy_url=1&amp;is_from_webapp=v1</a></li> <li><b>Happy Brain XP Day 2022!</b> <a href="https://www.youtube.com/watch?v=Kza1tTzpcPM">https://www.youtube.com/watch?v=Kza1tTzpcPM</a></li> <li>Annual Council <b>Membership Assessment</b></li> </ul>	
<b>VI. Announcements (Sten Walker)</b> <ul style="list-style-type: none"> <li>Polling Question - On a scale of 1-5 (1 low / 5 high), how would you rate the relevance and your interest with today's Council meeting? - Darwin Espejo</li> <li>CYF Council Annual Orientation is scheduled for June 13, 2022 from 9 to 10:30 a.m. Handout- Page 61</li> <li>CYF Council Hot Topic: "Conversation with the BHS Director" rescheduled for July 11, 2022</li> <li>Responsive Integrated Health Solutions (RIHS) virtual training: Engaging and Supporting Refugee Communities on May 18, 2022 Handout - Pages 62-64</li> <li>Annual CYF System of Care Virtual Conference: Peers in CYF on May 26, 2022 Handout - Page 65</li> <li>Registration at: <a href="#">Peers in Children, Youth and Families Services Conference</a></li> </ul>	
<b>VII. Action Items</b>	<b>Action Due/Status</b>
<ol style="list-style-type: none"> <li>The CYF Council will showcase art from the Directing Change website and share it at the beginning of the meeting via the meeting PowerPoint.</li> <li>The Directing Change presentation to be shared with the CYF Council meeting participants.</li> </ol>	<ul style="list-style-type: none"> <li>Will begin showcasing the art in the July 11, 2022 meeting.</li> <li>Directing Change presentation to be included in the July 11, 2022 CYF Council meeting packet.</li> </ul>
<b>Next Meeting:</b> Virtual Orientation Meeting <b>Date:</b> Monday, June 13, 2022 <b>Time:</b> 9 to 10:30 a.m.	



+ = Member in Attendance    O = Absent

E = Excused

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

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
-	Family and Youth as Partners Sub-Committee	Sten Walker	+		
-	Outcomes Sub-Committee	Emily Trask Eileen Quinn-O'Malley	O/+		
-	Training Sub-Committee	Rose Woods	+		

Zoom Listed Meeting Attendees: 90			
Aisha Pope	David Taylor	Katherine Demmler	Romalyn Watson
Alec Rodney	Debra Schade	Kathleen Lang	Rosa Ana Lozada
Amanda Lance-Sexton	Denise Alvarez	Kimberly Pauly	Rose Woods
Amber Irvine	Dina Ali	Krystle Murguia	Seth Williams
Angela Rowe	Dori Gilbert	LaTysa Flowers	Shannon Jackson
Angela Solom	Edith Mohler	Laura Beadles	Stacey Musso
Aprille Pena	Eileen Quinn-O'Malley	Laura Vleugels	Sten Walker
Babbi Winegarden	Eliza Reis	Leslie Manriquez	Stephanie Escobar
Barbara Ryan	Elizabeth Dauz	Marcelo Podesta	Stephanie Gioia-Beckman
Beth Brown	Erick Mora	Margaret Anello	Stephanie Smith
bill Stewart	Fran Cooper	Margarita Hernandez	Susana Antonio
Bobbi Smylie	George Scolari	Marisa Varond	Tom Coleman
Bria Adams	Ginger Bial Cox	Martin Dare	Tsigelalm (UWEAST)
Bruce Wexler	Golby Rahimi Saylor	Melissa Penaflor	Veronica Gallacher
Carmen Pat	Jaime Tate-Symons	Micaela Cunningham	Veronica Hernandez
Carolina Reyna	Jana Sczersputowski	Michael Miller	Wendy Maramba
Casie Johnson-Taylor	Janet Cacho	Michelle Hogan	Yael Koenig
Celeste Hunter	Janette Magsanoc	Mina Arthman	Yo Ishida
Christina Bruce	Jean McDonald	Pamela Hansen	Yuka Sakamoto
Claire Riley	Jennifer Kennedy	Patricia Cardenas-Wallenfelt MD	Yvette Leiva
Claudette Butler	Jerelyn Bourdage	Rafael Ortiz-Gomez	Unknown Caller
Danyte Mockus-Valenzuela	Kameka Smith	Rebecca Raymond	
Darwin Espejo	Kari Perry	Roberto Suarez	

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

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

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

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

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

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

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

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

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

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

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

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



## WHAT WE DO

The Directing Change Program ***prepares young people*** to recognize signs of distress and how to seek help for themselves or a friend, ***provides curriculum and trainings*** to educators and school administrators to impact school climates, policies and practices, ***facilitates*** parent workshops, and ***offers 24/7 crisis support*** to schools after a student suicide.

"By involving a single classroom or after-school club, Directing Change has the potential to reduce stigma, open the conversation about suicide, foster youth leadership, and be a catalyst for school-wide change."

—Pamela Aileen Morris, NYU

## LEARNING OBJECTIVES & RESOURCES



The Directing Change Program is a free and evaluated youth suicide prevention and mental health promotion program that has been implemented in California schools and organizations since 2011 and is supported by the California Department of Education.

### Learning Objectives:

- ✓ Learn the warning signs for suicide
- ✓ Don't keep it a secret if a friend is thinking about suicide
  - ✓ Talk to a trusted adult
- ✓ Ask a friend directly if they are thinking about suicide
  - ✓ Understand mental health
- ✓ Be aware of resources to help a friend or yourself
- ✓ Explore critical health and social justice topics
- ✓ Identify healthy coping techniques

### Annual Film Contest

### Monthly Art Contests

### Resources include:

- Short educational films about mental health, suicide prevention, and how to help a friend
  - Fact sheets on mental health and suicide prevention
- A variety of lesson plans on suicide prevention, mental health and other topics
  - Parent workshops and brochure
  - Educator newsletter

2

## San Diego County Participation

- |   |                                  |                                       |
|---|----------------------------------|---------------------------------------|
| • Active Minds, UC San Diego              | • La Jolla High School           | • <b>Rancho Minerva Middle School</b> |
| • All Tribes Charter                      | • <b>Lincoln High School</b>     | • San Diego City College              |
| • Alpha Kappa Alpha Sorority, Inc.        | • Magnolia Science Academy       | • San Diego High School               |
| • Bonita Vista High School                | • Mater Dei Catholic High School | • San Diego Mesa College              |
| • Cal Coast Academy                       | • Meadowbrook Middle School      | • San Diego Met High School           |
| • Canyon Crest Academy                    | • Mira Mesa High School          | • San Diego Youth Services            |
| • Chula Vista High School                 | • Mission Hills High School      | • San Diego Unified School District   |
| • Club Elevated                           | • Mission Middle School          | • San Dieguito Academy                |
| • Deaf Community Services                 | • Mission Vista High School      | • <b>San Pasqual High School</b>      |
| • Del Norte High School                   | • Morse High                     | • Scripps Ranch High School           |
| • e3 Civic High School                    | • Mount Carmel High School       | • Serra High School                   |
| • Fred Finch Youth Center                 | • Mount Everest Academy          | • Sweetwater Union High School        |
| • Granite Hills High School               | • Mountain Empire High School    | • The Bishop's School                 |
| • Grossmont High School                   | • Museum School                  | • The Price Scholarship               |
| • Hawking STEAM Charter School 2          | • Orange Glen High School        | • <b>Torrey Pines High School</b>     |
| • Health Sciences High and Middle College | • Otay Ranch High School         | • Twin Peaks Middle School            |
| • <b>High Tech High Chula Vista</b>       | • Palomar College                | • Urban Beats                         |
| • Hilltop High School                     | • Point Loma High School         | • Valhalla High School                |
| • James Madison High School               | • Potter Jr. High School         | • Vista High School                   |
| • Junipero Serra High School              | • Poway High School              | • Wilson Middle School                |
| • Kearny International Business School    | • Ramona High School             | • Youth Leaders in Health Care        |
|   | • Rancho Bernardo High School    |                                       |
|   | • Rancho Buena Vista High School |                                       |

(Participated in 2020-21 School Year)



## Mini Grant Program



### San Diego Mini Grant Schools, funded by the SOSL *Walk in Remembrance with Hope*:

- Canyon Hills High School\*
- Hillsdale Middle School\*
- San Pasqual Middle School\*
- Sage Creek High School GSA
- Helix High School NAMI On Campus Club
- Dimensions Collaborative School (DCS)

### Mini Grant teams also receive:

- Meetings with advisors and youth
- Storyboard review
- Help facilitating virtual lessons for classes
- Feedback for the mental health or suicide prevention awareness event on campus
- An event kit with resources can be provided upon request



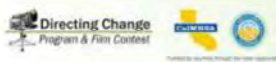
[www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)

## Judge for Directing Change

### Become a volunteer judge for the Directing Change Program!

- Entire process is completed online
- Takes about 2 hours total
- Participate in the annual film contest and/or monthly Hope & Justice contest
- New judges join a 45-minute judge orientation webinar before reviewing entries
- Annual contest judging begins on March 25

### Judging Application



[www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)

## Monthly Art Contest

You are Not Alone!

*Back to School:*  
The Good, The Bad  
and the **Unexpected**

*Art of Gratitude*

What helps you get  
through tough times?

What change do you  
want to see in your community?



*I Have Grown Up Enough*

To be glad that my grandfather  
who I love the way foam kisses the ocean shore  
is dead

I am sad every day he is  
yet riddled with love  
WWII veteran  
sat at the bar  
drinking and



Directing Change  
Program & Film Contest



Powered by National Health Service for Kids  
National Health Service for Kids, Inc.

Ages 12-25

All artforms  
accepted:  
Visual, Film,  
Narrative,  
Music and  
More

Win up to \$300  
in Amazon Gift Cards

the **Hope & Justice**  
Category

[www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)



"2021 was a year without hugs. It denied us of smiles, and it denied us the ability to personally connect with one another. This new year I hope to see hugs - and with it, happiness for myself, for my friends and family, and for my community. Hugs are warm and comforting- and I hope that soon, we are able to experience this without worry of illness or infection from the virus."

-7th grade student from Rancho Minerva  
Middle School

Directing Change  
Program & Film Contest



Powered by National Health Service for Kids  
National Health Service for Kids, Inc.

[www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)



"Since the young age of eleven, mental health has been a large influence in my life. I didn't plan on making it to sixteen. That was never my plan. There was no way I would let myself continue living this life full of emotional torment. Something switched this past year in my mind, however. I found a sense of worth inside me, despite the years of torture I put myself through. The other day I found myself at a moment of complete peace--laying in grass, feeling the blinding sun, cheeks warm, thoughts calmer than the waking dawn. Smiling genuinely into the camera, I took a snapshot of this small, but mighty moment. That picture is what inspired me to create this artwork--I wanted to find a sense of closure in myself and engrave in my mind the exact instant I realized there had been a change. I wove lime green ribbon into my hair to represent the stories that are hidden inside us all, pushed aside due to the stigma of struggle in our society. I'm not going to push those ribbons deep inside my pocket anymore, away from the world to see. I am proud of who I became, and proud of my journey to getting to where I am today--sixteen.."

-11 Grade, Torrey Pines High School



[www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)



## Current and Upcoming Hope & Justice Prompts

### May's Prompt: Dear Me Due May 31

In May we are asking youth to create a piece of art, film, or letter with a message to their future self and to reflect on what they hope to see in the future.

To celebrate Mental Health Matters Month in May, submissions should include how youth have taken care of their mental health or their goals for taking care of their mental health in the future. The lime green ribbon should also be incorporated into submissions in a creative way!

**Directing Change**  
Program and Film Contest

**"Hope & Justice"**  
Challenge

Announcing May's Prompt:  
**Dear Me**

Submissions are due May 31

May is Mental Health Matters Month and a great time to take action for mental health. Join youth and schools across California for Mental Health Spirit Day on May 7th. Learn more at: [HopeandJustice.DirectingChange.org](http://HopeandJustice.DirectingChange.org)

**Submissions accepted and awarded monthly**

- Open to youth ages 12-25
- Participants are eligible to submit one entry per month
- Submissions are due on the last day of the month
- First place (\$300 Amazon Gift Card)
- Second Place (\$150 Amazon Gift Card)
- Third Place (\$100 Amazon Gift Card)
- Honorable Mentions (\$25 Amazon Gift Card)

View the full contest rules at [www.HopeandJustice.DirectingChange.org](http://www.HopeandJustice.DirectingChange.org)

## For Students

**Activity Tip Sheet: Suicide Prevention and Mental Health Activities for Young People**

The Directing Change Program and Film Contest runs film and art contests where youth learn about suicide prevention, mental health, and other health topics, apply their knowledge, and share their voice in their community. Youth between ages 12-25 can submit to the annual Directing Change Film Contest or the monthly Hope and Justice Contest. Encourage youth to submit their work and learn how to get started by visiting: [www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)



The Suicide Prevention Activity Tip Sheet is intended to help individuals and organizations working with youth across California with planning and implementing mental health and suicide prevention activities. For technical assistance or support with any of these activities reach out through the "Contact Us" page on the website: [www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)

**Planning Tip:**

As part of your event, have a mental health professional available in case any of the activities unearth strong emotions. Share the National Suicide Prevention Lifeline or other crisis resources and suicide prevention information at the beginning or during your event.

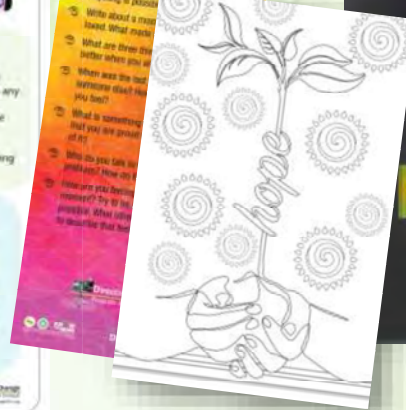
**Mental Health Thrival Kit:**

The Mental Health Thrival Kit includes downloadable resources such as journaling prompts, coloring pages, journal pages, and coping techniques including deep breathing and grounding exercises.



**Write it Out!**

Decorate a journal or piece of paper and use these writing prompts to identify emotions, reduce stress and worry, and work through thoughts and emotions you are experiencing.



[www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)

## For Parents and Educators



**Directing Change Program & Film Contest**

Volunteer 2 March 2022

**Teaching Resilient Students and Raising Healthy Teens**

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

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

**FOR STUDENTS**

**MONTHLY PROMPT AND LESSON**  
In classroom • Distance learning • Grades 5-12 (Ages 10-24)  
URL: [www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)

**MONTHLY STUDENT CONTEST: Hope and Justice**  
Students in grades 5-12 can submit art and film projects to win cash prizes while exploring curriculum on critical health issues (coping during the pandemic, wearing a mask, physical distancing, mental health, self-esteem and many more). For more information, view this 2 minute video or visit the website. All art and film projects are due the last day of every month.

File monthly prompts for March at: [www.directingchange.org/hope-for-change](https://www.directingchange.org/hope-for-change)

**MINI LESSON PLAN OF THE MONTH: Substance Use and Healthy Coping**  
This month's featured lesson plan is "Substance Use and Healthy Coping." Students will learn about substance use, explore healthy ways to cope with adversity and...

#HopeforChange

**Suicide Prevention 101 for Parents**  
Recognizing Signs and What to Do

Livestream will begin shortly

**CALIFORNIA DEPARTMENT OF EDUCATION**  
Tony Thurmond, State Superintendent of Public Instruction

Upcoming Suicide Prevention 101 for Parents Webinars:  
[April 20, 2022 \(English\)](#) and [April 21, 2022 \(Spanish\)](#)



[www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)



# Directing Change

Program and Film Contest

## San Diego County

Directing Change is an evaluated suicide prevention and mental health program with the mission to educate young people about critical health topics through art and promote social justice and health by changing conversations in schools and communities.

[Monthly Art and Film Contest](#)[Annual Film Contest](#)[News and Awards](#)

## Monthly Art and Film Contest

### Monthly Prompt

- Open to youth ages 12-24
- Deadline: Last day of the month
- Free to participate

# Dear Me

## How can we partner?

- ☐ Use films and art projects created by San Diego County youth on social media or post them on your website
- ☐ Promote monthly art prompts with schools, teachers and youth.
- ☐ Promote suicide prevention and mental health film contest in classrooms and in partnership with community-based organizations.
  - ❖ Evaluated, free, youth win up to \$1000, mini grants for schools!
- ☐ Sign up for Educator and Parent Newsletter
- ☐ Sign up to be a judge!
- ☐ Visit Art Gallery: [gallery.directingchange.org](http://gallery.directingchange.org)
- ☐ Visit San Diego County page:  
[www.DirectingChangeCA.org/SanDiegoCounty](http://www.DirectingChangeCA.org/SanDiegoCounty)

## HOW CAN I PARTICIPATE OR LEARN MORE?

Visit: [www.DirectingChangeCA.org/sandiegocounty](http://www.DirectingChangeCA.org/sandiegocounty)

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# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

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**SUBJECT:** INITIAL INTERIM REPORT AND RECOMMENDATIONS ON DATA-DRIVEN APPROACHES TO PUBLIC SAFETY, TREATMENT AND SERVICE EXPANSIONS, AND ADVANCING EQUITY THROUGH ALTERNATIVES TO INCARCERATION, AND AMEND PRE-TRIAL FELONY MENTAL HEALTH DIVERSION PROGRAM AGREEMENT WITH DEPARTMENT OF STATE HOSPITALS TO INCLUDE ADDITIONAL GRANT FUNDS (DISTRICTS: ALL)

**DATE:** May 24, 2022

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**TO:** Board of Supervisors

### SUBJECT

**INITIAL INTERIM REPORT AND RECOMMENDATIONS ON DATA-DRIVEN APPROACHES TO PUBLIC SAFETY, TREATMENT AND SERVICE EXPANSIONS, AND ADVANCING EQUITY THROUGH ALTERNATIVES TO INCARCERATION, AND AMEND PRE-TRIAL FELONY MENTAL HEALTH DIVERSION PROGRAM AGREEMENT WITH DEPARTMENT OF STATE HOSPITALS TO INCLUDE ADDITIONAL GRANT FUNDS (DISTRICTS: ALL)**

### OVERVIEW

On October 19, 2021 (3), the Board of Supervisors (Board) directed a series of actions focused on creating alternatives to incarceration, with an emphasis on data and stakeholder input to develop recommendations to enhance public safety, advance equity, and reduce incarceration of people who do not pose a public safety threat by providing community-based rehabilitative services and supports in lieu of custody. The Board directed development of comprehensive policy and service recommendations based on data-driven analysis of jail population reductions realized during the COVID-19 public health emergency, policy research, and stakeholder input. Board direction also included analysis of public safety outcomes, fiscal analysis and recommendations for short, mid, and long-term actions to reduce San Diego County jail populations safely and permanently and identified actions to be led by the County Chief Administrative Office (CAO) and actions to be conducted by an independent contracted consultant.

On February 8, 2022 (11), the Board received a Preliminary Report on Data-Driven Alternatives to Incarceration and approved referring the proposals for enhancing the capabilities of sobering services in the Central region to serve higher acuity clients and provide additional care transition services for high needs clients at sobering services to the Fiscal Years 2022-24 CAO Recommended Operational Plan.

Today's request includes receiving the San Diego Association of Governments (SANDAG) Data-Driven Approach to Public Safety Alternatives to Incarceration Initial Interim Report, which includes details and analysis on community engagement for the project; primary pandemic-related policy drivers of reduced incarceration; San Diego County regional crime statistics; changes in San Diego County jail population 2018-2021, needs of justice-involved individuals, community services received by local custody populations; and next steps. In addition, today's request includes

receiving a presentation on the report and a review of local community-based services supporting alternatives to incarceration.

SANDAG's initial interim report includes analysis of mental health-related data that shows a disproportion of people with mental health needs in custody persisted, even as jail populations were reduced during the pandemic. Today's item includes a request to amend and extend a contract with the California Department of State Hospitals for its mental health diversion program to increase the funding amount by \$852,000 from \$3,328,000 and extend the contract end date by one year to June 30, 2024, thereby increasing the capacity of the County's Behavioral Health Court Diversion program by 20 percent, to serve a new population of clients found incompetent to stand trial, whose criminal behavior is due to untreated mental illness, and who can be safely and effectively supported with community treatment.

### RECOMMENDATION(S)

#### CHIEF ADMINISTRATIVE OFFICER

1. Receive SANDAG's Initial Interim Report on Data-Driven Alternatives to Incarceration.
2. Receive a presentation from SANDAG.
3. Authorize the Deputy Chief Administrative Officer (DCAO), Public Safety Group, to amend the contract with the Department of State Hospitals (DSH) to increase the grant amount by \$852,000 and extend the contract term by one year for a total contract amount of \$4,180,000 for the term period of, July 15, 2020 thru June 30, 2024, for a Pre-Trial Felony Mental Health Diversion Program and to execute all required contract documents, including any extensions, amendments or revisions thereto, that do not materially impact either the program or funding level.
4. Waive Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires docketing revenue contracts at least 60 days prior to effective date of the contract.

