

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

Annual Member Orientation (Virtual)

July 12, 2021 – 9:00-10:30 A.M.

Meeting Link: <https://zoom.us/join/join?jv=tJAodumqgijGdTaQicBhP5HrdXFAK2av-UW>

As Council representative or alternate appointed by the Behavioral Health Director, the following information is being made available to support participation. Included are the following Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC) documents:

1. Children, Youth and Families (CYF) Behavioral Health System of Care Council Vision, Mission and Principles (Page 2)
2. CYF Framework (Page 3)
3. Introduction to CYFBHSOCC and Sub-Committee videos (Page 4)
4. CYFBHSOCC Overview (Pages 5-6)
5. CYFBHSOCC Bylaws (Pages 7-10)
6. CYF System of Care Goals Fiscal Year 2020-21 (Pages 11-16) (Fiscal Year 2021-22 goals will be discussed at the August 9, 2021 meeting)
7. CYFBHSOCC Member Roster Fiscal Year 2021-22 (Pages 17-18)
8. CYFBHSOCC Sub-Committees (Pages 19-21)
9. CYFBHSOCC Sub-Committees Point in Time Representation (Pages 22-24)
10. CYFBHSOCC Reporting Schedule (Page 25)
11. CYFBHSOCC May 10, 2021 Meeting Summary (Page 26-31)
12. CYF Council web page (Page 32):
Link:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html
13. CYF introduction and Provider Manual-New Version coming up soon (Page 33-34)
14. CYF Administrative Team (Page 35)
15. Overview of the CYFBHS e-learning (Page 36)
16. CYF BHS Systemwide Annual Report, Fiscal Year 2019-20 (Page 37)
Link: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/CYFBHS%20Annual%20Report_FY2019-20_with%20appendices.pdf
17. June 8, 2021 Board of Supervisors (BOS) Letter-Item 04: Receive Update on Comprehensive County Substance Use Harm Reduction Strategy, attachment, and presentation (Pages 38-52)
Link: <https://bosagenda.sandiegocounty.gov/cob/cosd/cob/doc?id=0901127e80d1b412>
Link to the Letter attachment: <https://bosagenda.sandiegocounty.gov/cob/cosd/cob/doc?id=0901127e80d1b413>
18. 2020 Live Well San Diego 10-Year-Impact Report (Pages 53-56)
Link: <https://www.livewellsd.org/content/dam/livewell/2020-Annual-Report/2020-Impact-Report-Summary-FINAL.pdf>
19. County of San Diego COVID-19 Information (Page 57)
Link: <https://www.sandiegocounty.gov/coronavirus.html>
20. Resources for Managing Mental Health and Coping During COVID-19 (Page 57)
Link: <https://www.sandiegocounty.gov/hhsa/programs/bhs/>

Council Meeting Schedule

Meeting dates and times may be adjusted. During COVID-19 Pandemic are held virtually

- **When:** Second Monday of each month. (The December 13, 2021 meeting is tentatively dark)
- **Time:** 9:00 to 10:30 A.M.
- **Where:** Currently virtually through the Zoom application

Co-Chairs for the Fiscal Year 2020-21

Private Sector: Minola Clark Manson
Family Sector: Valerie Hebert

Co-Chairs for the Fiscal Year 2021-22:

Family Sector: Suzette Southfox/Valerie Hebert
Education Sector: Jamie Tate-Symons

CYFBHSOCC staff contact information:

Grisel Ortega-Vaca-CYF Deputy Director's Administrative Secretary: (619) 563-2772 or via e-mail: Grisel.Ortega@sdcounty.ca.gov
Darwin Espejo-Administrative Analyst: (619) 584-5024 or Darwin.Espejo@sdcounty.ca.gov
Edith Mohler-Administrative Analyst: (619) 228-6935 or Edith.Mohler@sdcounty.ca.gov
Yael Koenig –CYF Deputy Director: (619) 563-2773 or Yael.Koenig@sdcounty.ca.gov

To be added to the electronic distribution list, contact Grisel Ortega

Council information documents, including meetings' summaries are posted in the CYF webpage:

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

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

Council Vision:

Wellness for children, youth and families throughout their lifespan.