### EQUITY IMPACT STATEMENT

Nationally, arrest and incarceration disproportionately impact people of color and those who are poor, mentally ill, struggling with addiction, disabled or homeless. The same is true in San Diego County, where people of color are disproportionately incarcerated, as are those with behavioral health conditions and those experiencing homelessness. Reports on homeless and jail populations reflect similar disproportionality. For example, in 2021 black individuals composed 20 percent of the average daily jail population, according to jail data, while only 5 percent of San Diego County residents are black, according to Census data. The 2020 Point in Time (PIT) Count estimated 25 percent of individuals in jail had been homeless at the time of arrest, while homeless individuals represent only a small fraction of San Diego County's residents. The 2020 PIT Count also found 7 of 10 unsheltered individuals interviewed in the community had been to jail at some point.

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Throughout this project, community stakeholders will be engaged in the review of data and outcome measures to provide diverse perspectives and inform ongoing implementation.

#### **FISCAL IMPACT**

There is no current year fiscal impact associated with today's request related to Data-Driven Alternatives to Incarceration. Staff will return to the Board with possible actions according to the schedule directed by the Board regarding Data-Driven Alternatives to Incarceration and seek approval for financial impacts associated with future recommendations.

If approved, today's request related to the contract with the Department of State Hospitals will result in total costs and revenue of \$852,000 and will extend the contract by one more year through June 30, 2024. The funding source is an allocation from the Department of State Hospitals. The additional funds will increase the total agreement amount from \$3,328,000 to \$4,180,000. Appropriations will be included in future year operational plans. There will be no change in net General Fund cost and no additional staff years.

#### **BUSINESS IMPACT STATEMENT**

N/A

#### **ADVISORY BOARD STATEMENT**

The Advisory Group held its first public meeting on April 12, 2022. During the meeting, the committee members provided ideas for engaging community members who do not have access to the internet, discussed the data presented in SANDAG's initial interim report, and reviewed and provided feedback on a draft community survey.

#### **BACKGROUND**

As directed by the Board of Supervisors on October 19, 2021 (3), the County has initiated several activities focused on developing data and stakeholder-driven analysis and recommendations to protect public safety, advance equity, and reduce incarceration of people who do not pose a public safety threat by providing community-based services and supports as alternatives to incarceration. These activities have included:

- 1) Eight public agency stakeholder discussion meetings since February 2022, to review and discuss the data collected by SANDAG and service recommendations.
- 2) SANDAG created the Alternatives to Incarceration Advisory Group (Advisory Group).
- 3) The Advisory Group members held their first public meeting.
- 4) SANDAG, with input from the stakeholders and Advisory Group, created a community survey that is currently being circulated throughout the county.

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- 5) SANDAG completed an initial data review of jail populations and policies, types of crime, duration in custody, needs of justice-involved individuals and services received by justice-involved individuals.

#### **Alternatives to Incarceration Advisory Group**

On February 24, 2022, SANDAG released an application for membership on the Alternatives to Incarceration Advisory Group (Advisory Group). The application was available in English, Spanish and other languages, if requested, posted on the SANDAG website, and distributed through their social media and mailing lists. The application was also distributed amongst the San Diego Re-Entry Roundtable, Prop 47 Local Advisory Committee, the County's Alternatives to Incarceration Working Group of public agency stakeholders, San Diego County's digital news announcements and other mailing lists and contacts held by the various stakeholders and board offices. The application deadline to apply was March 15, 2022, and a total of 88 individuals applied. A selection committee comprised of two SANDAG staff and five community members with diverse backgrounds reviewed the 88 applications and chose 14 individuals to serve on the Advisory Group. Additional information regarding the selection committee and brief resumes of the Advisory Group members can be found in Attachment A to this Board Letter.

#### **Advisory Group First Meeting**

The Advisory Group held its first public meeting on April 12, 2022. The meeting was recorded and is available on the SANDAG website. During the meeting, the committee introduced themselves, provided ideas for engaging community members who do not have access to the internet, discussed the data presented in SANDAG's initial interim report, and reviewed and provided feedback on a draft community survey. The feedback included recommendations to contact parole/probation and public defender offices; and advertise in local newspapers; distribute it to men and women currently in custody, parks and recreation departments, libraries, local colleges, and churches; use language that is sensitive to trauma in the survey; and including additional questions.

#### **Community Survey**

The community survey was distributed on May 6, 2022, with a deadline for submission of May 27, 2022. It includes various questions related to the individual's experience and perception of crime and public safety; an individual's experiences during and after incarceration; opinions about the criminal justice system and incarceration; and demographic information about the individual. Both the County's Alternatives to Incarceration Working Group and the SANDAG Alternatives to Incarceration Advisory Group had an opportunity to review the community survey and provide feedback before it was finalized. The survey is attached to this report (Attachment B).



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#### **SANDAG Data Review**

##### Covid-19 policies that affected the jail population

The first project goal was to “Produce a data driven analysis on how the use of jails changed from pre-COVID-19 versus during COVID-19, with a focus on identifying policy interventions that would cost effectively, safely, and permanently reduce the San Diego jail populations.” To address this goal SANDAG staff interviewed public safety stakeholders from the San Diego County Sheriff’s Department, District Attorney’s Office, Public Defender’s Office, the Probation Department and Superior Court to better understand what measures were put into place and that were associated with fewer bookings into local jails, as well as lower average daily populations. Overall, some policies and protocols may have been repeatedly put into place and removed, with the rise and fall of COVID-19 cases. Many policy changes, both formal and informal, were enacted simultaneously making it difficult to understand the effect of one versus another. Examples include:

- **Stay-home orders:** The State of California issued a stay-home order on March 19, 2020. Restrictions and other changes in how people gather and congregate all have effects on the opportunity for crimes to occur.
- **Court closure and modified operations:** The San Diego Superior Court was closed to all operations, except for civil harassment temporary restraining orders, domestic violence temporary restraining orders, and gun violence protective orders, at various times during COVID. In the weeks and months in between and that followed, the Court had reduced capacity as it transitioned to virtual hearings and was only able to process those individuals with the most serious crimes who remained in custody.
- **Early releases from local jails:** In March 2020, local public safety stakeholders (i.e., District Attorney, Public Defender, Sheriff’s Department, Superior Court), began meeting to find ways to significantly reduce the jail population to reduce the risk of COVID-19 outbreaks and protect public and individual health. After local leaders had begun collaborating on the issue, the San Diego Superior Court formally implemented a 60-day accelerated release order which allowed the Sheriff to release anyone up to 60 days before his/her/their release date, assuming there was no objection by the District Attorney, City Attorney, or Public Defender.
- **Zero bail and other bail policy changes:** Criminal justice agencies also partnered on a local emergency bail schedule that was again followed by the state issuing an emergency bail schedule. This bail schedule effectively removed any bail requirement for release for all misdemeanor and felony offenses, including probation violations, except for serious and violent felonies and certain misdemeanors, when public safety was at risk.
- **Changes in who can be booked into jail:** The San Diego County Sheriff’s Department changed its policy regarding local booking acceptance criteria to mitigate COVID-19 related impacts to the San Diego County jail population. Booking acceptance criteria

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continued to be revised throughout 2021 to align with the Detention Services Bureau COVID-19 operating plans.

Policies by local law enforcement agencies in terms of proactive policing and level of contact with the public for all but the most serious or violent crimes varied across jurisdictions and contributed to declines in our jail population. Since formal and informal policy changes were often made simultaneously, the ability to detangle the relative effect of one versus another is challenging.

##### Changes to the Demographics of Jail Population

SANDAG looked at how the jail populations changed between January 1, 2018, and December 31, 2021, in terms of highest booking charge, charge type, demographic characteristics, geographically, and assessed need. The results of the initial data collection showed that during COVID, the monthly mean number of bookings was 3,826 compared to 6,644 pre-COVID. The highest booking charge or most serious also changed over time. With these significantly lower booking numbers, caused in part by the change in booking criteria, a greater proportion were booked for a felony versus a misdemeanor. The most common charges for which people were booked also changed during COVID. SANDAG analyzed the top 20 charges pre-COVID and during COVID. The most frequent booking charge both pre and during COVID was Penal Code section 647(f), drunk in public. The charge with the greatest change pre-COVID and during was Health and Safety Code section 11377, possession of a non-narcotic, as it decreased from 12% to 2%. Of the 20 charges SANDAG reviewed, 8 of these charges were directly related to alcohol/drugs. Overall, the number of bookings during COVID decreased by 42%.

SANDAG also looked at the demographics of people booked into jail. Slightly fewer females and slightly more males were booked during the pandemic, compared to pre-pandemic; the average age decreased very slightly but still hovered around age 36; and during COVID a greater percentage of non-white individuals were booked into jail as opposed to pre-COVID.

Efforts to determine geographical information and map arrest locations pre-COVID and during COVID were not successful because of limitation in the data sets SANDAG reviewed. SANDAG will make efforts to analyze this information using an alternate database with a more robust geographic set of indicators for arrest location. SANDAG did provide an overview of the arrests by agency pre-COVID and during. Carlsbad, Chula Vista, El Cajon, and Escondido agencies slightly increased their booking percentages during COVID, while La Mesa, San Diego, Probation and the Sheriff all slightly decreased their number of bookings, with San Diego Police Department and San Diego County Sheriff Department representing 59% of booking prior to the pandemic and 56% during COVID.

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#### Crime Trends and Length of Detention

Four violent crimes are tracked as part of Uniform Crime Reporting (UCR) - homicides, rapes, robberies, and aggravated assaults. The region's violent crime rate per 1,000 population has varied over time. Pre-pandemic the violent crime rate was 3.41 and it increased in both 2020 (3.45) and 2021 (3.74), with an increase in aggravated assaults and homicides each year driving the increase. However, robberies declined in 2020 and then again in 2021; rapes declined in 2020 and then increased in 2021, while remaining lower than in 2019.

Three property crimes are tracked as part of UCR—burglaries (residential and non-residential), larcenies, and motor vehicle thefts. The region's property crime rate per 1,000 population was at 16.53 in 2019, representing four years of consecutive decline. It decreased again in 2020 and then increased to 16.14 in 2021. Of all UCR crime reported to local law enforcement in 2021, 81% was property crime. The monthly average of residential burglaries and larcenies decreased in 2020 and 2021 compared to 2019. However, the monthly average of non-residential burglaries and motor vehicle thefts increased.

SANDAG analyzed the length of stay for unique bookings based on the highest or most serious charge listed on the booking to capture how long individuals remained in jail for their most serious charge. The mean length of stay in days by booking charge type was higher pre-COVID, than during. The booking charge types analyzed were violent, drug, property, weapons, and other. Further, a greater percentage of people spent less than one full day in detention during COVID (29%), compared to pre-COVID (23%). When reviewing the mean length of stay during COVID, age group, gender, and race/ethnicity, were all categories that saw a decrease in time spent in jail.

#### Needs of Population

The last part of this research question pertained to the needs of the individuals booked into local jails in terms of housing status, substance use and mental health both pre-COVID and during COVID. Unfortunately, the data were not reliably available because they could not be shared due to legal client protections of health-related information or because they were not captured in any of the data systems. SANDAG looked to other data that speaks to these needs and will continue to examine the availability of other sources of information.

#### Mental Health

SANDAG initially collected mental health data of this population by reviewing data the Sheriff's Department submits to the Board of State and Community Corrections (BSCC) related to mental health needs of those in custody. Of note, these data count individual mental health cases and do not necessarily reflect the percent of the jail population that was documented as having a mental health need or receiving a mental health service. The monthly average of mental health cases open on the last day of the month pre-COVID was 2,594, while 2,334 was the average during COVID. The monthly average number of new mental health cases opened during the month pre-COVID

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was 1,234. During COVID, this number decreased to 1,147. The monthly average number of incarcerated persons receiving psychotropic medication on the last day of each month pre-COVID was 1,402 incarcerated persons and during COVID the monthly average was slightly higher, at 1,414 incarcerated persons. And lastly, SANDAG looked at the results of the number of incarcerated persons assigned to a mental health bed on the last day of each month pre-COVID, during which the monthly average was 38 and during COVID it decreased to an average of 33. This information reflected the data from January 2019 to September 2021.

SANDAG also relied on data from its annual Substance Abuse Monitoring (SAM) report based on interviews from individuals booked into local detention facilities. The results of the 2020 survey showed 31% of those interviewed reported they had ever stayed overnight at a mental health facility at some point and 35% had had a mental health diagnosis. There was no significant difference in either measure by level, felony, or misdemeanor but there was by type of charge for ever having an overnight stay in a mental health facility. Those with a drug offense as their highest charge were least likely to report this having occurred and those with a violent offense were most likely to say they had stayed overnight at a mental health facility. There was also no significant difference by the individual's race/ethnicity for either mental health indicator.

#### Substance Use

SANDAG also reviewed data from the SAM project regarding substance use, and results showed that a majority of both adult male and female arrestees booked into jail tested positive for at least one drug. Eighty-two percent of adult males booked tested positive in 2020 which was an increase from 2019 (79%). Adult females booked into jail and testing positive had decreased from 2019, going from 82% to 67% in 2020. The most common drug for both men and women to test positive for is methamphetamine. There is no significant difference in the percent of arrestees positive for any drug as it relates to level or type of highest booking charge. Lastly, there was no significant difference in drug use by an individual's race/ethnicity.

#### Housing

The SAM project also looked at housing instability among the incarcerated. In 2020, 70% of those interviewed stated at some point they had been homeless and 31% said they had been homeless in the 30 days prior to their arrest. There were no statistically significant differences by booking charge level or race/ethnicity. However, those booked with the highest charge being for a drug offense were the least likely to report ever being homeless and being homeless recently, and those booked with the most serious offense being one of a property crime were the most likely.

#### Services Received by Justice Involved Population

Data was analyzed from 2018 to present and involved identifying an individual's first booking during that time period and analyzing data from Behavioral Health Services that included documentation of receiving mental health or substance use treatment. According to the data, the

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majority of people booked into jail pre-COVID (87%) and during COVID (79%) had not received county funded treatment in the 18 months prior to their first booking during the time period of 1/1/2018-12/31/21. Overall, only 11% of those booked pre-COVID and 16% during had received mental health treatment in the 18 months prior to their booking. Further, only 3% of those booked pre-COVID and 8% during had received substance use treatment in the 18 months prior to their booking. Those who received treatment were more likely to have more than one booking both pre-COVID and during COVID. It is important to note that actual need, completion of treatment or fidelity of treatment were not part of the analyses.

**Updates on Sobering Centers and Crisis Stabilization Units (CSU) as Alternatives to Incarceration**

SANDAG's findings in its interim report that the most frequent booking charges are related to public intoxication and the intersection between substance use, mental health and custody populations, support the County's efforts to enhance sobering services and CSUs across the region. On February 8, 2022 (11), the Board authorized the CAO to enhance the capabilities of sobering services in the Central region to serve additional high acuity clients, support successful care transitions, and refer funding for the Fiscal Years 2022-24 CAO Recommended Operational Plan. The CAO Recommended Operational Plan for FY 22-23 includes funding for increasing capacity for higher acuity clients at the Central Sobering Center. To ensure a data-driven approach is taken to understand the community need for sobering services throughout the region, data will be gathered and analyzed to inform service capacity and design, including the hours of operation. This will include both utilization and outcome data from the contracted program in the Central Region and cross-sector regional data analysis by SANDAG.

The Board action also authorized the CAO to explore further integration of substance use and mental health services, including evaluating the co-location of sobering services adjacent to current and future CSUs. BHS is working with the Department of General Services on planning efforts around a new CSU on County-owned property in the East Region, which will include evaluating the feasibility of co-locating sobering services. Sobering services would not only serve those who required alcohol sobering, but also those under the influence of methamphetamine or other drugs increasing the ability to serve clients across acuity levels. Care transitions would be enhanced to include a hand-off to the next service provider based on the client's need. The services at both sobering services and CSUs will also ensure care coordination for the new services from Managed Care Plans under CalAIM such as enhanced case management and other community supports

Additionally, in April 2022, the Oceanside community-based CSU opened to the public to provide comprehensive behavioral health care by an interdisciplinary team, including assessments, medication management, stabilization services and connections to community-based care. The CSU operates 12 recliners and provides services 24-hours, 7-days a week, to individuals who are experiencing a behavioral health crisis.

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**Update on Reentry Service as an Alternative to Incarceration**

On April 5, 2022 (2), the Board authorized the Chief Administrative Officer to apply for up to \$6,000,000 in Proposition 47 Grant Program funds to provide persons leaving custody with community care coordination services, including reentry planning, peer-led care coordination, system navigation, housing, and employment services. The grant application, submitted in early May, reflects the input of a Local Advisory Committee comprised of a cross section of key community and criminal justice stakeholders, including individuals with lived criminal justice experience, a community leader in education focusing on reentry needs, a community leader representing the San Diego Re-Entry Roundtable, the Health and Human Services Agency, law enforcement, prosecutors, public defenders, the County's Office of Equity and Racial Justice, and the Public Safety Group (PSG) Executive Office. The target population is anyone arrested for, charged with, or convicted of a criminal offense with a history of mental health or substance use disorder and the services to be provided must be substance use disorder treatment, mental health treatment or diversion programs, or a combination of these. Priority will be given to projects that also provide housing related support and other community-based support. The Prop 47 Local Advisory Committee (LAC) that convened for Cohort 1 of Prop 47 grant funding also convened three different times to provide feedback to the proposed project design. The group agreed to focus services on the re-entry population and expand on the framework of the Community Care Coordination (C3) program. Grants will be awarded by July, 2022.

**Update on Behavioral Health Court as an Alternative to Incarceration**

SANDAG's interim report includes initial analysis of behavioral health-related data that shows a disproportion of people with mental health needs in custody persisted, even as jail populations were reduced during the pandemic. Comprehensive data analysis of mid and long-range policy and service recommendations are being developed on a timeline previously directed by the Board; at the same time, County justice and health partners embrace the project's goal of creating offramps from the justice system and alternatives to custody for vulnerable populations, including those struggling with behavioral health conditions and homelessness, who do not pose a public safety threat. This is reflected in the Fiscal Years 2022-24 CAO Recommended Operational Plan budgets for PSG and Health and Human Services Agency (HHSA) for services such as the expansion of Mobile Crisis Response Teams and the Collaborative Courts including Behavioral Health Court.

Today's item includes a request that would add capacity for a new population to the County's successful Behavioral Health Court (BHC) program. BHC provides a community-based setting for people with mental illness in the justice system who need a high level of care, extended and intensive treatment and supervision, and housing supports. The BHC team includes the District Attorney, Public Defender, Court, Probation and an HHSA contracted treatment provider who partner in a multi-disciplinary collaborative court team to monitor the progress and needs of participants in the 18 to 24-month program. The program has two tracks, BHC Probation, which is post-plea program that started in 2009, and BHC Diversion, which applies the state's felony

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mental health diversion law to suspend and potentially resolve criminal proceedings with community-based treatment instead. Both tracks are programmatically identical and supported by the same collaborative court team, with the diversion program added in 2020 with Department of State Hospitals funding and guidelines.

Today's item would authorize the County's Deputy Chief Administrative Officer, Public Safety Group, to amend the County's current contract with the Department of State Hospitals (DSH) to increase the funding amount by \$852,000 from \$3,328,000, for a total contract amount of \$4,180,000, and extend the contract term by one year, with a new end date of June 30, 2024. The contract start date is set for July 15, 2022, and authority to execute the original contract was approved by the Board July 7, 2020 (2). The contract amendment would accept funding to increase County's Behavioral Health Court Diversion program size from 30 slots to 36. The six additional slots would be for a new population, individuals found incompetent to stand trial, whose criminal charges are related to untreated mental illness, and who can be safely treated in the community. Current diversion program participants are at-risk to be found incompetent to stand trial on current or future charges because of their serious mental illness but are currently competent.

Funding for the initial contract was included in the State's Fiscal Year 2018-2019 budget, with the Department of State Hospitals (DSH) Felony Mental Health Diversion program created in trailer bill language adopted as Welfare and Institutions Code 4361. The original funding was for county diversion programs that served clients incompetent or at risk of being found incompetent, with diagnoses of schizophrenia, schizoaffective disorder and bi-polar disorder.

The DSH program goals include supporting county community-based treatment and mental health diversion programs as a strategy to reduce the number of people transferred from counties to DSH for competency restoration, reduce time people spent on the waiting list in custody to be transferred to the state hospital, and produce better outcomes for a population that is disproportionately homeless, disconnected from services and treatment, and suffering from acute symptoms of mental illness.

County justice and health partners implementing BHC Diversion have found that individuals with serious mental health diagnoses and felony charges who are carefully assessed for program eligibility and appropriately treated and monitored by the Court and Probation can be safely diverted through Behavioral Health Court under (PC)1001.36, the State's mental health diversion law, in effect since 2018. The law allows a judge to approve mental health treatment in the community instead of criminal prosecution when a defendant's charges are significantly related to a mental illness, and the individual can be effectively treated in a community setting without posing an unreasonable risk of committing certain violent felonies. Upon successful treatment completion, the case is dismissed.

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Participants will be identified and agreed upon by the Behavioral Health Court collaborative team including the judge, and staff from the District Attorney, Public Defender, Probation Department and the HHSA-contracted clinical provider. Partners will apply learning from the project to future local strategies for the incompetent to stand trial population and populations with mental illness who touch the justice system. Today's request would also waive Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires docketing revenue contracts at least 60 days before the effective date of the contract. The full state funding for the 36-slot diversion program is available for two years through June 30, 2024, under the attached contract with DSH. In the interest of meeting the program goals and taking steps to expand the diversion program and eligibility criteria to include individuals who are incompetent to stand trial without delay, today's request seeks authority to execute the contract amendment immediately.

In a related item, on December 7, 2021 (1), the Board of Supervisors directed the Chief Administrative Officer to explore the feasibility of expanding the San Diego County BHC Probation program, prompted by the successful program reaching capacity at several points pre-pandemic and approaching capacity again in fall 2021. PSG working with justice partners and HHSA to review program costs, benefits, and size, plan to increase the capacity of the Behavioral Health Court Probation program from 60 to 75 participants and \$500,000 is included in the Fiscal Years 2022-24 CAO Recommended Operational Plan for HHSA. Based on historical and current trends, this increased capacity is expected to accommodate referrals into the program from the justice system through at least Fiscal Year 2022-23.

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

Today's proposed action supports the Equity and Justice Strategic Initiatives of the County of San Diego's 2022-2027 Strategic Plan, by providing access to health services to support reducing disparities in the justice system and to safely support alternatives to incarceration.

Respectfully submitted,



HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

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

Attachment A: Data-Driven Approach to Protecting Public Safety, Improving and Expanding Rehabilitative Treatment and Services, and Advancing Equity Through Alternatives to Incarceration - Initial Interim Report, SANDAG

**SUBJECT:** INITIAL INTERIM REPORT AND RECOMMENDATIONS ON DATA-DRIVEN APPROACHES TO PUBLIC SAFETY, TREATMENT AND SERVICE EXPANSIONS, AND ADVANCING EQUITY THROUGH ALTERNATIVES TO INCARCERATION, AND AMEND PRE-TRIAL FELONY MENTAL HEALTH DIVERSION PROGRAM AGREEMENT WITH DEPARTMENT OF STATE HOSPITALS TO INCLUDE ADDITIONAL GRANT FUNDS (DISTRICTS: ALL)

Attachment B: Community Survey

Attachment C: Amended Contract with the Department of State Hospitals for a Felony Pre-Trial Diversion Program



## COUNTY OF SAN DIEGO

### BOARD OF SUPERVISORS

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

#### AGENDA ITEM

COSD CLERK OF THE BOARD  
2022 MAY 16 AM 11:45

**DATE:** May 24, 2022

**TO:** Board of Supervisors

26

#### SUBJECT

**ADDRESSING THE NEEDS OF VULNERABLE AND HOMELESS POPULATIONS:  
SUPPORT FOR COMMUNITY ASSISTANCE RECOVERY AND EMPOWERMENT  
(CARE) COURT (DISTRICTS: ALL)**

#### OVERVIEW

San Diego is facing a growing behavioral health and homelessness crisis. The most recent Point-in-Time Count in 2020 found at least 3,971 unsheltered people experiencing homelessness, some of whom have untreated behavioral health needs.<sup>1</sup> The County of San Diego (County) is charged with providing care and support to our most vulnerable populations. To achieve the best possible health outcomes, people experiencing homelessness or a behavioral health crisis need coordinated care amongst various systems, community partners, and governmental agencies. We must find innovative and compassionate solutions to help those most urgently in need.

In March 2022, Governor Gavin Newsom introduced a policy framework that seeks to assist people living with untreated mental health and substance use disorders. The policy framework, the Community Assistance, Recovery, and Empowerment (CARE) Court, is a court-ordered plan that connects a person with 24 months of case management and services. These services include a public defender and clinical support services, as well as a housing plan.

In San Diego County, the CARE Court framework could play an important role in helping people with very specific needs access treatment. However, successful implementation of CARE Court is dependent upon building and scaling out a new system of care, workforce, and infrastructure that aligns with the proposed framework. The responsibility for CARE Court, as currently envisioned, places these responsibilities with counties, however, collaboration, resources and support on the part of all levels of government are required.

Today's action would direct the County to support the CARE Court framework while also advocating for the necessary funding, workforce development assistance, adequate time for

<sup>1</sup> San Diego Regional Task Force on the Homeless (2020). 2020 We All Count Report. rthsd.org

**SUBJECT:** ADDRESSING THE NEEDS OF VULNERABLE AND HOMELESS  
POPULATIONS: SUPPORT FOR COMMUNITY ASSISTANCE  
RECOVERY AND EMPOWERMENT (CARE) COURT (DISTRICTS: ALL)

implementation, and cooperation at the local municipal level to provide the necessary housing to ensure the successful implementation of the CARE Court program.

#### RECOMMENDATION

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

1. Direct the Chief Administrative Officer, consistent with Board Policy M-2, to advocate in support of the CARE Court framework, in the form of Senate Bill 1338 or another legislative vehicle, through a letter of support to the Governor and through advocacy with State regulatory agencies, the State budget process, and other legislative efforts, while advocating for dedicated and ongoing funding, clearly defined eligibility standards for participants, adequate time for implementation with a delay in the court's ability to sanction, and cooperation at the State and municipal level to build the necessary housing to ensure the successful implementation of the CARE Court framework while expressing desire to participate in any future pilot programs related to CARE Court and ensuring necessary funding for such pilot programs.

#### EQUITY IMPACT STATEMENT

The County is committed to finding equitable solutions to address the ongoing behavioral health and homelessness crisis. CARE Court is a proposed framework to deliver mental health services and other support to the most severely impaired Californians who too often suffer from homelessness or incarceration without the treatment they need. The framework strives to provide individuals with a clinically appropriate, community-based set of services and supports that are culturally and linguistically competent. Successful implementation of this program is predicated on both sufficient funding and establishing a framework that provides the necessary supports for the participants. By advocating for policy changes that can make a CARE Court program successful, the County will improve the outcomes and address the needs of a vulnerable and underserved population who have a serious mental illness.

#### FISCAL IMPACT

There is no fiscal impact associated with this action. There may be future fiscal impacts associated with future recommendations and implementation of the CARE Court. Any such recommendations would return to the Board for approval as necessary with identified costs and resource needs. 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

Over the past few years, the County has made progress in reimagining our behavioral health system. However, there are opportunities for new policies that can provide additional care for those who have a serious mental illness.



**SUBJECT:** ADDRESSING THE NEEDS OF VULNERABLE AND HOMELESS  
POPULATIONS: SUPPORT FOR COMMUNITY ASSISTANCE  
RECOVERY AND EMPOWERMENT (CARE) COURT (DISTRICTS: ALL)

CARE Court is a new policy framework from Governor Gavin Newsom that seeks to assist people living with untreated mental health disorders.<sup>2</sup> The policy framework, CARE Court, is a court-ordered plan that connects a person with 24 months of case management and services. CARE Court has the potential to provide much-needed help to those individuals who have a serious mental illness, and for whom other treatment options are not working. This is a new approach to try to match behavioral health services, housing, and other assistance to those who may not be able to seek this out on their own. These services include a public defender, a trained supporter, a clinical team, and a housing plan.

Under the current proposal, a person is eligible for CARE Court if they are 18 years of age or older, have a serious mental illness or a related disorder, are not currently stabilized and in treatment with a county behavioral health agency, and currently lack medical decision-making capacity. There are many methods of referral to the Court, which may include a family member, behavioral health provider, first responder, or other approved party.

Once a CARE Court proceeding is initiated, both a public defender and a “support person” would be appointed to assist the individual during the court process. The CARE Court process allows the individual to work with county behavioral health to determine if they can reach a voluntary plan for care. If they cannot, the court would order an evaluation of the individual and, based on the results of the evaluation, order the individual, their public defender, their support person and county behavioral health to develop a CARE plan which must be followed for one year.

The CARE plan must include medically necessary treatment, including medication if recommended. CARE plans must also include a housing plan, but the court may not order the county to provide housing. After one year, the individual may request an additional one-year term in CARE Court, or to be graduated. If a person fails to follow the plan there is a presumption that there are no suitable community alternatives and that a conservatorship under the Lanterman-Petris-Short (LPS) Act may be warranted. If a county fails to comply with the CARE plan, the court may fine the county or, in the case of persistent non-compliance, appoint a receiver to provide the court-ordered treatment at the county’s expense.

In San Diego County, the CARE Court framework could play an important role in helping people with very specific needs access treatment. However, certain concerns would need to be addressed in order to successfully implement CARE Court. Implementation of the program is dependent on dedicated and ongoing funding, adequate time for implementation, a robust and trained workforce, and housing.

If the CARE Court framework is adopted, the County would need to build and scale out a new system of care. In order to provide these new services and to assist this new population, the County will need dedicated and sustainable funding to implement CARE Court. Simply redirecting existing funding, which supports existing County services that are proven and evidence-based, and

<sup>2</sup> Senate Bill 1338 by Senator Thomas Umberg (D-Santa Ana) and Senator Susan Talamantes Eggman (D-Stockton) is the legislative vehicle for the implementation of CARE Court.

**SUBJECT:** ADDRESSING THE NEEDS OF VULNERABLE AND HOMELESS  
POPULATIONS: SUPPORT FOR COMMUNITY ASSISTANCE  
RECOVERY AND EMPOWERMENT (CARE) COURT (DISTRICTS: ALL)

which may have very prescriptive requirements that do not align with CARE Court, is insufficient. Further, punitive sanctions, as currently proposed in SB 1338, on counties for failure to implement elements of CARE Court could exacerbate already existing budgetary challenges.

Developing an adequate workforce is foundational to the expanded services that would be required under CARE Court. Currently, the County is working to address the already existing workforce shortage for services that would be employed by CARE Court. Chair Fletcher has convened the Behavioral Health Workforce Steering Committee to analyze regional workforce issues and seek creative solutions to address these gaps. It is reasonably anticipated that CARE Court would increase the number of people who will utilize County Behavioral Health Services, Public Defenders, Public Conservators, court administration, and the larger nonprofit and provider community. Matching the increase in demand for services would require the County to accelerate its attempts at hiring, training, and retaining the already diminished workforce.

State-level investment and new, creative approaches to build up our local workforce are needed to successfully implement CARE Court. High housing costs, stagnant wages, licensing barriers, and currently impacted caseloads have reduced the behavioral health workforce. However, it should be noted that even with State resources, increasing our workforce capacity will take time.

In addition, because many participants are expected to be experiencing homelessness, housing for CARE Court participants is identified as a critical component. The County does not control zoning, shelter, and housing in most of the areas in which unsheltered people live and receive services. Without local jurisdictions providing necessary housing, the CARE Court treatment provided by the County will likely be unsuccessful. Therefore, funding from the State and cooperation from local jurisdictions to meet housing needs are necessary.

The eligibility criteria for CARE Court participation must be carefully crafted to target the population in need. By clearly defining eligibility in consultation with behavioral health experts, the program will avoid the severe unintended consequences of involving people in the court system who are not in crisis. Additionally, carefully defining eligibility will ensure that those in need receive the full benefit of CARE Court rather than over encumbering the program with unintended recipients.

The County appreciates the Governor’s commitment to supporting our vulnerable populations and we are eager to work with the Administration and other stakeholders on a proposal that can be successful, improve outcomes, and address the needs of our communities in a sustainable way.

Today’s action would direct the County’s legislative advocate and Chief Administrative Officer to advocate in support of the CARE Court program while also advocating for the necessary dedicated and ongoing funding, workforce development assistance, adequate time for implementation, and cooperation at the local municipal level to build the necessary housing to ensure the successful implementation of the CARE Court program.

We urge your support for the actions before you.

**SUBJECT:** ADDRESSING THE NEEDS OF VULNERABLE AND HOMELESS  
POPULATIONS: SUPPORT FOR COMMUNITY ASSISTANCE  
RECOVERY AND EMPOWERMENT (CARE) COURT (DISTRICTS: ALL)

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

The requested action supports the County's 2022-2027 Strategic Plan initiatives of Equity and Community by creating a multifaceted system to serve individuals experiencing a behavioral health crisis.

Respectfully submitted,



CHAIR NATHAN FLETCHER  
Supervisor, Fourth District



NORA VARGAS  
Supervisor, First District

**ATTACHMENT(S)**  
N/A



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

DATE: June 14, 2022

05

TO: Board of Supervisors

### SUBJECT

**AUTHORIZATION TO ENTER INTO NEGOTIATIONS WITH ALVARADO HOSPITAL, LLC DBA ALVARADO HOSPITAL MEDICAL CENTER FOR MEDI-CAL MANAGED CARE INPATIENT ACUTE PSYCHIATRIC SERVICES (DISTRICTS: ALL)**

### OVERVIEW

Under the leadership of the San Diego County Board of Supervisors (Board), behavioral health care in San Diego County is in the midst of a profound transformation. The County of San Diego (County) is taking action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous, coordinated care and prevention. These efforts are guided by data, focused on equity, and designed to create collaborative work across silos, within and outside of government.

Medi-Cal Managed Care Psychiatric Inpatient Services provide inpatient care to adults with acute symptoms of mental illness in need of 24-hour observation and intensive treatment. The services are available to residents countywide and include diagnosis, care, and treatment of acute episodes. Today's actions request the Board to authorize the Chief Administrative Officer, or designee, to enter into negotiations with Alvarado Hospital, LLC dba Alvarado Hospital Medical Center (Alvarado Hospital) for Medi-Cal Managed Care Inpatient Acute Psychiatric Services and return to the Board at a future date to seek further authority to execute an agreement and establish appropriations, as needed. The actions requested will advance the collaborative efforts with Alvarado Hospital to increase capacity of regional Medi-Cal Managed Care Psychiatric Inpatient Services for individuals who are Medi-Cal eligible, specifically improving access to critical inpatient care for vulnerable adults in the East Region who are experiencing a behavioral health crisis.

This item supports the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe and thriving communities. It will advance the behavioral health continuum of care by supporting better access to care for individuals, better health for local populations, and more efficient health care resourcing in alignment with the Board's Framework for Our Future priorities.

**SUBJECT:** AUTHORIZATION TO ENTER INTO NEGOTIATIONS WITH ALVARADO HOSPITAL, LLC DBA ALVARADO HOSPITAL MEDICAL CENTER FOR MEDI-CAL MANAGED CARE INPATIENT ACUTE PSYCHIATRIC SERVICES (DISTRICTS: ALL)

### RECOMMENDATION(S)

#### CHIEF ADMINISTRATIVE OFFICER

1. Pursuant to California Government Code section 26227, find that the proposed program is necessary to meet the social needs of the County's population.
2. Authorize the Chief Administrative Officer, or designee, to enter into negotiations with Alvarado Hospital, LLC dba Alvarado Hospital Medical Center for Medi-Cal Managed Care Inpatient Acute Psychiatric Services and return to the San Diego County Board of Supervisors with an update at a future date and to seek further authority to execute an agreement and establish appropriations, as needed.

### EQUITY IMPACT STATEMENT

The County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) serves as the specialty mental health plan for Medi-Cal eligible residents within San Diego County with serious mental illness, and the service delivery system for Medi-Cal eligible residents with substance use disorder care needs. As a regional steward of public health, BHS must ensure that services address the social determinants of health by being accessible, capable of meeting the needs of a diverse population, and equitably distributed to those most in need. BHS utilizes a population health approach, evidence-based practices, robust data analysis, and stakeholder input from consumers, community-based providers, healthcare organizations and others to identify community need and design services that are impactful, equitable, and yield meaningful outcomes for clients.

If approved, today's actions will take critical steps in advancing collaborative efforts with Alvarado Hospital to increase capacity of inpatient acute psychiatric services for Medi-Cal eligible adults in the East Region of the county. These actions will improve access to critical inpatient care for vulnerable adults countywide who are experiencing a behavioral health crisis.

### FISCAL IMPACT

There is no fiscal impact associated with this item. Estimated costs will be developed during the negotiation process and will be contingent upon the execution of an agreement with Alvarado Hospital, LLC dba Alvarado Hospital Medical Center. The County of San Diego (County) Health and Human Services Agency will return to the San Diego County Board of Supervisors at a future date to seek further authority to enter into an agreement and request additional resources, as needed. There will be no change in net County General Fund cost and no additional staff years.

### BUSINESS IMPACT STATEMENT

N/A

### ADVISORY BOARD STATEMENT

On June 2, 2022, this item was shared with the Behavioral Health Advisory Board as informational without comment or concerns raised by the BHAB members.

**SUBJECT:** AUTHORIZATION TO ENTER INTO NEGOTIATIONS WITH  
ALVARADO HOSPITAL, LLC DBA ALVARADO HOSPITAL MEDICAL  
CENTER FOR MEDI-CAL MANAGED CARE INPATIENT ACUTE  
PSYCHIATRIC SERVICES (DISTRICTS: ALL)

**BACKGROUND**

Under the leadership of the San Diego County Board of Supervisors (Board), behavioral health care in San Diego County is in the midst of a profound transformation. The County of San Diego (County) is taking action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous, coordinated care and prevention. These efforts are guided by data, focused on equity, and designed to create collaborative work across silos, within and outside of government.

Medi-Cal Managed Care Psychiatric Inpatient Services provide inpatient care to adults with acute symptoms of mental illness in need of 24-hour observation and intensive treatment. The services are available to residents countywide and include diagnosis, care, and treatment of acute episodes. The inpatient psychiatric setting offers a secure environment where adults can regain their functioning and establish an aftercare plan before transferring into a lower-acuity facility. Acute inpatient psychiatric care is a critical component of the overall continuum of behavioral health services and establishing adequate acute care resources to meet the needs of the community will further reduce any gap in services.

In order to increase capacity of Medi-Cal Managed Care Psychiatric Inpatient Services for individuals who are Medi-Cal eligible across the region, the County has a unique opportunity to collaborate with Alvarado Hospital, LLC dba Alvarado Hospital Medical Center (Alvarado Hospital). A partnership with Alvarado Hospital would result in improved access to critical inpatient care for vulnerable adults in the East Region, and region-wide, who are experiencing a behavioral health crisis

Today's actions request the Board to authorize the Chief Administrative Officer, or designee, to enter into negotiations with Alvarado Hospital, LLC dba Alvarado Hospital Medical Center for Medi-Cal Managed Care Inpatient Acute Psychiatric Services and return to the Board at a future date to seek further authority to execute an agreement and establish appropriations, as needed. Commencing negotiations with Alvarado Hospital offers an opportunity to swiftly advance the behavioral health continuum of care and aligns with the principals of ongoing behavioral health hub work across the region. These actions will advance the County's ongoing work across systems to support better care of individuals, better health for local populations, and more efficient health care resourcing in alignment with the Board's Framework for Our Future priorities.

**ENVIRONMENTAL STATEMENT**

The proposed actions do not constitute approval of a project under Section 15060(c)(3) and Section 15378 of the California Environmental Quality Act (CEQA) Guidelines because they consist only of organizational or administrative actions that do not commit the County to any course of action.

**SUBJECT:** AUTHORIZATION TO ENTER INTO NEGOTIATIONS WITH  
ALVARADO HOSPITAL, LLC DBA ALVARADO HOSPITAL MEDICAL  
CENTER FOR MEDI-CAL MANAGED CARE INPATIENT ACUTE  
PSYCHIATRIC SERVICES (DISTRICTS: ALL)

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

Today's proposed actions support the County of San Diego's (County) 2022-2027 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision, by reducing disparities and disproportionality of individuals with mental illness and substance use disorders and ensuring access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs; and providing programs and services that enhance the community through increasing the well-being of our residents and our environments.

Respectfully submitted,



HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

N/A



**JIM DESMOND**  
SUPERVISOR, FIFTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

## AGENDA ITEM

COSD CLERK OF THE BOARD  
2022 JUN 6 AM 11:58

**DATE:** June 14, 2022

16

**TO:** Board of Supervisors

**SUBJECT:**  
**KEEPING STUDENTS SAFER ON SCHOOL CAMPUSES (DISTRICTS: ALL)**

### OVERVIEW

As the horrific school shooting in Uvalde, Texas unfolded, we learned that 19 children and 2 teachers were savagely murdered. San Diego County has not been immune from school shootings. Over four decades ago, the Grover Cleveland Elementary school was attacked and over two decades ago, Santana and Granite Hills High Schools were the target of mass shootings and more recently Kelly Elementary in Carlsbad experienced a terrifying incident. According to District Attorney Summer Stephan there have been many more planned school attacks that have been advertised by law enforcement.