Council Mission:

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

Council Principles:

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

May 1, 2018



LIVEWELLSD.ORG



LIVE WELL
SAN DIEGO

BEHAVIORAL HEALTH SERVICES CHILDREN, YOUTH & FAMILIES FRAMEWORK

VISION

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

PRINCIPLES

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

PRIORITIES

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

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

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

Live Well San Diego-Areas of Influence



Standard of Living

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



Community

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

HEALTH FACTORS



Health

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



Social

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



Knowledge

- Quality Education
- Quality Preschool For All
- Good School Attendance
- School Success
- No Suspensions or Expulsions
- Obtain a High School Diploma
- Access to Higher Education & Vocational Programs³



Introduction to the CYFBHSOC Council and Sub-Committees video

Council Member/Participant Orientation Fiscal Year 2021-22

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

1. Video Introduction – Yael Koenig, Deputy Director, BHS Children, Youth & Families (CYF)
2. BHS Welcome – Luke Bergmann, BHS Director
3. Cultural Competence Resource Team - Piedad Garcia, Deputy Director, BHS Adult & Older Adult
4. Transition Age Youth (TAY) Council – Liz Winchell, former TAY Council Co-Chair
5. CYF System of Care History - Rosa Ana Lozada, CEO, Harmonium
6. CYF System of Care Principles – Delrena Swaggerty, Vice President, Mental Health Systems, Inc
7. Change Agents Developing Recovery Excellence (CADRE)-CYF
Julie McPherson, Vice President, Community Research Foundation
Marisa Varond, Associate Executive Director, McAlister Institute
8. Early Childhood Mental Health - Autumn Weidman, Director of Positive Parenting, Jewish Family Service
9. Education Advisory – Heather Nemour, Student Mental Health and Well-Being, San Diego County Office of Education
10. Family and Youth Sector – Valerie Hebert, CYF Liaison Program Manager, NAMI San Diego

To access the video online, please visit: <https://cyfliaison.namisaniego.org/youtube/>

County of San Diego

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

COUNCIL OVERVIEW

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

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

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

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

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

The Council serves in an advisory capacity to the Behavioral Health Services (BHS) Director, Dr. Luke Bergmann, and operates according to its by-laws adopted in March 2006 and last revised July 1, 2021.

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

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

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

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

Council Vision:

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County of San Diego

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

COUNCIL OVERVIEW

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

Council Members are expected to:

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

Currently, the Council has 24 active seats:

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

Current Council Sub-Committees and Standing Reports:

Executive	Annual Children's Mental Health Well Being Celebration
Change Agents Developing Recovery Excellence (CADRE)-CYF	Early Childhood
Education Advisory	Family and Youth Sector (Youth/Family Support Partners)
Mental Health Services Act (MHSA) Ad Hoc	Outcomes
Private Sector	Training
Cultural Competence Resource Team (CCRT)	Children, Youth and Families SOC Training Academy
Mental Health Services Act (MHSA)	Transition Age Youth (TAY) Council

Council General Meeting Schedule:
Meeting dates and times may be adjusted
Currently held virtually

- **When:** Second Monday of each month.
- **Time:** 9:00 to 10:30 A.M.
- **Where:** Virtual Meetings
- To be added to Email distribution list, contact Grisel.Ortega-Vaca at Grisel.Ortega@sdcounty.ca.gov or call 619-584-3024
- Additional Council information including all approved meeting summaries are posted in the BHS website:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html



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

Article One Name

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

Article Two Powers and Duties

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

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

Article Three Membership

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

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

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

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

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

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

Article Four Vacancies

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

Article Five Quorum

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

Article Six Meetings

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

Agendas: Agendas are prepared by the Executive Sub-committee in consultation with the BHS Deputy Director or designee. Members advise the co-chairs in advance of the proposed agenda items. Agendas are forwarded to Council members, alternate and attendees in advance of the Council meeting.

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

Article Seven **Officers**

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

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

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

Article Eight **Sub-Committees**

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

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

Article Nine **Voting and Consensus**

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

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

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

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

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

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

Article Ten **Member Conduct**

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

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

Article Eleven **Ratification and Amendments**

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

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

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

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

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

Fiscal Year 2020-21 Goals

- Promote the Live Well San Diego Vision within the Pandemic, and Racial Justice context, while considering population health and social determinates of health.
- Evaluate the System of Care and advocate for needed adjustments with recognition of the economic effects of the pandemic and impacts on children, youth, and perinatal recipients.
- Contribute to the Behavioral Health Continuum of Care efforts inclusive of the Children's Hub vision.
- Through the CYF Council, provide input for Mental Health Services Act (MHSA) Community Engagement events and BHS Forums.
- Support the Youth Engagement in Service (YES) Initiative (August 4, 2020 Board Letter-Item 21).
- Educate about other systems' priorities and look for opportunities to align efforts to best impact positive system changes.
- Focus on system integration and moving beyond coordination with other child servicing systems, as promoted by Assembly Bill (AB) 2083 mandates.
- In compliance with Assembly Bill (AB) 79 and Senate Bill (SB) 80, CYF will partner with Child Welfare Services (CWS) and Juvenile Probation to establish a local Family Urgent Response System (FURS) network that is prepared to dispatch local trauma-informed mobile support to foster youth experiencing a crisis that is identified through a State-run hotline.
- Make necessary system adjustments to align with Continuum of Care Reform (CCR), including Short Term Residential Treatment Programs (STRTP) contracts as well as Therapeutic Foster Care (TFC) services with mental health contractors. Be prepared to add new STRTP contracts as needed.
- Advance effective utilization of telehealth while contributing and promoting best practices.
- Advance the Drug Medi-Cal Organized Delivery System (DMC-ODS) – Year-Three.
 - ✓ Enhance the Organized Support Companion in an Emergency Situation (oscER) Cloud based application.
 - ✓ Deliver the Annual CYF System of Care Conference: Youth Substance Use Disorders (SUD) and Treatment rescheduled to May 2021 due to COVID-19.
- Emphasize the importance of Early Childhood Mental Health, specifically prevention, early intervention, Adverse Childhood Experiences (ACEs), and resiliency.
 - ✓ Deliver the 11th Annual Early Childhood Conference (virtual): Hope in Relationships: Bridging Science to Practice on September 10-12, 2020
- Collaborate with the education sector and other partners on addressing growing rates of depression and sadness reported by youth, which appears to be exacerbated by the isolation impacts of COVID-19 and remote learning settings.
- Deliver the 6th Critical Issues in Child and Adolescent Mental Health conference.
- Contribute to conversations pertaining to prevention and early intervention, infusing subject matter expertise to inform future programing or changes.
- Continue to promote the successful implementation of the State mandated Pediatric Symptom Checklist (PSC-35) and the Child and Adolescent Needs and Strengths (CANS). Focus on evaluating outcome threshold that were identified in year two of implementation. Emphasize utilizing data at the client, program, and system level to inform decision making.
- Review the PSC data during COVID-19 quarantine and examine disparities among the different racial/ethnic groups.
 - ✓ Continue with the collaboration with the education sector to support students, including but not limited to areas of suicide prevention.
- Deliver the Youth Mental Health Well Being Celebration in May 2021.