On September 27, 2018, Governor Brown signed into law Assembly Bill 1747 School Safety Plans, which mandated that all California schools are required to have school safety plans in place. The California Constitution guarantees California children the right to attend public schools that are safe, secure, and peaceful. The Department of Education, public school districts, county offices of education (COEs), schools and their personnel are responsible for creating learning environments that are safe and secure. First responders, community partners, and families play an essential role, as well. Schools must be prepared to respond to emergencies including natural and man-made hazards and must strive to prevent violence and behavior issues that undermine safety and security. California School Safety Plan's include strategies aimed at the prevention of, and education about, potential incidents involving crime and violence on the school campus as well as aspects of social, emotional, and physical safety for both youth and adults.

There are components of school plans that the County of San Diego can potentially assist our school districts to help make campuses safer. They include behavioral health, school hardening, and exploring grant opportunities for safety personnel. One of the most critical needs is addressing behavioral health issues in our schools. Fortunately, our County Behavioral Health Services team has made great strides partnering with school districts to assist schools in identifying those students who would benefit from additional support.

Schools are required to make access to the school campus appropriately restricted. This is a critical element to harden schools that will reduce the likelihood of an attack, unfortunately, not all school

**SUBJECT: KEEPING STUDENTS SAFER ON SCHOOL CAMPUS (DISTRICTS: ALL)**

districts have appropriate resources to do what is necessary to keep children safer. For example, the San Diego County Sheriff's Fallbrook Substation Lieutenant, contacted my office and asked that we look into providing a fence around one of the nearby schools. Through my District 5 grant program, we awarded \$125K to purchase and install a fence and entry door at the Elementary School. There are opportunities for federal and state grant funding, however, many smaller districts lack experienced grant writers needed to apply for available funding.

Another key component of safety plans is having school safety personnel on campus. However, this can be very costly to school districts. There are also grant opportunities that are available for safety personnel if school districts had the trained staff to apply.

To help facilitate safer school campuses, greater collaboration between the County of San Diego and our many school districts is needed. Today you are being asked to support directing the Chief Administrative Officer to collaborate with our school districts to determine campus needs for school safety and hardening efforts, then report back to the Board of Supervisors with recommendations on collaboration efforts that could include assistance by the County to explore available grants and grant writing opportunities.

### RECOMMENDATION(S) SUPERVISOR JIM DESMOND

Direct the Chief Administrative Officer to collaborate with our school districts to determine campus needs for school safety and hardening efforts, then report back to the Board of Supervisors with recommendations on collaboration efforts.

### EQUITY IMPACT STATEMENT

Safe schools are essential to maintaining the well being of students throughout San Diego County. Disadvantaged communities, communities of color, and districts that lack resources and/or funding are especially impacted. Having a coordinated and strengthened effort to bolster school safety throughout the region will help to address gaps and ensure equity for all students.

### FISCAL IMPACT

There is no current fiscal impact. Based on recommendations there will be a fiscal impact to implement strategies.

### BUSINESS IMPACT STATEMENT

N/A

### ADVISORY BOARD STATEMENT

N/A

### BACKGROUND

As the horrific school shooting in Uvalde, Texas unfolded, we learned that 19 children and 2 teachers were savagely murdered. San Diego County has not been immune from school shootings, over four decades ago, the Grover Cleveland Elementary school was attacked and over two decades ago, Santana and Granite Hills High Schools were the target of mass shootings and more recently Kelly Elementary in Carlsbad experienced a terrifying incident. According to District

**SUBJECT: KEEPING STUDENTS SAFER ON SCHOOL CAMPUS (DISTRICTS: ALL)**

Attorney Summer Stephan there have been many more planned school attacks that have been adverted by law enforcement.

On September 27, 2018, Governor Brown signed into law Assembly Bill 1747 School Safety Plans, which mandated that all California schools are required to have school safety plans in place. The California Constitution guarantees California children the right to attend public schools that are safe, secure, and peaceful. The Department of Education, public school districts, county offices of education (COEs), schools and their personnel are responsible for creating learning environments that are safe and secure. First responders, community partners, and families play an essential role, as well. Schools must be prepared to respond to emergencies including natural and man-made hazards and must strive to prevent violence and behavior issues that undermine safety and security. California School Safety Plan's include strategies aimed at the prevention of, and education about, potential incidents involving crime and violence on the school campus as well as aspects of social, emotional, and physical safety for both youth and adults.

There are components of school plans that the County of San Diego can potentially assist our school districts to help make campuses safer. They include behavioral health, school hardening, and exploring grant opportunities for safety personnel. One of the most critical needs is addressing behavioral health issues in our schools. Fortunately, our County Behavioral Health Services team has made great strides partnering with school districts to assist schools in identifying those students who would benefit from additional support.

Schools are required to make access to the school campus appropriately restricted. This is a critical element to harden schools that will reduce the likelihood of an attack, unfortunately, not all school districts have appropriate resources to do what is necessary to keep children safer. For example, the San Diego County Sheriff's Fallbrook Substation Lieutenant, contacted my office and asked that we look into providing a fence around one of the nearby schools. Through my District 5 grant program, we awarded \$125K to purchase and install a fence and entry door at the Elementary School. There are opportunities for federal and state grant funding, however, many smaller districts lack experienced grant writers needed to apply for available funding.

Another key component of safety plans is having school safety personnel on campus. However, this can be very costly to school districts. There are also grant opportunities that are also available for safety personnel if school districts had the trained staff to apply.

To help facilitate safer school campuses, greater collaboration between the County of San Diego and our many school districts is needed. Today you are being asked to support directing the Chief Administrative Officer to collaborate with our school districts to determine campus needs for school safety and hardening efforts, then report back to the board with recommendations on collaboration efforts that could include assistance by the County to explore available grants and grant writing opportunities.

Below is a listing of School Safety Plan elements copied from the California Department of Education Website- <https://www.cde.ca.gov/ls/ss/vp/elementsresources.asp>.

**SUBJECT: KEEPING STUDENTS SAFER ON SCHOOL CAMPUS (DISTRICTS: ALL)**

**SCHOOL SAFETY PLAN ELEMENTS**

**Assessments of School Safety**

Appropriate sources of data have been reviewed to identify school safety issues (e.g., Youth Risk Behavior Survey data and the California School Climate, Health, and Learning Survey System data, crime data from local law enforcement, suspension/expulsion data from the California Longitudinal Pupil Achievement Data System (CALPADS), behavior referrals, counseling referrals, etc.).

**Discipline Policies and Practices**

Existing school site discipline rules and procedures are regularly reviewed to ensure that they are being appropriately enforced and address student behavior problems and school safety issues. Student handbooks are given to all students and parents that explain codes of conduct, unacceptable behavior, and disciplinary consequences. An excellent resource for approaches to behavioral intervention strategies and support is available at [Behavioral Intervention Strategies and Supports](#).

**Funding**

Available sources are being targeted to address school safety issues. Investigate additional state or federal funding to improve school climate, respond to crisis, improve classroom management, and provide comprehensive student mental health services.

**Professional Development Activities**

All school personnel receive appropriate professional development that includes training on the implementation of a school safety plan, safe school strategies, crisis response training, consistent enforcement of school discipline policies, child abuse reporting, and identification and recognition of student mental health issues designed to determine an appropriate first response.

**Counseling and Wellness Services**

Effective counseling and wellness services are available to all students (e.g., psychological, and social services, attendance improvement, dropout prevention and recovery, and appropriate referral systems for different types of student support).

Designate a trained person, at each site, to handle referrals (related to student physical and mental health) to collaborative district and community partners. Ask the district to designate a point person who is charged with activating and coordinating a crisis response team, overseeing the district suicide prevention policy, coordinating a timely crisis debriefing for first responders, and reviewing feedback after a school mental health crisis occurs.

**Collaborative Relationships**

Students, parents, community organizations, and law enforcement agencies are actively involved in activities that contribute to preventing violence and improving school safety:

- Establish and implement a Memorandum of Understanding or Interagency Agreement between local agencies to provide better student support.
- Include partnerships with families, mental health professionals, community-based organizations (CBOs), county departments, health plan providers and practitioners, and agencies focusing on student mental health.
- Ensure that districts and schools create partnerships with local mental health agencies/organizations and utilize programs that incorporate individuals with "lived experience" to help develop effective mental health and wellness programs.
- Ensure that the school has access to culturally and ethnically diverse CBOs.
- Involve parent-teacher associations and organizations in reaching out to schools to engage all parents, guardians, and caregivers in discussion relating to student mental health and wellness. This could



**SUBJECT: KEEPING STUDENTS SAFER ON SCHOOL CAMPUS (DISTRICTS:  
ALL)**

include educational meetings for students, families, and staff about mental health in an overall wellness framework.

**Safe Schools Programs and Strategies**

Effective prevention/intervention programs and strategies are being used consistently to create a safe and drug-free learning environment and to address school safety and violence prevention issues that frequently impact campuses such as:

- Anti-stigma mental health and prevention strategies
- Bullying Prevention
- Conflict Management
- Gang Risk Intervention
- Harassment
- Hate Violence-Motivated Behavior
- Human Trafficking
- Internet Safety
- Student Assistance Program or other intervention and referral system
- Teen Dating Abuse
- Youth Development
- Youth Suicide Prevention and Postvention

**Campus Security**

Access to the school campus has been appropriately restricted; procedures are in place to address visitors to campus. The use of campus supervisors, security personnel, security equipment (e.g., communication systems, surveillance cameras, and other detection devices, etc.) are appropriately utilized. Mental health professionals as well as law enforcement professionals have been consulted in the review and update of campus security.

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

Today's proposed action supports the Community Initiative of the County of San Diego's 2022-2027 Strategic Plan by making health, safety and thriving a focus of all policies through internal and external collaboration and pursuing policy and program change for healthy, safe and thriving to positively impact residents.

Respectfully submitted,



JIM DESMOND  
Supervisor, Fifth District

**ATTACHMENT(S)**

CA ED Code for School Safety Plans



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, APPROVAL OF THE COMMUNITY INVESTMENT AGREEMENT WITH BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN, AND AMENDMENT TO EXTEND AN EXISTING BEHAVIORAL HEALTH SERVICES CONTRACT (DISTRICTS: ALL)

### RECOMMENDATION(S) CHIEF ADMINISTRATIVE OFFICER

1. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for behavioral health services listed below, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
  - a. Assertive Community Treatment Services
  - b. BridgeWays Services
  - c. California Work Opportunity and Responsibility to Kids (CalWORKs) Behavioral Health Centers
  - d. Comprehensive Assessment and Stabilization Services
  - e. Crisis Action and Connection Program
  - f. Mental Health Clubhouse Services
  - g. Short-Term and Bridge Housing
  - h. Substance Use Residential Treatment Services for Adults
2. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a competitive solicitation for behavioral health services community based crisis stabilization services which will include co-located sobering services, and upon successful negotiations and determination of a fair and reasonable price, award a contract for an Initial Term of up to one year, with six 1-year Options, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
3. Approve the acceptance of the Community Investment Agreement executed by the Chief Administrative Officer with Blue Shield of California Promise Health Plan and acceptance of additional funds in the amount of \$500,000 and authorize any amendments thereto, provided terms, conditions, and funding are not materially impacted to build upon the County of San Diego Behavioral Health Services San Diego Care Coordination pilot.
4. Authorize the Director, Department of Purchasing and Contracting, upon successful negotiations and determination of fair and reasonable price, to amend contract #565966 with Med Corp Distribution dba California Mobile Kitchens extending the contract term up to June 30, 2023, and to increase funding to correspond with fixed monthly rental fees and associated costs, for a revised total amount not to exceed \$396,339 for Mobile Kitchen, Refrigeration and Generator Rental Services; subject to the availability of funds; and amend the contract as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

**DATE:** June 28, 2022

05

**TO:** Board of Supervisors

### SUBJECT

**AUTHORIZE COMPETITIVE SOLICITATIONS, APPROVAL OF THE COMMUNITY INVESTMENT AGREEMENT WITH BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN, AND AMENDMENT TO EXTEND AN EXISTING BEHAVIORAL HEALTH SERVICES CONTRACT (DISTRICTS: ALL)**

### OVERVIEW

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

Approval of today's recommended actions authorizes competitive solicitations to support critical behavioral health services; a competitive solicitation for new community-based crisis stabilization services with co-located sobering services; approval of the community investment agreement with Blue Shield of California Promise Health Plan; and an amendment to extend an existing behavioral health services contract.

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

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, APPROVAL OF THE COMMUNITY INVESTMENT AGREEMENT WITH BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN, AND AMENDMENT TO EXTEND AN EXISTING BEHAVIORAL HEALTH SERVICES CONTRACT (DISTRICTS: ALL)

#### **EQUITY IMPACT STATEMENT**

The County of San Diego (County) Health and Human Services Agency Behavioral Health Services (BHS) serves as the specialty mental health plan for Medi-Cal eligible residents within San Diego County who are experiencing serious mental illness or serious emotional disturbance, and the service delivery system for Medi-Cal eligible residents with substance use disorder care needs. As a steward of public health for the region, BHS must ensure that the services offered through County-operated and contracted programs address the social determinants of health by being accessible, capable of meeting the needs of a diverse population, and 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, robust data analysis to identify need and design services that are impactful, equitable, and yield meaningful outcomes for clients. This includes facilitating ongoing engagement and input from the community, stakeholders, consumers, family members, community-based providers, and healthcare organizations through formal and informal convenings, along with cross-collaboration with other County departments and community partners. Additionally, through the establishment of the Community Experience Partnership and the recent launch of the Behavioral Health Equity Index, in collaboration with the University of California, San Diego, BHS is leading the development of a tool for measuring behavioral health equity which will be used to inform program planning, siting of services, and allocation of resources in a way that supports the most pressing community needs.

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

#### **FISCAL IMPACT**

Funds for this request are included in the Fiscal Year (FY) 2022-23 CAO Recommended Operational Plan in the Health and Human Services Agency (HHSA). If approved, today's recommendations will result in approximate costs and revenue of \$0.9 million in FY 2022-23 and \$47.8 to \$63.7 million in FY 2023-24. The funding sources are Mental Health Services Act (MHSA), Short-Doyle Medi-Cal (SDMC), California Work Opportunity and Responsibility to Kids (CalWORKs), Drug Medi-Cal (DMC), Project for Assistance in Transition from Homelessness (PATH), Substance Abuse and Mental Health Services Administration (SAMHSA), Blue Shield of California Promise Health Plan, and Realignment. Funds for subsequent years will be incorporated into future operational plans. There will be no change in net General Fund cost and no additional staff years.

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

If approved, this request will result in no change in costs and revenue in FY 2022-23 and estimated costs and revenue ranging from \$47.8 to \$63.7 million in Fiscal Year 2023-24. The funding sources are MHSA, SDMC, Short-Doyle Medi-Cal, CalWORKs, DMC, PATH, and SAMHSA, and

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, APPROVAL OF THE COMMUNITY INVESTMENT AGREEMENT WITH BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN, AND AMENDMENT TO EXTEND AN EXISTING BEHAVIORAL HEALTH SERVICES CONTRACT (DISTRICTS: ALL)

Realignment. Funds for subsequent years will be incorporated into future operational plans. There will be no change in net General Fund cost and no additional staff years.

#### **Recommendation #2: Authorization to Issue Competitive Solicitation for Community-Based Crisis Stabilization Services with Co-Located Sobering Services**

If approved, this request will result in minimal fiscal impact in FY 2022-23 and FY 2023-24 for planning and design efforts to support the development of the new facility. Costs for crisis stabilization and sobering services, which are expected to begin in FY 2025-26, will be dependent on the final design, service model, and service capacity available within the footprint of new facility. The funding sources are MHSA, SDMC, and Realignment. Funds for subsequent years will be incorporated into future operational plans. There will be no change in net General Fund cost and no additional staff years.

Full implementation of these services will result in the optimization of federal revenue, along with efficiencies in other service delivery areas, including reductions in inpatient, psychiatric care, and unnecessary law enforcement involvement.

#### **Recommendation #3: Approval of the Community Investment Agreement with Blue Shield of California Promise Health Plan and Acceptance of Additional Funds**

If approved, this request will result in estimated one-time costs and revenue of \$0.5 million in FY 2022-23. The funding source is one-time funding from Blue Shield of California Promise Health Plan. There is no change in net General Fund and no additional staff years.

#### **Recommendation #4: Authorization to Extend and Amend Contract Mobile Kitchen, Refrigeration and Generator Rental Services**

If approved, this request will result in estimated costs and revenue of \$0.4 million in FY 2022-23. The funding source is Realignment. There will be no change in net General Fund and no additional staff years.

#### **BUSINESS IMPACT STATEMENT**

N/A

#### **ADVISORY BOARD STATEMENT**

At their meeting on June 2, 2022, the Behavioral Health Advisory Board voted to approve these recommendations.

#### **BACKGROUND**

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

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Approval of today's recommended actions authorizes competitive solicitations to sustain critical behavioral health services; a competitive solicitation for new community-based crisis stabilization services with co-located sobering services; approval of the community investment agreement with Blue Shield of California Promise Health Plan; and an amendment to extend an existing behavioral health services contract.

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

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

**a. Assertive Community Treatment Services**

On August 4, 2015 (4), the San Diego County Board of Supervisors (Board) authorized the procurement of Assertive Community Treatment (ACT) Services countywide. On June 21, 2016 (9) and October 4, 2016 (1), the Board authorized the procurement of additional ACT Services in specific regions, including the South, Central, and North Regions. Subsequently, on November 16, 2021 (5), the Board authorized a contract term extension of these ACT programs up to June 30, 2023, and up to an additional six months, if needed.

ACT Services are available countywide, with programs located in all HHSA regions, and provide intensive multidisciplinary treatment services for adults who are experiencing homelessness, who have a serious mental illness (SMI), and whose needs cannot be adequately met through a lower level of care and are deemed in the highest need based on severity of impairment. Services are provided by a multidisciplinary team to include psychiatric services, medication management, case management, rehabilitation and support, supportive employment, co-occurring treatment, and housing support services. These services support a reduction in client hospital stays and justice involvement.

In Fiscal Year (FY) 2020-21, the ACT programs served a total of 814 unduplicated clients. After six months of admission to the program there was an 85% reduction in Psychiatric Emergency Response Team contacts and 46% reduction in justice involvement from clients previously in contact with the PERT or justice system. Collectively, after 12 months in services, 75% of ACT clients showed functional improvement and 66% showed clinical improvement.

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

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provide services countywide, and the remaining four will serve the Central/North Central, North Coastal, North Inland, and South Regions.

**b. BridgeWays Services**

On November 14, 2017 (10), the Board authorized the procurement of BridgeWays Services. BridgeWays is a comprehensive program that addresses the behavioral needs of justice-involved youth or youth at risk of justice involvement by providing a continuum of care via outpatient clinical services and field support services. Outpatient clinical services are behavioral health services provided to Medi-Cal youth who are at risk of involvement or are currently in the juvenile justice system. Field support services are community-based services provided to justice-involved youth.

As juvenile probation population numbers trend downward, risk levels and presenting needs of youth have increased, specifically around mental health, substance use, and criminogenic/dynamic needs. This program meets the multidisciplinary needs of youth in the juvenile justice system. Services are provided countywide. In FY 2020-21, the program's outpatient clinic served 47 unduplicated clients. Of the 39 clients discharged, 97% avoided hospitalization. In addition, under the field services component, 77 unduplicated clients were served in FY 2020-21. Of the total clients served, 33 were involved in the Juvenile Forensic Assistance for Stabilization and Treatment (JFAST) court. Of the JFAST court participants, 73% graduated with no re-arrest for substance related offenses while receiving services and 70% graduated successfully from the court.

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

**c. California Work Opportunity and Responsibility to Kids Behavioral Health Centers**

On September 23, 2014 (9), the Board authorized the procurement of the California Work Opportunity and Responsibility to Kids (CalWORKs) Mental Health Services. Subsequently on November 16, 2021 (5), the Board authorized the contract term extension of this program up to June 30, 2023, and up to an additional six months, if needed. CalWORKs Behavioral Health Centers (CWBHCs) provide evidence-based, trauma-informed, voluntary mental health services to CalWORKs Welfare-to-Work (WTW) participants. Services include mental health screening, assessment, prevention and treatment, individual and group counseling, psychosocial rehabilitation and recovery, educational services, case management, dual diagnosis service, mobile assessment and consultation services, and outreach.