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

Highlights of Fiscal Year 2019-20 Accomplishments

- **Promoted Live Well San Diego Vision**
 - ✓ Unveiled the CYF Framework that promotes connection to social determinates of health and LWSD indicators at the December 9, 2019 CYF Council.
 - ✓ CYF through the CYF Liaison contract with NAMI-San Diego coordinated the 6th Annual Youth Mental Health Well-Being Celebration for Friday, May 8, 2020, due to COVID-19, the original event was reconfigured into a virtual Youth Mental Health Well-Being Gathering rescheduled to May 7, 2020 and focused on using art as coping skill to promote well-being.
- **Responded to Shifting Needs**
 - ✓ Adjusted to the COVID-19 pandemic by immediate shift from traditional behavioral health services delivery to telehealth format, and adjusted requirements such as Utilization Management.
- Maintained CYF stakeholders up to date through written communication, website updates, shifting existing meetings to video platforms and initiation of BHS **Teletown** hall sessions with BHS Director.
- The Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice.: 19-026, released May 31, 2019, outlines new requirements for **prior authorization** for Day Treatment Intensive and Day Rehabilitation services as well as Therapeutic Behavioral Services (TBS) and Intensive Home-Based Services (IHBS). CYF in partnership with the Quality Improvement unit and Optum San Diego established new processes to meet the requirements with minimal impact on providers and ultimately ensuring no new hurdles to access of care were created
 - ✓ The TBS process launched as of August 1, 2019
 - ✓ The IHBS process launched as of September 1, 2019
 - ✓ The Day Treatment Intensive and Day Rehabilitation services launched in January 2020
 - ✓ The TFC process is being finalized
- Three CYF programs received the 2019 **National Association of Counties (NACo) Achievement Award**. The award recognizes programs for innovative approaches in services. The awarded programs are:
 - ✓ Accessible Depression and Anxiety Peripartum Treatment (ADAPT) – ADAPT was established in March 2019, as an innovative partnership between the County of San Diego Behavioral Health Services and Public Health Services departments to provide services to families participating in the Nurse Family Partnership and Maternal Child Health Home Visiting programs. The ADAPT model provides accessible, in-home mental health treatment and peer support services to parents/caregivers who are experiencing, or are at risk of experiencing, peripartum mood and anxiety disorders.
 - ✓ Center for Child and Youth Psychiatry (CCYP) – CCYP was established July 2018 as a centralized medication monitoring program for children and youth with complex medication needs. CCYP uses face-to-face and telepsychiatry/telehealth practices at multiple locations throughout the San Diego region to provide outpatient psychiatric evaluation and medication support services to children and youth who have been successfully discharged from their mental health provider but who may have continuing psychotropic medication needs that are too complex for their primary care physician and/or a Federally Qualified Health Center (FQHC).
 - ✓ Child and Family Team (CFT) Meeting Facilitation – The CFT program is a partnership between Child Welfare Services (CWS), BHS, and the Probation Department established in September 2018. The primary purpose of the CFT Meeting Facilitation Program is to engage children and youth up to 21 years of age, caregivers, service providers, community partners, and other identified support systems, such as family, friends, and neighbors, to create plans to

County of San Diego
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help families meet mental health treatment, CWS, and probation goals. The CFT program promotes system collaboration, builds culturally relevant and trauma-informed systems of support, and provides services responsive to families' strengths and underlying needs.

- Advanced the Drug Medi-Cal Organized Delivery System (**DMC-ODS**) – Year-Two
 - ✓ New Entra Casa is a six-bed perinatal residential program became a DMC-ODS provider effective July 1, 2019.
 - ✓ Initiated Medication Assisted Treatment (MAT) services in a Perinatal Outpatient treatment program. Services are scheduled to be available in early Fiscal Year 2020-21
- **SchoolLink** threshold were established effective school year 2019-20 with the goal of ensuring services are deployed timely and efficiently. The SchoolLink materials were updated for the 2019-20 school year based on provider and school input. In Fiscal Year 2019-20, 37 CYF mental health providers offered services at more than 400 school sites. Due to COVID-19, remote learning was initiated through the schools and behavioral health service delivery has been adjusted to incorporate telehealth. In August 2020 SchoolLink has been updated to include a COVID 19 Best Practices module and updated flyers.
- **Annual School Summit** – Successfully shifted to become a joined event with the fourth annual Live Well Advance: Uniting for Impact was supported by CYF and the Prevention unit. The event took place on October 28, 2019, with an emphasis on school threat and safety.
- **CYF Lanterman Petris Short (LPS)** Public Conservatorship Liaisons for Youth was Pilot Project with BHS providing liaison support, which ultimately shifted back to the Public Conservator's office to avoid duplication of services.
- CWS lead **Family First Prevention Services Act (FFPSA)** meetings. These meetings started in October 2019 to discuss and plan the future landscape of evidence-based preventative services for system-involved youth, replacing Title IV-E funding. The FFPSA Implementation Plan is scheduled to be finalized in December 2020.
- In January 2020, a committee with representatives from BHS, CWS, Juvenile Probation, San Diego Regional Center, and the San Diego County Office of Education re-convened to develop an Interagency Memorandum of Understanding (MOU), as guided by **AB 2083**, Trauma Informed System of Care for Children and Youth. The workgroup is building on current Memorandums of Understanding to address the 11 components cited in AB 2083, such as an Interagency Leadership Team, Alignment and Coordination of Services, and Information and Data Sharing, to continue to help coordinate services for foster youth in a trauma informed and timely manner.
- In partnership with CYF, the **San Diego Housing Commission (SDHC)**, and the Monarch School, 25 homeless families who have a student at Monarch are now eligible to receive permanent supported housing. Monarch is a school who serves homeless students in the downtown area of the city of San Diego. Case management, housing and treatment services are being provided under contract by the Community Research Foundation (CRF) through their Mobile Adolescent Services Team (MAST) program. This is CYF's first permanent supportive housing project which became operational January 1, 2020.
- In partnership with the Juvenile Court, BHS launched a pilot in February 2020 to support the two-youth **collaborative courts**: JFAST (Juvenile Forensic Assistance for Stabilization and Treatment) and RISE (Resilience is Strength and Empowerment) Courts. Youth participating in JFAST or RISE with behavioral health needs are eligible for the services regardless of their private insurance status. The BHS providers, in collaboration with Juvenile Probation Officers and CWS Protective Services Workers, support families in accessing their private insurance resources, so as the youth transitions out of the Collaborative Court, they have the supports they need. The 'insurance' pilot is projected to impact approximately 25 youth annually and will be evaluated for impact and sustainability.
- An additional '**treatment**' pilot has been initiated for Fiscal Year 2020-21 to provide treatment services to JFAST youth through Vista Hill – Juvenile Court Clinic that was previously offered through Probation. This pilot was launched effective July 1, 2020 and is projected to serve approximately 8 youth annually.
- In February 2020, the PWB and CCR team Licensed Mental Health Clinicians began providing clinical support for the guests of Jewish Family Service (JFS) **Asylum Seekers Shelter**. The shelter closed due to COVID-19 and during a transition period the CYF Team were able to provide clinical support to transitioning families.