CWBHCs are a key provision of the CalWORKs program to meet work participation requirements. Additionally, CWBHCs are designed to enable WTW participants with mental health issues to access necessary resources to obtain employment and promote self-sufficiency. Services are provided countywide. WTW participants are screened and



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assessed for mental health needs and provided with clinical treatment as indicated. A focus of treatment is to gain and improve life skills with standardized assessment reflecting positive outcomes. The clients are additionally screened for SSI and those eligible are assisted with completing the SSI application. In FY 2020-21, the program served a total of 614 unduplicated clients. Utilizing a standardized Mental Health Statistics Improvement Program tool, 93% (257 of 275) of the program participants demonstrated a symptoms reduction for those who received at least three months of treatment services. Additionally, 82% (226 of 274) of the clients who received at least three months of treatment services and whose primary objective was not SSI eligibility, demonstrated increased employment readiness.

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

**d. Comprehensive Assessment and Stabilization Services**

On October 4, 2016 (1), the Board authorized the procurement of Comprehensive Assessment and Stabilization Services (CASS). Subsequently on November 16, 2021 (5), the Board authorized a contract term extension of this program up to June 30, 2023, and up to an additional six months, if needed. The CASS program provides individualized therapy and stabilization services for youth ages 0 to 21 who are in foster care with County, HHSA Child Welfare Services and who are at risk of a change in placement or hospitalization. Services include comprehensive assessments, individual and family therapy, rehabilitation services, intensive care coordination, psychiatric services, substance use support, youth advocate support, parent partner support, crisis intervention, and on-call services.

Research shows that foster children and youth experience positive outcomes when they have a safe, stable, and consistent home like placement. Services support children and youth to stabilize and build healthy relationships, reducing the risk of disruption with their current placement. Services are provided countywide. In FY 2020-21, the program served a total of 166 unduplicated clients. At discharge, 95% of youth remained in foster care placement or returned to their biological family and 99% avoided psychiatric hospitalization during an outpatient episode. Additionally, 80% of discharged clients participated in family therapy sessions.

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

**e. Crisis Action and Connection Program**

On January 24, 2017 (2), the Board authorized the single source procurement of Crisis Action & Connection (CAC) to provide crisis services to youth. Subsequently, on

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, APPROVAL OF THE COMMUNITY INVESTMENT AGREEMENT WITH BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN, AND AMENDMENT TO EXTEND AN EXISTING BEHAVIORAL HEALTH SERVICES CONTRACT (DISTRICTS: ALL)

November 16, 2021 (5), the Board authorized the contract term extension of this program up to June 30, 2023, and up to an additional six months, if needed. CAC provides outpatient mental health services and intensive case management to youth ages 0 to 21. Services include stabilizing high-risk, Medi-Cal youth who are discharging from a psychiatric hospital, emergency screening unit, or an emergency department due to a psychiatric need, who require follow-up services. The intent is to support the youth and divert or prevent admission or readmission to acute care services.

CAC facilitates a smooth and rapid transition from acute and crisis response services to the community, diverts from inpatient psychiatric care, and aids in the stabilization of children and adolescent clients following inpatient psychiatric care. Services are provided countywide. In FY 2020-21, the program served a total of 516 unduplicated youth. Approximately 90% of youth served by CAC avoided psychiatric hospitalization or re-hospitalization within six months of discharge from services.

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

**f. Mental Health Clubhouse Services**

On June 20, 2017 (13), the Board authorized the procurement of Mental Health Clubhouse services. Subsequently, on January 26, 2021 (11), the Board authorized the procurement of five of the ten Mental Health Clubhouse services due to the contracts ending on June 30, 2021; this request is for the procurement of the remaining five clubhouses. These programs provide member-driven Clubhouse International Accredited services to the priority population of adults aged 18 years and older, with SMI, including co-occurring substance use. Overall goals of these services include member access to socialization and rehabilitation supports, identifying areas of interest (personal, cultural, vocational, intellectual, and recreational), increasing employment and education, improving health, and quality of life.

Clubhouse services are based on the Clubhouse International Model, an evidence-based practice, which has shown effectiveness in maximizing recovery by increasing rehabilitation and social skills, reducing social isolation, increasing independence, improving functioning, health, and quality of life, and increasing connection to employment and education. The five clubhouses in this competitive solicitation include an East Region Clubhouse and four specialized clubhouse programs which serve people experiencing homelessness; the deaf and hard of hearing community; the Asian Pacific Islander population; and Transition Age Youth. The specialized program for people experiencing homelessness is located in the Central Region and all other programs for this procurement may be located in any region. Regardless of location, clubhouses may serve eligible members living anywhere in the county. In FY 2020-21, these five programs served a total of 1,462 unduplicated members. Following engagement in the Mental Health

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Clubhouses, 71% of members demonstrated consistent or improved social connection. Additionally, 60% showed similar or improved physical well-being, and 66% demonstrated comparable or improved quality of life.

Today's action requests the Board to authorize the competitive solicitation for the procurement of Mental Health Clubhouse programs resulting in the award of up to five total contracts with two programs in dedicated regions, East and Central Regions, and three programs located in any region, providing services countywide for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

**g. Short-Term and Bridge Housing**

On June 20, 2017 (13), the Board authorized the procurement of emergency and transitional shelters beds, now known as Short-Term and Bridge Housing (STBH), for persons with SMI who are experiencing homelessness. The STBH program provides both short-term and transitional supportive housing to clients eligible for services under the Mental Health Services Act. Services include the provision of time-limited housing and meals, as well as access to peer support and case management services to secure income and permanent housing. Services are provided countywide.

This program is based on the transitional supportive housing model, which pairs supportive services with transitional housing. In FY 2020-21, the STBH program served a total of 182 unduplicated clients. Working with their assigned homeless outreach worker or case manager, STBH tenants were able to increase their income and focus on accessing permanent supportive housing resources.

Today's action requests the Board to authorize a competitive solicitation for the procurement of STBH programs for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed. If approved, it is anticipated that procurement for STBH programs will result in multiple contract awards.

**h. Substance Use Residential Treatment Services for Adults**

On March 27, 2018 (2), the Board authorized the single source procurements of substance use disorder (SUD) residential treatment services for adults. Additionally, on December 11, 2018 (13), the Board authorized the single source procurement of this program in the North Inland Region. These programs provide 24-hour, non-medical, residential SUD treatment combining detoxification, pre-treatment, and referral services for adults as they withdraw from substance use. Services are comprehensive, preventive, rehabilitative, and therapeutic behavioral health care delivered in the least restrictive environment and in the most effective mode based on the American Society of Addiction Medicine criteria. Services are provided countywide with programs located in the North Coastal, North Inland, and East Regions.

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The SUD residential treatment programs are designed to provide clients access to timely care, retention in treatment, reduction of substance-use relapse and justice involvement, as well as improvement in their quality of life. In FY 2020-21, the SUD residential treatment programs served a cumulative total of 1,915 unduplicated clients. In addition, 99% of clients served by SUD residential treatment programs had no new arrests.

Today's action requests the Board to authorize a competitive solicitation for the procurement of SUD residential treatment services for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed. If approved, it is anticipated that procurement for SUD residential treatment programs will result in multiple contract awards.

**Recommendation #2: Authorization to Issue Competitive Solicitation for Community-Based Crisis Stabilization Services with Co-Located Sobering Services**

On June 25, 2019 (1), the Board authorized the procurement of community-based crisis stabilization services to strengthen the bridge between BHS and the criminal justice system. Crisis Stabilization Units (CSUs) provide 24/7 walk-in services to individuals experiencing a behavioral health crisis, including law enforcement drop-offs. CSU services include, medication, peer support, psychiatric services, and transition planning with stays of less than 24 hours. Community-based CSUs also serve persons with co-occurring disorders and include a protocol to allow for rapid law enforcement drop-off of clients to enable officers to quickly return to service in the community. These services also support a reduction in client hospital stays and diversion from unnecessary justice involvement.

Two new community-based CSUs recently opened in Vista and Oceanside, in October 2021 and April 2022, respectively, adding capacity to the North Coastal Region. Since opening on October 1, 2021 to May 14, 2022, the Vista CSU has had over 2,200 admissions, 30% of which were referred through law enforcement, and of clients admitted 76% were referred to community-based care. On October 19, 2021 (3), the Board directed a series of actions focused on creating alternatives to incarceration, and on February 8, 2022 (11), a preliminary report on data-driven alternatives to incarceration was presented to the Board with initial recommendations, including strategies to support alternatives to incarceration and connections to services for people with substance use, alcohol, and public conduct-related non-violent misdemeanor charges. The Board also authorized the Chief Administrative Officer to explore further integration of substance use and mental health services, including sobering services, in future crisis stabilization units.

On May 24, 2022 (22), the Board received an initial interim report on data-driven alternatives to incarceration, and to ensure a data-driven approach is taken to understand the community need for sobering services regionally, data will be gathered and analyzed to inform service capacity and design. This will include both utilization and outcome data from the contracted program in the Central Region and cross-sector regional data analysis by SANDAG. This effort will inform key aspects for future sobering services programs, including hours of operation.

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Sobering services offer a drug and alcohol-free environment to adults as an alternative to arrest. A second component of sobering services is Prosecution and Law Enforcement Assisted Diversion Services (PLEADS), a nation-wide community-based diversion approach that broadens the target population to include persons who are intoxicated on other narcotic illicit drugs instead of just alcohol and marijuana. The objective of PLEADS is to divert individuals who may have a substance use condition, including high acuity individuals with methamphetamine and poly-substance use, at the time of arrest by connecting them to counseling and referral services. In FY 2020-21, the existing sobering services program in the Central Region served 2,328 clients, including 919 unduplicated PLEADS clients countywide. Additionally, 22% of PLEADS individuals were referred to treatment and accepted treatment.

The anticipated cost of CSU services with co-located sobering services/PLEADS in the East Region will be dependent on the identified community need, final facility design, and capacity for services within the footprint of the new facility. It is expected that during the Initial Term and first Option year of the contract, the entity awarded the contract will participate in the process to design the new facility, in partnership with County staff, to ensure effective clinical design and service flow. The provision of CSU and sobering services/PLEADS would commence following the completion of the capital build by the same contractor.

Today's action requests the Board to authorize a competitive solicitation for the procurement of community-based crisis stabilization services with co-located sobering services/PLEADS services in the East Region for an Initial Term of up to one year, with six 1-year Options, and up to an additional six months, if needed. If approved, this program will provide critical crisis stabilization and sobering services in the East Region of the county.

**Recommendation #3: Approval of the Community Investment Agreement with Blue Shield of California Promise Health Plan and Acceptance of Additional Funds**

On January 12, 2021 (4), the Board authorized acceptance of funds through a community investment agreement with Blue Shield of California Promise Health Plan to begin a pilot program for care coordination services to engage clients in acute care settings and provide longitudinal care coordination from a care coordinator with whom the client has developed a therapeutic alliance. This pilot launched in August 2021, as a County-operated service at the San Diego County Psychiatric Hospital (SDCPH), providing care coordinators for patients as they move across clinical settings and connect to continuous care. The service has 17 open clients to date.

Today's action requests the Board to authorize the approval of an additional Community Investment Agreement with Blue Shield of California Promise Health Plan and acceptance of funds in the amount of \$500,000 to build upon this pilot by funding eligibility methodology evaluation, predictive risk modeling, a performance improvement project, a care coordinator curriculum, and electronic health record enhancements for data sharing.

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**Recommendation #4: Authorization to Extend and Amend Contract Mobile Kitchen, Refrigeration and Generator Rental Services (565966 Med Corp Distribution dba California Mobile Kitchens)**

Under Section 2.J of Board Policy A-87 Competitive Solicitation, the Department of Purchasing and Contracting authorized the procurement of mobile kitchen, refrigeration, and generator rental services to be able to continue to prepare and serve meals to patients at SDCPH while the hospital kitchen is undergoing major repairs. SDCPH is an acute inpatient psychiatric hospital that provides services to patients in San Diego County; as part of service delivery, food for patients must be refrigerated and prepared daily. As the SDCPH kitchen repair gets extended, an extension to the mobile kitchen rental services contract is needed.

Today's action requests the Board to authorize an amendment of the current contract with Med Corp Distribution dba California Mobile Kitchens extending the contract term up to June 30, 2023, and to increase funding to correspond with fixed monthly rental fees and associated costs, for a revised total amount not to exceed \$396,339 for mobile kitchen, refrigeration and generator rental services; subject to the availability of funds; and amend the contract as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

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

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

Respectfully submitted,



HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

Attachment A - Community Investment Agreement Between County of San Diego and Blue Shield of California Promise Health Plan



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

DATE: June 28, 2022

19

TO: Board of Supervisors

### SUBJECT

**RECOMMENDATIONS TO ENHANCE HUMAN TRAFFICKING PREVENTION AND SERVICE COORDINATION; AUTHORIZE A PROCUREMENT FOR PEER SUPPORT NAVIGATION (DISTRICTS: ALL)**

### OVERVIEW

On January 25, 2022, (18) the Board of Supervisors (Board) directed the Chief Administrative Officer to work with Public Safety Group and Health and Human Services Agency departments to coordinate efforts and develop recommendations to prevent human trafficking and support survivors. Board direction included developing recommendations for a peer support navigator program, and a strategy to coordinate victim-centered, culturally competent and trauma-informed comprehensive survivor services; assessing current resources; drawing on stakeholder input; developing recommendations for raising awareness of human trafficking; and returning to the Board in 180 days with findings and recommendations.

Departmental representatives from the District Attorney's office, the Public Defender, the Probation Department, Child Welfare Services, Behavioral Health Services, Public Health Services, the Sheriff's Department, the Department of Homeless Solutions and Equitable Communities, the Office of Equity and Racial Justice, Self-Sufficiency Services, the Department of Purchasing and Contracting, and the County Communications Office met regularly to review current resources best practices, share expertise, and develop priority recommendations and actions. Recommendations in today's item are informed by stakeholder and survivor input received through written online input and a well-attended virtual community forum.

Today's request is to receive a presentation on and accept the recommendations for enhancing human trafficking prevention and service coordination. In addition, if approved, today's action would authorize a procurement for a pilot peer support navigation program for survivors of human trafficking.

### RECOMMENDATION(S)

#### CHIEF ADMINISTRATIVE OFFICER

1. Receive a presentation on Recommendations and Actions to Enhance Human Trafficking Prevention and Service Coordination.

**SUBJECT: RECOMMENDATIONS TO ENHANCE HUMAN TRAFFICKING PREVENTION AND SERVICE COORDINATION; AUTHORIZE A PROCUREMENT FOR PEER SUPPORT NAVIGATION (DISTRICTS: ALL)**

2. Accept the Recommendations and Actions to Enhance Human Trafficking Prevention and Service Coordination.
3. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, subject to available funding, to issue a competitive solicitation for peer support navigation services for survivors of human trafficking, and/or amend existing contracts, and, upon successful negotiations and determination of a fair and reasonable price, award contracts for a term of up to one (1) year, with up to two one-year option periods and up to an additional six months if needed, subject to the approval by the Deputy Chief Administrative Officer for the Public Safety Group and, for existing contracts, the designated authority from the lead department, and to amend such contracts as needed to reflect changes to services and funding.

### EQUITY IMPACT STATEMENT

Anyone can be a victim of human trafficking, but individuals disproportionately impacted include children in the child welfare and juvenile justice systems, including foster care, runaway and homeless youth; individuals who are Black; migrant laborers; LGBTQ+ individuals; victims of sexual abuse or sexual violence, including intimate partner violence or other forms of domestic violence; and individuals suffering from addiction. A local 2016 study found that human trafficking occurred throughout the region, but victims are overrepresented in particular zip codes.<sup>1</sup> Recommendations implemented as a part of today's action will support individuals at risk of continued marginalization and poor outcomes.

### FISCAL IMPACT

There is no fiscal impact to the current fiscal year associated with the requested actions. Staff will return to the Board to establish appropriations if needed. There may be fiscal impacts associated with future related recommendations, which staff would return to the Board for consideration and approval.

### BUSINESS IMPACT STATEMENT

N/A

### ADVISORY BOARD STATEMENT

On June 8, 2022, the San Diego Regional Human Trafficking-CSEC Advisory Board voted to approve today's recommendations.

### BACKGROUND

On January 25, 2022, (18) the Board of Supervisors (Board) directed the Chief Administrative Officer to work with Public Safety Group (PSG) and Health and Human Services Agency (HHSA) departments to coordinate efforts and develop recommendations to prevent human trafficking and support survivors. Board direction included returning to the Board in 180 days with findings and recommendations, including program costs and funding sources.

<sup>1</sup> In order, these are 92113; 92105, 92115, 91977, Spring Valley; 92114, 92101, 91950, 92104, 92102, 92020. These zip codes include communities in Southeastern, eastern, and central San Diego, Spring Valley, and El Cajon.



**SUBJECT: RECOMMENDATIONS TO ENHANCE HUMAN TRAFFICKING PREVENTION AND SERVICE COORDINATION; AUTHORIZE A PROCUREMENT FOR PEER SUPPORT NAVIGATION (DISTRICTS: ALL)**

Various County of San Diego (County) departments met to assess County-funded and community-based services and collaborations and processes, considering strengths and potential enhancements; review best practices models for services; and consider community input received online and at an April 19 virtual community forum.

Human Trafficking in San Diego County

Human Trafficking is a crime that involves exploiting or coercing a person for labor, services, or commercial sex. Identifying victims and survivors of human trafficking and addressing their complex needs is challenging; trafficked individuals may have an emotional entanglement with exploiters and depend on them for housing and support. They often have a history of trauma or sexual abuse, carry deep stigma and shame, and struggle with addiction and other trauma-related life challenges. Locally, some 80 percent of the victims are U.S. citizens and 90 percent of schools studied across San Diego County had documented cases of human trafficking, according to a 2016 study conducted by the University of San Diego and Point Loma Nazarene University.

County Resources in responding to Human Trafficking

Because trafficking is hidden, and many victims carry shame and stigma and have complex needs, a collaborative approach is critical to an effective response. The *Child Welfare Services Commercial Sexual Exploitation of Children (CSEC) Steering Committee* is a collaborative team that oversees state CSEC funding and planning. The body developed and oversees the CSEC Interagency Protocol to address the County's response to children and youth at risk of and experiencing sexual exploitation. The *San Diego Regional Human Trafficking - Commercial Sexual Exploitation of Children Advisory Council* was created by Board action (June 14, 2011 (9)); the body, which meets monthly, consists of County and community entities from nine sectors, representing an interdisciplinary approach. The *Human Trafficking Task Force* is a multi-agency law enforcement response led by the State Department of Justice that includes the Sheriff's Department and District Attorney's office. The task force leads operations and investigations and supports area law enforcement to detect and stop human trafficking and the commercial sexual exploitation of children.

Key County programs and services include the contracted *CSEC Response Team*, which responds to suspected and actual commercial sexual exploitation of children victims 24/7 in all regions and includes peer advocates; *ICare*, contracted trauma-informed behavioral health treatment for youth with connections to pro-social activities, education and job supports, family/caregiver support, and additional case management and connections; *RISE Court*, a collaborative court for youth in the juvenile justice system impacted by human trafficking; *multi-sector trainings* in identifying human trafficking provided primarily by Child Welfare Services, the District Attorney's office, and the Human Trafficking Task Force; the District Attorney's new *One Safe Place Family Justice Center* supporting crime victims; *Contracted emergency housing* with short term case management and *contracted legal services* for adult survivors; and *contracted human trafficking research and data services* to promote regional best practice.

Community and Stakeholder Input

**SUBJECT: RECOMMENDATIONS TO ENHANCE HUMAN TRAFFICKING PREVENTION AND SERVICE COORDINATION; AUTHORIZE A PROCUREMENT FOR PEER SUPPORT NAVIGATION (DISTRICTS: ALL)**

On April 19, County staff supported a virtual Community Forum advertised online and through numerous County stakeholder lists, with fliers translated into multiple languages. About 80 community members, including educators, parents, survivors, researchers, health professionals, and service providers, attended. Additionally, the County took online written input.

Stakeholders ranked the top needs of survivors, whether survivors in San Diego County can access services they need to thrive, and community awareness. They were asked to comment on service strengths, resource needs, and the role of peer support navigation. Several themes emerged.

- Survivors have a high need for housing, mental health and substance use disorder treatment; additional services, or better access and service coordination, is needed
- Available resources are not always easy to find or access
- Better public awareness of the problem is needed
- Better understanding of the problem and need in San Diego County is needed

Recommendations and Actions

Complete recommendations and actions are found in Attachment A: Recommendations and Actions to Enhance Human Trafficking Prevention and Service Coordination. Not all actions require Board policy direction or new funding, and staff will return to the Board if needed for those that do. The recommendations and actions aim to meet four goals. They include:

**Prevent trafficking by addressing needs and vulnerabilities of young people**

- Working with the County Office of Education to develop options for supporting and expanding community-delivered evidence-based school-based prevention and intervention programs and curriculum.
- Strengthening access to preventive and family services.

**Raise awareness of the signs of human trafficking in collaboration with stakeholders**

- Updating and translating direct outreach materials for parents, youth, and teachers and working with the San Diego County Office of Education, County Community Health Workers, and County departments to distribute.
- Developing and delivering a training for Behavioral Health Services providers to identify the signs of human trafficking and support survivors.

**Make finding and accessing comprehensive services easier**

- Considering options for a local hotline.
- Launching the HT-Commercial Sexual Exploitation of Children Advisory Council website with resource directory.

**Strengthen Service Coordination and Enhance Key County Services**

- Enhancing the ICare program for youth to include additional contracted services, including additional outreach to boys and over-represented racial/ethnic groups.
- Coordinating training for human trafficking service providers on housing resources.
- Reviewing funding options and pursuing grant funding to sustain County-contracted services for emergency housing and legal services for survivors of human trafficking.
- Engaging a research entity for data on local trends and needs and to promote best practices.

**SUBJECT: RECOMMENDATIONS TO ENHANCE HUMAN TRAFFICKING PREVENTION AND SERVICE COORDINATION; AUTHORIZE A PROCUREMENT FOR PEER SUPPORT NAVIGATION (DISTRICTS: ALL)**

Recommendations for Peer Support Navigation

Peer navigators are connectors who provide consistent support for survivors who are still at risk of exploitation and returning to trafficking if they are otherwise unable to find and access services, such as housing, mental health and substance use treatment, health services, legal services, employment, and support networks.

A review of County services for survivors of human trafficking found a strong peer support model exists to support youth; the CSEC (commercial sexual exploitation of children) Response Team includes peer advocates who work with youth to provide support and warm handoffs to ongoing services through the County's ICare program and other community-based organizations. However, there is an identified need for additional support for parents and families whose children are brought to the attention of the Response Team. Child Welfare Services with the CSEC Steering Committee will review the feasibility of enhancing Response Team services with intensive follow up and service connections for parents and caregivers, with a goal of helping families understand their child's vulnerabilities to keep them safe at home.

Peer support navigation was identified as a strategy to support adult survivors to connect to comprehensive services. Key elements of local services would include engaging a survivor consultant in developing the service design; peer support navigators available in all regions, activated by a broad network of referral partners; and a program manager who oversees a supportive and trauma-informed work environment for peers.

Today's recommendation would authorize the Department, Purchasing and Contracting to issue competitive solicitation, and/or amend existing contracts, to establish peer support navigation services for adults. Staff will return to the Board to establish appropriations when necessary. The initial funding and procurement would establish a pilot program that would serve approximately 40 to 50 survivors at any given time, or about 100 in a year with peer support navigation with connections to comprehensive services and housing supports. The program would be monitored closely as a pilot by collaborative health and safety departments to inform the need for the service and identify the model's successes and challenges.

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

Today's proposed action supports the Equity and Justice Strategic Initiatives of the County of San Diego's 2022-2027 Strategic Plan by increasing access to supportive services for populations disproportionately impacted by human trafficking

Respectfully submitted,



HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

**SUBJECT: RECOMMENDATIONS TO ENHANCE HUMAN TRAFFICKING PREVENTION AND SERVICE COORDINATION; AUTHORIZE A PROCUREMENT FOR PEER SUPPORT NAVIGATION (DISTRICTS: ALL)**

Attachment A: Recommendations and Actions to Enhance Human Trafficking Prevention and Service Coordination



## COUNTY OF SAN DIEGO

### BOARD OF SUPERVISORS

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

#### AGENDA ITEM

COSD CLERK OF THE BOARD  
2022 JUN 17 PM 1:00

DATE: June 28, 2022

22

TO: Board of Supervisors

#### SUBJECT

**DECLARING ILLICIT FENTANYL A PUBLIC HEALTH CRISIS  
(DISTRICTS: ALL)**

#### OVERVIEW

Accidental overdose deaths caused by fentanyl have reached historic levels across the nation. The Centers for Disease Control and Prevention (CDC) estimate that over 80,000 overdose deaths caused by fentanyl occurred in 2021 alone. Data from the CDC shows that accidental deaths caused by fentanyl is the number one killer of people between the ages of 18 and 45, far exceeding the number of deaths caused by car accidents, COVID, heart disease, and gun violence within this age group.

In 2021, the United States Customs and Border Protection (CBP) Office of Field Operations (OFO) seized 6,354 pounds of powder fentanyl at the San Diego County Ports of Entry (POE) San Ysidro, Otay Mesa and Tecate. The balance of the Southwest Border Points of Entry in Arizona, New Mexico and Texas combined seized 3,230 pounds of fentanyl.

Over 66% of all powder fentanyl that was seized along the Southwest Border of Mexico in 2021 occurred in San Diego County. This is a staggering amount of fentanyl that has entered our region, and this is just the amount that has been seized. The Drug Enforcement Agency estimates that it takes two milligrams of fentanyl to kill the average adult. The amount of fentanyl seized in our County/region is enough kill an estimated 1.4 billion individuals. Additionally, this does not include illicit fentanyl pressed into pills.

San Diego County has not been spared from this crisis. The number of people in our community dying from accidental fentanyl overdoses has increased exponentially over the past several years. The San Diego County Medical Examiner reported 33 fentanyl caused deaths in 2016 and the provisional number of fentanyl caused deaths for 2021 exceeds 800, an increase of over 2300% in only five years. Preliminary numbers indicate accidental fentanyl overdose deaths in 2022 will likely exceed those from 2021. The number of fentanyl overdose deaths is far greater than some public health emergencies that have been previously declared. These figures ignore the hundreds

**SUBJECT: DECLARING ILLICIT FENTANYL A PUBLIC HEALTH EMERGENCY  
(DISTRICTS: ALL)**

of individuals who overdose on fentanyl and survive but who suffer long-term physical and mental damage as a result.

While fentanyl is the number one killer of people between the ages of 18 and 45, it is worth noting the increasing threat the drug poses to the youth in our community. In 2021, twelve children under the age of 18 died from an accidental fentanyl overdose in San Diego County according to data received from the San Diego County Medical Examiner. The youngest was only 13 years old. Many more children, some as young as four months of age, have ingested fentanyl carelessly left within reach by parents or caregivers. These children have overdosed but survived due to the quick and informed action of first responders. Poisonings from fentanyl are greatly impacting our already strained emergency departments and, in doing so, further harming our community at large.

The threat to our youth from fentanyl is heightened in this age of social media. Drug dealers have taken to apps like SnapChat, Instagram, and Facebook, marketing what they claim to be legitimate medications such as OxyContin, Percocet, Adderall, and Xanax. These pills are almost always counterfeit, containing none of the actual medication, but possessing often fatal doses of fentanyl, methamphetamine, or other harmful drugs.

Illicit fentanyl is most often found in San Diego County in counterfeit pills and in white powder. While people continue to die in large numbers from counterfeit pills, there has been a significant increase in the number of people dying from fentanyl powder. Users will often intentionally ingest fentanyl powder but there have been a number of cases in San Diego where the user ingested what he or she believed to be methamphetamine or cocaine, but which was either fentanyl or a combination of fentanyl and the intended drug. This mixing of drugs, whether intentional or inadvertent, increases the risk of death to the users.

Also, at a heightened risk of harm from fentanyl are opioid users who abstain for a period, whether as a result of treatment or incarceration. Relapse with fentanyl after a period of sobriety is extremely dangerous given the user's decreased tolerance and the extreme potency of the drug. The need for education regarding the dangers from fentanyl to this group and all others is of paramount importance.

We must continue to address the fentanyl crisis with a holistic approach, which includes never losing sight of the importance of treatment, recovery, and demand reduction. We must continue to deliver and educate San Diego County residents on harm reduction strategies like distributing and administering Naloxone. Prevention and harm reduction should be done as a cross-sector partnership. Supply reduction is integral to a comprehensive approach.

Naloxone is an opioid antagonist, attaching to the opioid receptors in the brain, blocking and removing fentanyl from those same receptors and capable of reversing an otherwise fatal overdose. Survival from an accidental fentanyl overdose is most often attributable to a timely administration of naloxone. The ability to track where and when naloxone is administered by first responders is critically important in order to identify surges in overdose deaths and allow for immediate intervention in the affected communities. To that end, county-wide implementation of ODMAP, a program that would integrate with already established data networks used by first responders and would capture date, time and location data while maintaining patient confidentiality, should be a priority of this board.

**SUBJECT: DECLARING ILLICIT FENTANYL A PUBLIC HEALTH EMERGENCY  
(DISTRICTS: ALL)**

Another data point that compels urgent and comprehensive Board action is a recent DEA laboratory study found that of the seized counterfeit pills containing fentanyl, 4 out of 10 contained a potentially fatal dose of fentanyl. The drug dealers have made dying from an accidental fentanyl overdose easy and convenient, often delivering it right to the buyer's home.

The Board of Supervisors should take swift action to support the declaration of illicit fentanyl as a Public Health Crisis to further elevate awareness among San Diego County residents. Today's action would direct the Chief Administrative Officer to work with the Health and Human Services Agency Director to develop recommendations and an implementation to address the issue of illicit fentanyl as a Public Health Crisis.

The Medical Examiner's office commonly attributes the cause of these overdose deaths as counterfeit Oxycontin, Xanax, Percocet and other pills, that contain fentanyl. At times, these counterfeit pills are combined with non-steroidal anti-inflammatory medicine made to look like prescription pills and sold illegally. Additionally, street drugs like cocaine, heroin and methamphetamine have also been laced with illicit fentanyl. Many of those who have overdosed on fentanyl unknowingly consumed drugs laced with illicit fentanyl.

We must continue to address the fentanyl crisis with a holistic approach, which includes never losing sight of the importance of treatment, recovery, and demand reduction. We must continue to deliver and educate San Diego County residents on harm reduction strategies like distributing and administering Naloxone. Prevention and harm reduction should be done as a cross-sector partnership. Supply reduction is an integral to a comprehensive approach.

Today's action would direct the Chief Administrative Officer to work with the Health and Human Services Agency Director and the Public Health Officer to determine the best course of action to declare illicit fentanyl a Public Health Crisis and return to the Board of Supervisors on August 16, 2022.

**RECOMMENDATION(S) SUPERVISOR JIM DESMOND, SUPERVISOR TERRA  
LAWSON-REMER AND DISTRICT ATTORNEY SUMMER STEPHAN**

1. Declare illicit fentanyl a public health crisis.
2. Direct the Chief Administrative Officer (CAO) to work with the Health and Human Services Agency Director to develop recommendations and an implementation plan to address illicit fentanyl as a Public Health Crisis and return to the Board of Supervisors within 180 days with an update.
3. Direct the CAO to explore and research funding to be used to support a comprehensive approach to fentanyl misuse prevention and harm reduction efforts, including local efforts to check the local drug supply for the presence of fentanyl and reduce its availability.

**SUBJECT: DECLARING ILLICIT FENTANYL A PUBLIC HEALTH EMERGENCY  
(DISTRICTS: ALL)**

**EQUITY IMPACT STATEMENT**

The County of San Diego is committed to achieving the highest standards in establishing the safest environment for all our residents. Fentanyl is responsible for a disproportionate number of deaths among 18–45-year-old residents of San Diego County. People of all race/ethnicities, genders, and socioeconomic backgrounds can fall victim as Fentanyl does not discriminate. The County has the responsibility to address the importance of this alarming epidemic as it is detrimental to the fabric of our society.

**FISCAL IMPACT**

There is no fiscal impact with this recommendation. Future related recommendations may have fiscal impacts which staff will return to the Board for consideration and approval

**BACKGROUND**

According to the Drug Enforcement Agency (DEA) website, fentanyl is a synthetic opioid typically used to treat patients with chronic severe pain or severe pain following surgery. Fentanyl is a Schedule II controlled substance that is similar to morphine, but, about 100 times more potent. Under the supervision of a licensed medical professional, fentanyl has a legitimate medical use.

Illicit fentanyl, primarily manufactured in foreign clandestine labs and smuggled into the United States through Mexico, is being distributed across the country and sold on the illegal drug market. Fentanyl is being mixed in with other illicit drugs to increase the potency of the drug, sold as powders and increasingly pressed into pills made to look like legitimate prescription opioids. Because there is no official oversight or quality control, these counterfeit pills often contain lethal doses of fentanyl, with none of the promised drug.

There is significant risk that illegal drugs have been intentionally contaminated with fentanyl. Because of its potency and low cost, drug dealers have been mixing fentanyl with other drugs including heroin, methamphetamine, and cocaine, increasing the likelihood of a fatal interaction.

Producing illicit fentanyl is not an exact science. Two milligrams of fentanyl can be lethal depending on a person's body size, tolerance and past usage. DEA analysis has found counterfeit pills ranging from .02 to 5.1 milligrams (more than twice the lethal dose) of fentanyl per tablet. The DEA found that 42% of pills tested for fentanyl contained at least 2 mg of fentanyl, considered a potentially lethal dose. One kilogram of fentanyl has the potential to kill 500,000 people.

While the Board of Supervisors has supported many efforts to address this deadly trend including action by the District Attorney and Health and Human Services to launch an education and prevention campaign- The San Diego Opioid Project- that reached millions of people in San Diego County using social media and other targeted avenues, a more comprehensive strategic plan that can urgently increase prevention and treatment while continuing to support prosecution and accountability of drug dealers and cartels.



**SUBJECT:** DECLARING ILLICIT FENTANYL A PUBLIC HEALTH EMERGENCY  
(DISTRICTS: ALL)

The Board of Supervisors should take swift action to support the declaration of Illicit fentanyl as a Public Health Crisis.

Today's action would direct the Chief Administrative Officer to work with the Health and Human Services Agency Director and the Public Health Officer to determine the best course of action to declare illicit fentanyl a Public Health Crisis.

**BUSINESS IMPACT STATEMENT**  
N/A

**ADVISORY BOARD STATEMENT**  
N/A

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

Today's proposed action supports the Community Initiative of the County of San Diego's 2022-2027 Strategic Plan by making health, safety and thriving a focus of all policies through internal and external collaboration and pursuing policy and program change for healthy, safe and thriving communities

Respectfully submitted,



JIM DESMOND  
Supervisor, 5 District



TERRA LAWSON-REMER  
Supervisor, 3 District



SUMMER STEPHAN  
District Attorney

**ATTACHMENT(S)**  
N/A

# CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL = CALAIM

## What is CalAIM?

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and well-being.

## What are the CalAIM Goals?

Implement a whole-person care approach and address social drivers of health

Improve quality outcomes, reduce health disparities, and drive delivery system transformation

Create a consistent, efficient, and seamless Medi-Cal system

## What Does This Mean for Me?

- Easier access to mental health treatment
- Improved teamwork among the providers who serve you
- A more seamless and supportive treatment experience



## Where Can I Learn More?

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



# County of San Diego

NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

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

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

May 26, 2022

TO: Behavioral Health Advisory Board (BHAB)

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

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

### BEHAVIORAL HEALTH SERVICES FISCAL YEAR (FY) 2022-2023 RECOMMENDED BUDGET

#### Behavioral Health Services Overview and Vision

In the Fiscal Year 2022-23 Proposed Operational Plan, Behavioral Health Services (BHS) continues to press forward in shifting how residents access care for their behavioral health needs. The vision is to transform from a system driven by crisis to one rooted in chronic and continuous care, and prevention through the regional distribution of services, and integration with primary healthcare to keep people connected, stable, and healthy. In the proposed operational plan, BHS proposed investments 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 operates across four distinct domains:

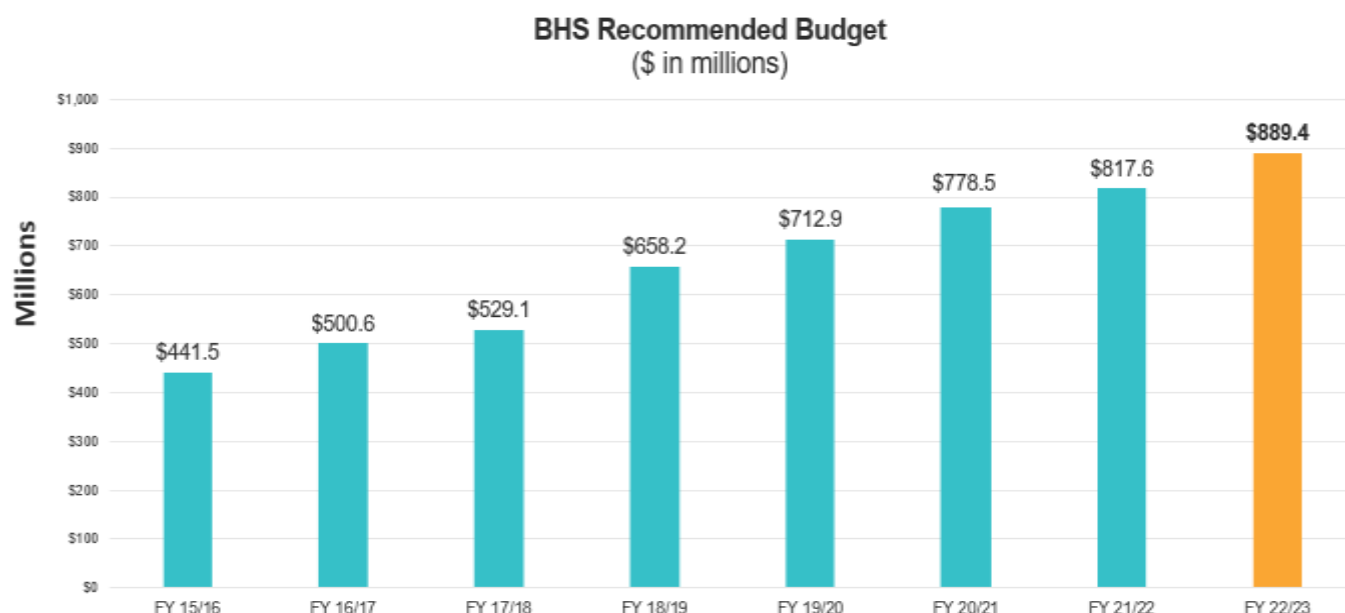
- BHS is a **contractor** that works with community partners to provide services via coordinated systems of care through more than 340 contracts and 800 individual fee-for-service providers.
- BHS is a **direct service provider** through County-operated programs, including adult outpatient services, case management services, and adult and children's forensic services, along with the San Diego County Psychiatric Hospital (SDCPH) and Edgemoor Distinct Part Skilled Nursing Facility (DP-SNF), which provide 24/7 direct patient care.
- BHS is a **health plan** that serves as the Specialty Mental Health Plan for individuals enrolled in Medi-Cal who have serious mental health conditions.
- BHS is a **public health entity** that advances the region's behavioral health at a population level.

BHS remains committed to achieving the County's *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 services are

provided 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 2022-23 Recommended Budget

The HHS recommended budget for FY 2022-23 is \$2.8 billion, with BHS comprising over 32% of the budget at nearly \$890 million, representing an **increase of \$71.8 million** over last year.

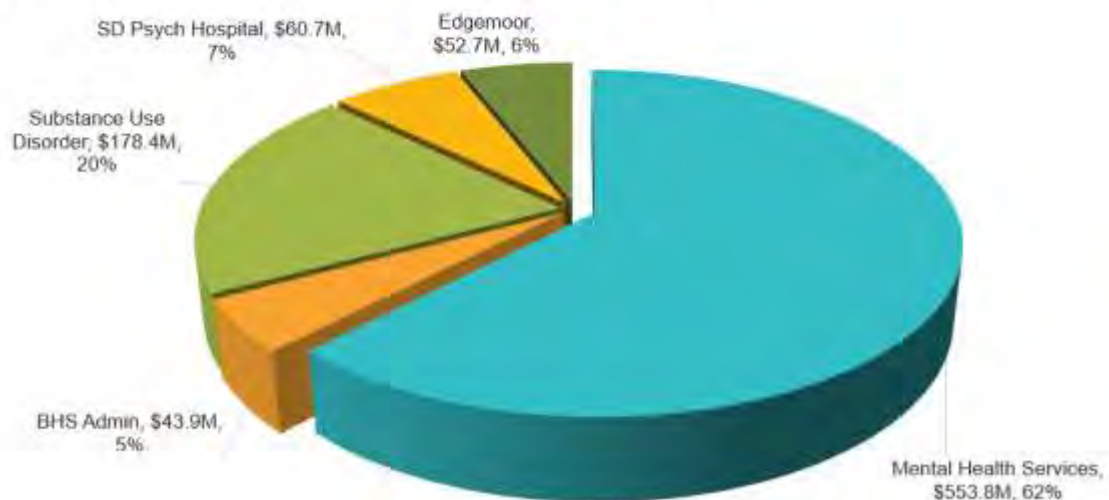


Since FY 2015-16, investments in the BHS budget has increased by over \$448 million, more than doubling, and demonstrating the County's continued commitment to support the behavioral needs of the region. Drivers for these investments include the priorities of the Board of Supervisors, new mandates, stakeholder and community priorities, and the growing need for services within communities. The budget for.

The recommended BHS budget for **FY 2022-2023 of \$889.4 million** 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 (\$52.7 million) and the SDCPH (\$60.7 million).
- **Administrative Services:** Includes salaries and benefits, information technology, data infrastructure, and general administrative support.

## TOTAL BHS Recommended Budget: \$889.4 MILLION



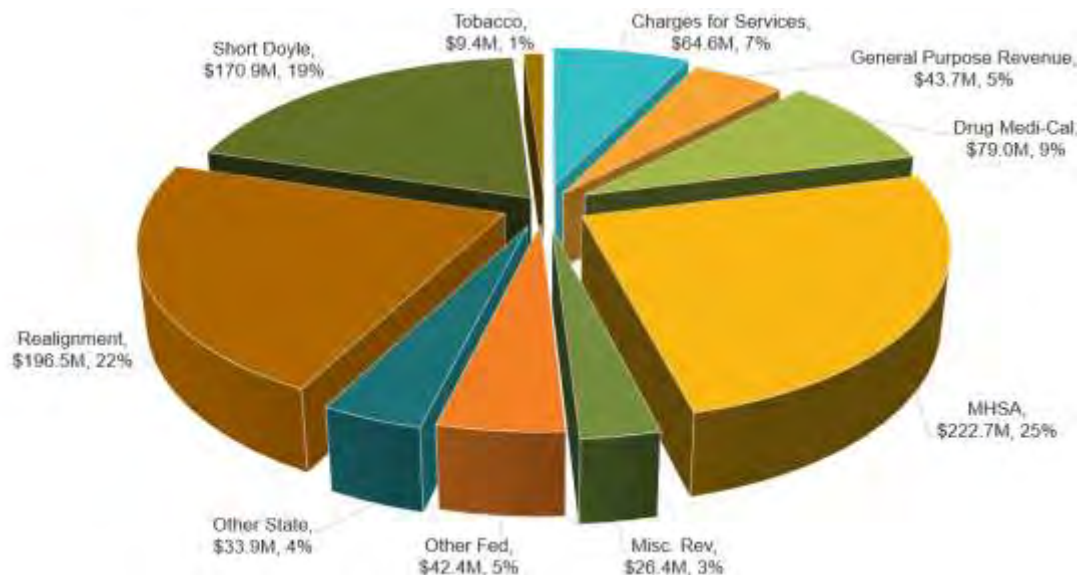
### BHS Funding (Revenue) Sources

BHS utilizes many different revenue sources to fund services and administrative functions and many of the funding streams have restrictions outlining how to utilize the funds. As a department we support flexibility across our 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 narcotic 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 Plan and subsequent Annual Updates: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_act/mhsa\\_cosd\\_docs.html](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 our 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. Also included is a portion of the \$18 million of Crisis Care Mobile Unit grant funding that BHS applied for and received to expand to expand Mobile Crisis Response Teams (MCRT).





Realignment and MHSA funding are used as a required match for federal SD/MC and DMC revenue. BHS strives to optimize drawdown of federal revenue 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 recently applied for nearly **\$47M 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**.
- 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.
- Information on BHCIP Grants can be found at <https://www.infrastructure.buildingcalhhs.com>

### BHS FY 2022-23 Recommended Increases/Enhancements

Most of the services outlined in the BHS FY 2022-23 recommended budget includes investments in programs and services that are a carryover from the previous fiscal year to ensure continuity of services. New investments are prioritized to support enhancements and/or the expansion of services to the most vulnerable populations across the behavioral health continuum of care.

***BHS Programs:***

Behavioral Health Treatment for Adults (\$15.5 million increase)

- Hybrid Assertive Community Treatment and Substance Use Disorder (SUD) Services
- Biopsychosocial Rehabilitation (BPSR) Outpatient Services
- Strengths-Based Case Management Services with a Transition Age Youth (TAY) Component
- Substance Use Residential and Withdrawal Management Services
- Peer Support Programs

Behavioral Health Treatment for Children, Youth and Families (\$12.6 million increase)

- School-Based Outpatient Treatment Services
- Mental Health Services for Youth with High Acuity Needs in Foster Home Settings

Long-Term Care and Acute Care (\$11.7 million increase)

- Long-Term Care beds
- Rate Adjustments

Crisis & Diversionary Services (\$7.6 million increase)

- Mobile Crisis Response Teams
- Crisis Residential Services

Unserved and Underserved Populations (\$8.2 million increase)

- Integrated Primary Care and Behavioral Health Care in Rural Communities
- Behavioral Health Court
- Assertive Community Treatment Services for Parolees program
- Sobering Services
- Mental Health Services for LGBTQI+ Youth
- Mental Health Services for Commercially Sexually Exploited Youth
- Nexus Shelter for individuals experiencing homelessness
- Recuperative Care Services

American Rescue Plan Act (ARPA) Funded Programs (\$10.1 million increase)

- Universal school-based mental health screening for middle school youth referred to as the **Screening to Care** program (\$7.5 million)
- **Recuperative Care** Services (\$2.6 million)

***BHS Workforce and Infrastructure*** (\$12.1 million increase)

BHS continues to recalibrate the 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 **behavioral health workforce** by recommending the addition of 115.0 new County positions to support several key areas, including:

Direct Services (Add 64.0 new positions)

- 12.0 behavioral health staff to support youth that have transitioned into county care as result of the closure of the state's Juvenile Justice Division.
- 15.0 healthcare custodial staff within the SDCPH and Edgemoor DP-SNF.

- 37.0 behavioral health staff to include outpatient, case management, and peer support staff within our County-operated mental health clinics to support a clinical and culturally appropriate design and increase the number of clients served. This also supports mobile outreach to clients who are hard to reach and unconnected clients, allowing staff to triage and stratify services to clients who require additional temporary enhanced services when needed.

Clinical and Administrative Oversight and Support (Add 51.0 new positions)

- New positions will oversee contracted services to individuals with justice involvement, who are experiencing homelessness, and youth in need of BH services. They will also support enhanced data and information system integration, financial optimization, contracting support, and service quality improvement capacities.
- 5.0 positions were also requested to support harm reduction efforts.

Additionally, BHS continues to make investments to bolster the **data & information infrastructure** to support the modernization and integration of systems to efficiently support a healthcare organization of this size, which will support enhanced clinical design, data-driven outcomes, a population health approach and a better customer experience.

**Additional Operational Plan Information**

In June 2022, several opportunities to learn about the operational plan, including opportunities for public input, will be available. BHS encourages all stakeholders to listen and/or participate in this process.

Key dates include:

- **May 5:** Chief Administrative Officer (CAO) Recommended Operational (Op) Plan made available to the public.
- **June 13:** (9:00 AM) Presentation & Public Hearing on CAO Recommended Op Plan
- **June 16:** (5:30 PM) Presentation & Public Hearing on CAO Recommended Op Plan
- **June 13-22:** Budget hearings at the County Administration Center
- **June 22:** Last day for written testimony on budget to Clerk of the Board
- **June 24:** Revised Recommended Budget document available to public
- **June 28:** Budget Deliberations & 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**

**North Coastal Crisis Stabilization Unit (CSU) Opens**

On April 25, 2022, the North Coastal Live Well Center Community-Based CSU opened its doors in Oceanside for services for people experiencing a mental health or substance use crisis. Services include assessment, medication evaluation and management, therapeutic interventions, and referrals and linkages to ongoing treatment as needed. In addition to walk-in services, law enforcement may drop off individuals off experiencing a behavioral health crisis to CSUs as a safe alternative to hospitals or jail. Individuals may receive comprehensive mental health services for up to 24 hours.



**MCRT Memorandum of Agreement (MOA) With Law Enforcement**

The Mobile Crisis Response Team (MCRT) multi-jurisdiction MOA was signed into effect in March 2021. As of May 9, 2022, MCRT has responded to 1,277 referrals, 178 of which were from law enforcement. MCRT continues to partner closely with law enforcement to modify and adjust processes as needed based on input from the community and our partners to ensure we are meeting the needs of our community. In April, MCRT began in-person response, 24 hours a day, 7 days a week. MCRT can be accessed by calling the Access and Crisis Line at 1-888-724-7240.

Respectfully submitted,

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

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

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



# County of San Diego

**NICK MACCHIONE, FACHE**  
AGENCY DIRECTOR

**HEALTH AND HUMAN SERVICES AGENCY**  
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**LUKE BERGMANN, Ph.D.**  
DIRECTOR, BEHAVIORAL HEALTH SERVICES

June 30, 2022

TO: Behavioral Health Advisory Board (BHAB)

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

## **BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – JULY 2022**

### **SUPPORT FOR WORKFORCE EDUCATION AND TRAINING**

#### **Behavioral Health Workforce Challenges and Needs Assessment**

On February 18, 2021, County Board of Supervisors Chair Nathan Fletcher delivered his State of the County Address and highlighted the growing number rate of mental health and substance use cases in San Diego County. Chair Fletcher reaffirmed his commitment to strengthen and enhance the behavioral health workforce to support the needs of the community as the County of San Diego (County) continues its transformation from a model of care driven by crisis to a system of continuous care.

During this fiscal year, BHS supported the engagement of the San Diego Workforce Partnership (SDWP) to gather regional workforce data, evaluate current and future need, and provide recommendations to address the public behavioral health workforce shortages across the region. As part of ongoing engagement, Chair Fletcher and the SDWP also facilitated a Behavioral Health Workforce Steering Committee that began in late November 2021. The committee, comprised of members and representatives across various sectors, including from service providers, universities, and hospitals, identified challenges within their domains and across the public behavioral health system, and focused on recruitment and retention of staff. Additionally, the Steering Committee continues to work on a workforce needs assessment report, which was presented to the Steering Committee on June 30, 2022. In late August 2022, the SDWP will host a Behavioral Health Workforce Symposium for leaders from behavioral health services, healthcare agencies, community-based organizations, universities and colleges, philanthropic leaders, and other community leaders to have an open dialogue about the needs assessment report, and discuss proposed regional strategies, goals, commitments and opportunities to support and enhance the behavioral health workforce.

#### **Efforts to Expand Interest and Recruit New Individuals into Public Behavioral Health**

BHS continues to promote and support opportunities to expand the pool of new individuals who are interested in working in the behavioral health field through events, stipends, and training.

- ***Careers in Public Service Presentation***

On March 11, 2022, BHS delivered a virtual presentation on careers in behavioral health at the San Diego Office of Education's 6<sup>th</sup> Annual *Careers in Public Service Student Event: From 911 Emergency to Service*. This presentation provided an overview of career pathways and levels



of training required to work in behavioral health, as well as real life experience as a clinician for a contracted provider and for the County of San Diego. The event catered to students in middle school, high school, and community college to learn what occurs when someone calls 911, the dispatcher's role, agencies involved, and how to use 911 appropriately.

- ***Behavioral Health Graduate Stipends***

In October 2021, the Southern Counties Regional Partnership (SCRPP) in partnership with the County provided a graduate student stipend opportunity to students completing their school year internships/practicums in a County or County-contracted behavioral health program. This opportunity closed in November 2021, with 22 graduate students awarded \$6,000 each. This opportunity will re-open in the next school year cycle and will run through 2024.

- ***Psychiatry Training Programs to Advance Community Psychiatry***

The University of California San Diego (UCSD) Community Psychiatry Program (CPP) trains psychiatry residents/fellows and psychiatric mental health nurse practitioner trainees to advance the concepts of Community Psychiatry and promote work in community-based settings. The program also places psychiatric mental health nurse practitioner (PMHNP) trainees side-by-side with psychiatry residents throughout the entire program. Approximately 2-3 psychiatry residents graduate from CPP each school year. Since 2017, nine of 13 psychiatry residents who have graduated from CPP have continued to work in public behavioral health settings. Currently there are nine psychiatry residents and seven PMHNP students participating in the program.

- ***Community College Career Pathways***

The San Diego Community College District (SDCCD) provides a Public Mental Health Academy (PMHA) to facilitate workforce development and career pathways in public behavioral health by offering coursework leading to a PMHA Certificate. There are currently 482 students enrolled in the program, with seventy-five percent (75%) reporting they have mental health lived experience. In FY 2021-2022, 31 students graduated from the program with most graduates continuing their education to earn their Associates of Arts (AA) degree and subsequently transferring to a university to continue working within public behavioral health.

- ***Behavioral Health Workforce Collaborative***

The Behavioral Health Workforce Collaborative (BHCW) comprised of individuals from community-based organizations, such as the Center, Union of Pan Asian Communities (UPAC), SDSU, and other stakeholders, strives to ensure that the following five elements are incorporated in workforce development: 1) community oriented; 2) culturally responsive; 3) person and family centered; 4) wellness driven; 5) recovery, resilience and whole-person focused. The collaborative has hosted several seminars since 2019 and includes members from several community-based organizations who have the shared goal for informing the behavioral health community about topics that impact behavioral health. Participants of the seminars expand beyond BHS staff and BHS contracted providers to include community, education, health care, and public safety stakeholders who share an interest in public behavioral health. During this recent fiscal year, the seminar topics presented by community leaders were *Staff Resilience Post-Pandemic* and *CalAIM & Peer Certification*.

### **Efforts to Retain Staff Currently Working in Public Behavioral Health**

BHS continues to seek opportunities to support staff currently working in the public behavioral health system through efforts such as the loan repayment program, providing clinical supervision, and ensuring that training opportunities exist that provide continuing education units.

- ***Loan Repayment Program***

Efforts have also been made to retain staff in public behavioral health. In March 2022, in partnership with the Southern Counties Regional Partnership (SCRIP), a loan repayment program opportunity was offered for staff that work in “hard to fill” positions in both County and County contracted behavioral health programs. This program is managed by the California Mental Health Services Authority (CalMHSA) and will award 81 staff \$7,500 after 12-months of consecutive employment in their current County and County contracted BH programs.

- ***Clinical Supervision Program***

In partnership with Human Resources, BHS, Child Welfare Services (CWS) and Aging and Independent Services (AIS) developed a clinical supervision program that will provide both individual supervision and group supervision to County staff to support their goal in obtaining their clinical license. This program is scheduled to begin in late June 2022.

- ***Training Opportunities***

Responsive Integrated Health Solutions (RIHS) provides training to County BHS Staff and County contracted behavioral health service providers. For FY 2021-2022, RIHS provided training to 1,486 participants. Most trainings were offered virtually; however, in June 2022 a few trainings were offered in-person. RIHS offered a range of training topics that included: Motivational Interviewing; Relapse Prevention; Care Coordination; Incorporating Trauma Informed Parenting into your Clinical Practice; Assessing and Addressing High Risk and Crisis Behaviors; and Enhanced Case Management. In addition, 14,155 individuals accessed e-Learnings that are offered by RIHS, with a large number of individuals participating in training that focused on cultural competency and skills development.

- ***Supporting Cultural Competency of Behavioral Health Leaders and Providers***

The Cultural Competency Academy (CCA) is a program under the Academy of Professional Excellence with San Diego State University (SDSU) Research Foundation. The CCA executive leadership series for BHS contracted providers was implemented in March 2021, with a focus on creating antiracist organizations. The CCA executive leadership series is designed for executives of behavioral health provider organizations and consisted of three 90-minute virtual training sessions, coaching, networking, and an executive project. Themes that were discussed during this series include privilege and classism in behavioral health, executive allyship, and the tools to lead change within their organizations. Two executive series were offered in FY 2020-2021 and one executive series in FY 2021-2022. In 2021, 14 executives completed the series and seven completed the series in 2022. CCA will continue to offer one foundational series to providers and one executive series in FY 2022-2023.

## **BHS EFFORTS TO OPTIMIZE COMMUNITY & STAKEHOLDER ENGAGEMENT**

### **Re-Envisioning the MHSA Community Program Planning (CPP) Process**

BHS continues to evaluate resources and tactical approaches to address community and departmental priorities and operational needs as the department evolves organizationally. A key area of focus that remains at the forefront is the enhancement of community engagement efforts, including a more strategic and impactful approach to the Community Program Planning (CPP) Process to align with broader enterprise-wide and HHS efforts.

Pursuant to Welfare and Institutions Code (WIC) Section 5848(a), the Mental Health Services Act (MHSA) requires an inclusive and ongoing CPP Process to gather input regarding experiences with MHSA programs and the current mental health system, to record recommendations for improvement of programs and processes, and to acknowledge feedback regarding future and/or unmet needs. In recent

years, BHS has contracted with organizations to facilitate CPP Process activities and support community engagement. To ensure a more strategic approach is taken to facilitate robust and meaningful community and stakeholder engagement, the department is expanding the scope of the community engagement contractor to include the development of a multi-year community engagement plan, formal MHSA stakeholder trainings, and facilitation of the Community Experience Committee -- a trained stakeholder committee to support additional community outreach and deliverables for the Community Experience Partnership (CEP). Additionally, the enhanced scope will include formal year-round input gathering and community engagement, including collaboration with BHAB, to identify opportunities to improve community awareness, engagement and participation in CPP Process activities.

### **Bolstering the BHS Workforce to Enhance and Expand Community Engagement**

BHS continues to make efforts to bolster its workforce in support of expanding and enhancing community engagement efforts, including the CPP process. New County staff have been hired to oversee the development and implementation of comprehensive communication and engagement plans, public messaging campaigns, including the Mobile Crisis Response Team (MCRT), Fentanyl Awareness for Youth, and Naloxone Distribution, along with new educational resources and enhanced engagement through existing social media and digital platforms, as well as the development of strategies to support increased youth engagement. BHS continues to identify new opportunities to collaborate with other HHSA and County departments as the County looks to collectively optimize community engagement across the enterprise.

BHS is enhancing coordination with HHSA's new Department of Homeless Solutions and Equitable Communities (HSEC), the Office of Strategy and Innovation, and the *Live Well San Diego* (LWSD) Support Team to cross-thread behavioral health information and support dissemination of information in new and already established convenings across the region. BHS staff will work with newly established positions within HSEC, including Community Health & Engagement Specialists, Community Health Worker Liaisons (CHWL), and Community Health Workers (CHW) to expand regional outreach and education efforts to improved reach to unserved and/or underserved populations. BHS will also collaborate with staff to promote opportunities for stakeholder participation in community engagement activities and ensure participating stakeholders reflect the diversity of the county. Dedicated CHWLs and CHWs will focus on key race/ethnic populations and community groups, including but not limited to, Black and African American, Hispanic, Asian and Pacific Islander, refugee and immigrant populations, and the LGBTQ+ community.

The increase in staff dedicated to support and collaboration across HHSA will foster connections to community groups to inform access to care. Working with the LWSD Support Team, BHS will also increase visibility to behavioral health issues, programs, and concerns, as well as increase engagement specifically with youth through the recently created LWSD Youth Sector and Youth Leadership Team. These collaborations will also enhance Prevention and Early Intervention (PEI) activities.

### **Update on the Community Experience Partnership**

The Community Experience Partnership (CEP) is a joint initiative between BHS and the University of California, San Diego's (UCSD) Child & Adolescent Services Research Center (CASRC), and Health Services Research Center (HSRC). The mission of the CEP is to integrate data and community engagement to promote behavioral health equity in San Diego County. The vision of the CEP is to promote a continuous feedback process by which issues can be identified and the community can subsequently be engaged to help inform actionable solutions.

Primary components of the CEP include interactive data dashboards, behavioral health service planning tool (i.e., Behavioral Health Equity Index, or BHEI), and community profiles and action reports. The CEP allows the public to explore, monitor, and visualize behavioral health equity data through a series of

dashboards. Preliminary versions of these dashboards have now launched and are available to the public. Data sources include surveys, vital records, hospitalization and emergency data, and service and outcome data for individuals served by the BHS system. Community members can access the dashboards and explore equity indicators over specific periods of time, as well as compare data across neighborhoods and numerous subpopulations. Users can also search data based on race/ethnicity, gender, sexual orientation, age, justice involvement and more. These interactive dashboards will assist BHS in identifying disparities among underserved and underrepresented populations and help to inform program and service needs in the community.

Additionally, progress has been made on the BHEI. The BHEI helps to illustrate how risk and protective factors may influence mental health, substance use, and access to treatment at the neighborhood level. BHS can better address root causes of behavioral health inequities in communities with increased understanding of how these factors are impacting San Diegans. BHS's CEC workgroup has been working with UCSD to develop a BHEI model for the County of San Diego. Key BHEI indicators were identified and sorted into domains in alignment with social determinants of health established by the U.S. Department of Health and Human Services. As domains may impact behavioral health equity differently, BHS is now working to weight the importance of each domain. The BHEI Weighting Survey closed on Friday, June 24<sup>th</sup>, and responses are now being assessed to finalize domain weights and calculate the BHEI.

### **BHS SPECIAL EVENTS AND ANNOUNCEMENTS**

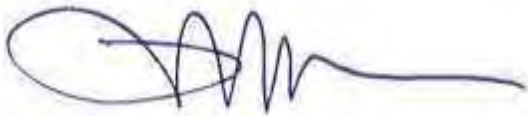
#### **Mental Health Services Act (MHSA) Stakeholder Trainings**

The newly engaged MHSA Community Engagement contractor, UCSD, facilitated two virtual MHSA stakeholder trainings on June 22<sup>nd</sup> and 24<sup>th</sup>. These stakeholder training sessions included an overview of MHSA and its five components, how BHS has implemented MHSA funding, and how stakeholders can provide input on behavioral health needs and services. As required by the MHSA, each county is required to provide stakeholder training as a part of the community program planning (CPP) process.

#### **Medication Assisted Treatment (MAT) Training**

On June 28, 2022, an overview of MAT was provided to over 100 participants by Shannon Robinson, MD from Health Management Associates. Dr. Robinson's training provided the basics of MAT and MAT options, including the importance of doing MAT in hospitals and emergency departments.

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

## Background

The California Department of Health Care Services (DHCS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organization (EQRO). The External Quality Review (EQR) is the analysis and evaluation by an approved EQRO of aggregate information on the MCO's access, timeliness, and quality of health care services. This document is a summary of the findings from the San Diego MHP review conducted virtually from January 11-13, 2022.

Source: (full report on [Section 6.4](#) of the BHS Technical Resource Library)

FY 2021-22 Medi-Cal Mental Health External Quality Review San Diego MHP Final Report. Behavioral Health Concepts, Inc., 2022.

## Key Findings on Performance Measures CY 2019

- BHS served an unduplicated total of 35,583 clients in CY 2020. Based on proportions of populations of Medi-Cal eligibles, Latino/Hispanic and Asian/Pacific Islander populations are underrepresented (suggesting barriers to access which warrant further evaluation), while White and African-American populations are overrepresented in receipt of SMHS.
- The overall penetration rate for CY 2020 is 4.15%, consistent with the previous CY and with other large counties in the state. Overall ACB is \$5,759; higher than the previous CY (\$4,717) and lower compared to other large counties (\$7,156).
- While BHS meets the first offered clinical and psychiatric appointment standard over 80 percent of the time, staff report that due to staffing shortages, scheduling ongoing appointments is increasingly difficult.
- The distribution of clients in the diagnostic categories served in BHS appear to be consistent with those served in the State, except for the Psychosis category (21% in BHS vs 17% in State).
- The emphasis on the most acute level of care might have limited the resources available for beneficiaries seen for lower-level chronic issues. This is borne out by BHS' report that 51% of initial adult encounters are for emergency and crisis care.
- High Cost Beneficiaries/HCB by total claims (with approved claims of more than \$30,000/year) make up 26.6%; which is higher than previous CY (23.09%), and is also lower than the Statewide 30.7%. The average approved claims per HCB is \$52,510; consistent with the Statewide \$53,969.
- Psychiatric inpatient utilization decreased to 9,658 total inpatient admissions (from 10,432 in previous CY). Average LOS days increased by half a day from previous CY (8.52 days) and is consistent with Statewide average of 8.68 days. Rehospitalization rates (7- & 30-day) are significantly lower compared to the State rate (7-day, 7% to 19% and 30-day 12% to 28%).

## Strengths & Opportunities for Improvement

Domains	Strengths	Opportunities for Improvement
Access to Care	<ul style="list-style-type: none"> <li>Public health approach to providing services</li> <li>Telehealth provides hardware and usage assistance to clients and prioritizes client choice in deciding telehealth or face-to-face services</li> <li>Improved through-put for the continuum of crisis care and urgent access by increasing crisis services</li> </ul>	<ul style="list-style-type: none"> <li>Providers evidenced wait-lists (up to weeks) for direct outpatient children's and adult service requests that are not a step down from urgent or emergent delivery systems</li> </ul>
Timeliness of Services	<ul style="list-style-type: none"> <li>Rehospitalization rates at 7- and 30-days are significantly lower than state wide, demonstrates effective strategies around hospitalization. Lower readmission rates suggest positive outcomes of treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Per EQRO Timeliness document, the range in most areas of timeliness was longer than would be expected, and this suggests waitlists for some services</li> </ul>
Quality of Care	<ul style="list-style-type: none"> <li>Evidenced active bidirectional communication and coordinated relationships with all scopes or practice in QRC, PIPs, administrative and clinical practice process developments</li> </ul>	<ul style="list-style-type: none"> <li>MHP would benefit from more bidirectional communication with the Community Based Organizations (CBO's) and standardization of the contract monitoring process</li> <li>The Quality Improvement Work Plan (QIWP) Evaluation does not provide an analysis or develop future recommendations utilizing a Quality Assessment and Performance Improvement (QAPI) process</li> </ul>

County of San Diego – Health and Human Services Agency  
**MHP External Quality Review Report Summary**  
 FY 2021-22

<b>Information Systems</b>	<ul style="list-style-type: none"> <li>Maintained diligence with EHR despite considerable changes and challenges with COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>There is a need for regular updates throughout the network on progress and status of upcoming CM OP implementaion.</li> </ul>
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### Recommendations

	Domains	Recommendations
1	Access to Care	Investigate the reasons, develop, and implement strategies, and improve wait lists for direct outpatient children and adult services requests that are not a step down from urgent or emergent delivery systems.
2	Timeliness of Services	Investigate reasons, develop, and implement strategies, and improve timeliness to first non-urgent service request; first non-urgent rendered service request; first non-urgent request to first offered psychiatric appointment; and first non-urgent rendered first offered psychiatric appointment for all, adults, children and foster care youth.
3	Quality of Care	Continue efforts to improve bidirectional communication with the CBO's and standardization of the contract monitoring process. (This recommendation is a follow-up from FY 2020-21.)
4	Quality of Care	Investigate reasons, develop strategies, and improve the QI Program Work Plan Evaluation analysis and future recommendations utilizing a QAPI process. Analyze the reasons, develop a plan, and write this into workplan to implement.
5	Information Systems	Develop detailed testing, training, data conversion, integration, support and risk-management plans to support the outpatient cutover to the CM EHR. Ensure that all providers (CBO, Network and County) receive regular updates on the status of the project and that a wide range of providers are represented in all remaining phases of the project.



# COMMUNITY EXPERIENCE PARTNERSHIP

Community Experience Partnership

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Dashboards

About

Contact

## Behavioral Health Dashboards

Client Dashboards: Individuals Served by County of San Diego Behavioral Health Services (BHS)

### Mental Health Services for Children

Who is being served by the Children, Youth and Families BHS Mental Health System of Care? Are all children in services getting better? Explore outcomes and trends over time for youth clients by race/ethnicity, gender, sexual orientation, and more.

Explore the Data

### Mental Health Services for Adults

Who is being served by the Adult and Older Adult BHS Mental Health System of Care? Are services promoting recovery for adults and older adults? Explore outcomes and trends over time for adult clients by race/ethnicity, gender, sexual orientation, and more.

Explore the Data

### Substance Use Services

Who is being served by the BHS Drug Medi-Cal Organized Delivery System (DMC-ODS)? Are services promoting recovery? Explore outcomes by age, race/ethnicity, gender, sexual orientation, and more.

Explore the Data

Community Dashboards: County of San Diego Population Health Data

### Youth Risk Behavior Survey (YRBS)

What behavioral health risk factors do students attending San Diego Unified School District experience? Explore behavioral health risk factors, outcomes, and trends over time by race/ethnicity, grade, gender, and sexual orientation using data from the Center for Disease Control's Youth Risk Behavior Survey (YRBS).

Explore the Data

### Emergency Visits, Hospitalizations, and Mortality Rates

Which populations experience higher rates of emergency department visits, hospitalizations, and mortality for behavioral health conditions? Explore data and maps from California Department of Health Care Access and Information.

Coming Soon

### Mapping Social Determinants of Behavioral Health

How do the root causes of behavioral health equity differ across neighborhoods in San Diego County? Explore the [social determinants of behavioral health](#) including poverty, education, physical and behavioral health needs, and more through interactive maps.

Explore the Data

## Access to Webpage:

<https://www.communityexperiencepartnership.com/about>



# Childhood Anxiety Resources for Providers



## Online resource site for providers now available!

Recognizing that children and youth in our community struggle with various stressors, the County of San Diego Behavioral Health Services in partnership with the Academy for Professional Excellence, Responsive Integrated Health Solutions (RIHS) created a web-based repository with links to resources for treating children and youth experiencing anxiety, including:



[Assessment and Treatment Resources](#)



[Research and Training](#)



[Books and Workbooks](#)



[Videos and Podcasts](#)



[Mobile Apps](#)



[Related Websites](#)

Visit the *new* [Childhood Anxiety Resources for Providers](#) website.



We create experiences that transform the heart, mind, and practice.



# Overview of AB 2083 eLearning: Multi-System Collaboration eLearning course (COURSE CODE: BHE0136)



San Diego's System of Care has long encouraged strong collaboration and robust discussions among teams of committed and dedicated partners all coming together to do the right thing for children and families. California Assembly Bill (AB) 2083, enacted in 2018, requires the creation of Memoranda of Understanding to formalize this collaboration for children and youth in foster care, especially those who have experienced severe trauma. In this course, you'll learn about AB 2083, its mandate for California counties, and the various partnerships and collaborations across the County of San Diego Children's System of Care that ensure we are meeting the needs of our children, youth, and families.

## Learning Objectives

Upon completion of this training, participants will be able to:

- Explain the historical context underlying the development of AB 2083
- Recognize the key Memorandum of Understanding (MOU) components and the required partnerships outlined in AB 2083
- Identify the services, policies, and practices guiding the work of partners across the system of care including, Child Welfare Services, Behavioral Health Services Children, Youth and Families, Juvenile Probation, Regional Center, and Department of Education
- Describe successful collaborative efforts implemented across our system of care that have resulted in improved services

## Continuing Education

This course does not meet the qualifications for continuing education credit.



## eLearning Course

[Click here](#) to log into the Learning Management System (LMS) and Register.

**Course Code: BHE0136**

## REGISTRATION

If you already have an account, you may search for the course by name or course code.

If you do not have an account in the LMS you will need to open one by [clicking here](#).

Email [RIHS@sdsu.edu](mailto:RIHS@sdsu.edu) if you have any questions. This training is FREE of charge to County of San Diego Children, Youth and Families System of Care employees and contractors.



## Who Should Attend

This training is open to professionals working with Children, Youth, and Families including those outside the BHS system. Please see Registration information for further info on how to register.

*Responsive Integrated Health Solutions (RIHS) is a County of San Diego Behavioral Health contracted program of the Academy for Professional Excellence, and a project of San Diego State University School of Social Work.*



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Visit us at [theacademy.sdsu.edu](http://theacademy.sdsu.edu).



# Information for families having difficulty finding formula



Babies need the right mix of nutrients to stay healthy, and these nutrients are found in human breast milk and in formula approved by the United States Food and Drug Administration (FDA). As parents and caregivers across the nation struggle to find formula, your baby's health depends on using products that meet federal standards and are prepared according to directions on the label. During this stressful time, the California Department of Public Health and the American Academy of Pediatrics offer tips to keep your baby safe.

## How to find formula

- Shop at different times of the day. Stores get shipments at different times of the day, so the shelves may be empty in the morning and stocked in the evening.
- Have family and friends help you to find supplies to avoid making multiple trips to stores, food banks, or other community-based formula resources.
- Check with your health care provider if your baby needs premature or therapeutic formula. They may have supplies on hand or other suggestions to help.
- Call your local WIC office for help. If you are eligible for WIC, the local WIC office can help get you enrolled and provide any assistance they can with formula.
- Call 2-1-1 to get connected to local resources or visit [www.211.org](http://www.211.org).
- Consider using human milk from one of the following certified human milk banks: [mothersmilk.org](http://mothersmilk.org) or [uchealth.service-now.com/csp](http://uchealth.service-now.com/csp).

## Babies not on therapeutic or specialty formula usually tolerate changing from one brand to another

- Use a different formula. Some formula is now available in stores that is made outside of the U.S., but is still FDA approved.
- Remember to mix formula safely using the directions on the label. Always add the right amount of water. Adding too much water or too little formula is dangerous. Diluted formula can lead to imbalances in minerals like sodium which can harm nerve and brain function.
- Wash your hands, equipment, and surfaces before preparing the formula. Harmful bacteria can make babies sick if hands and preparation areas are not clean.
- Do not use formula after the "use by" expiration date. This date guarantees the safety, nutrient content, and quality of the formula.

## Pasteurized whole cow's milk can be an alternative for some children

- Cow's milk is NOT recommended for babies under 6 months old and it is not recommended for babies on specialty formulas to use cow's milk.
- If your baby is 6 months or older you may consider using cow's milk for a few days until you can find formula or reach your health care provider. Using cow's milk longer than a week can have health risks for your baby.
- Most infants do not transition to cow's milk before their first birthday, but some could transition sooner at 10 or 11 months. Talk to your health care provider about this option.

Scan for more information and resource links



## Your child might be ready for solid food and this could reduce your need for formula

### Introduction to solid food for older babies:

- While formula and human breast milk are the most important foods in a baby's diet until their first birthday, parents can experiment with transitioning to solids around 4-6 months.
- A baby is on the cusp of transitioning to solid foods if they show signs of readiness, like the ability to sit up, control their head and neck, and swallow food rather than push it out of their mouth with their tongue.
- Ask a health care provider if your baby is ready to try solid foods.

### For healthy infants 10 months and older:

- At this age, appetite may vary from day to day so there are some days more foods will be needed and other days when more formula or human milk may be needed.
- A baby might be ready for more solid food if they eat a variety of baby foods, including mashed foods and table food, and are starting to use a cup. Formula can become a snack or supplement to solid food.
- If you cannot find formula, talk with your pediatrician since it may be possible for your baby to start cow's milk for a short period of time while continuing to try solid foods, especially high-iron foods.
- Ask a health care provider if your baby needs vitamins with iron.

## Consider additional breastfeeding options

- Maybe you can breastfeed a little longer. If you have thought about weaning, you may want to consider waiting.
- Maybe you can give less formula and more breast milk. If you provide both human milk and formula, it may be possible to increase your milk supply. Talk to your health care provider or lactation consultant.



## Do not try remedies on your own as young infants are fragile

### Do not use homemade formula

- Formulas must be reviewed and approved by the FDA, because safely mixing all the ingredients in formula is difficult and must be done correctly.
- Even small mistakes can lead to a baby becoming sick from harmful bacteria. Too much of some ingredients can stress an infant's kidneys. Too little of some nutrients and your baby may not get the nutrition they need to grow and develop.
- Although homemade formula was used in the past, it comes with many risks to infants. Online recipes for homemade baby formula have significant safety concerns due to the potential for contamination and improper nutrient concentration. Babies have been hospitalized from reported use of homemade formulas.

### Milk alternatives that are fine for adults can be dangerous for babies

- Goat's milk is very high in **protein** and minerals, which can cause dehydration and be harmful to your baby's kidneys.
- Toddler milks are not "formulas." They are nutritional drinks made from powdered milk and **sugar** and do not provide the nutritional content that babies need. If you **absolutely have no other choice**, these products or cow's milk can be safe for a few days for babies who are close to a year old.
- Plant milks like soy, rice, oat, and hemp milk are not a safe alternative to formula. They are missing many ingredients and do not have the right kind of **fat** for a baby's growing brain.

**If you cannot find formula and none of the above suggestions will work for your baby, call your health care provider as they can assess the situation, suggest further alternatives to help and some may have samples of formula they can provide. If you are worried about your baby and cannot reach your health care provider, you can also get help at the local hospital emergency department.**

# Mental Health Services Act (MHSA) Stakeholder Training

The MHSA provides funding for prevention, treatment, workforce development, infrastructure, and technology needs. Integral to MHSA is stakeholder participation in the planning process so the County of San Diego BHS system can understand and respond to future needs.



## WHY SHOULD I JOIN THIS VIRTUAL INFORMATIONAL SESSION?

If you participate, you will:

- **Learn about the MHSA**
- **Learn how MHSA funding is being implemented in San Diego County**
- **Learn about opportunities to provide input on how MHSA funding is used in the future**

**Friday, June 24,  
12:00 - 1:15 pm**

Sign up with this link OR Scan the QR Code

[https://tinyurl.com/  
MHSATraining062422](https://tinyurl.com/MHSATraining062422)



\*optional Spanish interpretation available

**Wednesday, June 29,  
6:00 - 7:15 pm**

Sign up with this link OR Scan the QR Code

[https://tinyurl.com/  
MHSATraining062922](https://tinyurl.com/MHSATraining062922)



\*optional Spanish interpretation available

For more information please contact:  
Amanda Farr, [afarr@health.ucsd.edu](mailto:afarr@health.ucsd.edu)



# Ley de Servicios de Salud Mental (MHSA) Capacitación para Partes Interesadas

La MHSA proporciona fondos para las necesidades de prevención, tratamiento, desarrollo de la fuerza laboral, infraestructura y tecnología. Una parte integral de la MHSA es la participación de las partes interesadas en el proceso de planificación para que el sistema BHS del condado de San Diego pueda comprender y responder a las necesidades futuras.



## ¿POR QUÉ DEBO UNIRME A ESTA SESIÓN INFORMATIVA VIRTUAL?

Si participa, usted podrá:

- Informarse sobre la ley de MHSA
- Conocer cómo se implementan los fondos de la MHSA en el condado de San Diego
- Aprender acerca de oportunidades para dar su opinión sobre el uso de los fondos de MHSA en el futuro

**Viernes, 24 de Junio,  
12:00 - 1:15 pm**

Regístrese con este enlace O escanee el código QR

[https://tinyurl.com/  
MHSATraining062422](https://tinyurl.com/MHSATraining062422)



\*Interpretación opcional en español disponible

**Miércoles, 29 de Junio,  
6:00 - 7:15 pm**

Regístrese con este enlace O escanee el código QR

[https://tinyurl.com/  
MHSATraining062922](https://tinyurl.com/MHSATraining062922)



\*Interpretación opcional en español disponible

Para más información, comuníquese con:  
Amanda Farr, [afarr@health.ucsd.edu](mailto:afarr@health.ucsd.edu)



## 13th Annual Early Childhood Mental Health Conference - We Can't Wait

*How are the Children?  
The Path from Healing to Wellbeing*

September 15-16, 2022 | Virtual Conference



**How are the Children?** There is a tribe in Africa called the Masai whose traditional greeting to each other is “Casserian Engeri.” It means, “And how are the children?” Adults do not ask each other, “How are you?” They ask about the next generation. Because if the children are well, then all is well. There is a high value placed on the well-being of the children. What if our attention and intentions could be shifted to include this daily perspective in every community?

**The Path from Healing to Well-Being** is about doing everything we can for children and families navigating the difficult terrain of assessment, referral, treatment, education and collaboration between service providers and the teams serving them.

**Distinguished speakers** will focus on early childhood development, epigenetics, resilience and protective factors in children and families and will address the unique and complex needs of families living in very challenging circumstances. Explore the latest in evidence-based practices, trauma-informed care practices, child welfare services, and advances in early education programs that address improving social-emotional development.

### Registration Fees:

Thurs or Friday: \$75 per person per day

Both Thurs/Friday \$150 per person

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



### Distinguished Speakers



#### Habeebah Rasheed Grimes, MA

As CEO of Positive Education Program (PEP), Habeebah Rasheed Grimes leads 450 professionals committed to supporting healing in children experiencing significant adversity and mental health challenges. She is extensively trained in trauma-informed practices and holds a master's degree in clinical/counseling psychology and a specialist degree in school psychology from Cleveland State University.



#### Rajkumari Neogy, BA, MA, MNLP

Rajkumari Neogy is an epigenetic coach and executive consultant focused on the intersection of neurobiology, culture and empathy. She is excited to bring this cutting-edge knowledge to early childhood development in order to examine the impact on transgenerational trauma and why a sense of belonging is critical for young children and their families. Previously, Rajkumari held positions in training and development at well-known tech companies, including Adobe and Facebook. She presents on epigenetics at worldwide conferences.



#### Pradeep Gidwani, MD, MPH, FAAP

Pradeep Gidwani is a pediatrician and community health leader focused on creating systematic solutions and changes to improve the lives of children and their families. At the American Academy of Pediatrics, California Chapter 3, San Diego and Imperial Counties (AAP-CA3), Dr. Gidwani works on a team that provides countywide coordination and support for two large scale community initiatives—Healthy Development Services and First Step Home Visiting funded by First 5 San Diego. In the last 16 years, these communitywide programs reached over 330,000 children and their families.

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

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

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