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Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation

- **Rady Children's Hospital Hub - Program Status:**

In a presentation to the Board of Supervisors (BOS) on October 29, 2019 and subsequently on a January 28, 2020 BOS Letter-Agenda item 03, it was announced that planning conversations had begun with Rady Children's Hospital to establish a hub for children and youth in the vicinity of Rady Children's main campus to address the unique behavioral health conditions among youth which can result from complex combinations of factors including: genetic, medical, developmental and environmental. Children and youth with complex needs require dedicated and specially designed resources. The County has continued to meet with Rady's leadership to identify priorities of the project and are moving forward with building related work.

- **Student Psychiatric Emergency Response Team (PERT) - Youth and Young Adult Crisis Response - Program Status:**

This project is on hold due to COVID-19, state of the economy, school closures, as well as recognition that the national and local social justice conversations are examining the overall role of law enforcement on school campuses.

The October 29, 2019 BOS Letter-Item 05: Advancing the Behavioral Health Continuum of Care and subsequently on the January 28, 2020 BOS Letter-Item 03 provide updates on the Justice Intersections Across the Behavioral Health Services Continuum of Care: BHS, the San Diego County District Attorney Office, SDCOE, and Public Safety partners collaboration to develop enhanced school-based crisis response, including the expansion of the existing PERT.

- **Threat Assessments Evaluations via TERM - Program Status:**

Treatment and Evaluation Resources Management (TERM) is a mental health program developed under the direction of the BOS and operated by Optum through a contract with BHS. The mission of the TERM program is to improve the quality and effectiveness of mental health services provided to clients served by the Dependency and Delinquency systems. Optum is responsible for recruiting and contracting with providers from the TERM network that have competence in evaluating and treating clients referred for child maltreatment or delinquency concerns. Optum also has a role in providing oversight of treatment plans and evaluation reports prepared by TERM clinicians and evaluators.

An ad hoc work group formed in June 2019, met monthly through Fiscal Year 2019-20 and included BHS, Justice Partners (District Attorney, Public Defender, Probation, Juvenile Court) and subject matter experts/consultants. The group discussed needs of threat assessment evaluations, developed a format and clinical guidelines for this specialty evaluation, and developed specialty criteria for providers to ensure applicants had requisite training and experience.

A four-hour training with Continuing Education Units was developed but postponed due to the pandemic; and will be rescheduled when in-person trainings are allowed. Instead a 1-hour TERM Threat Assessment Webinar was hosted in June 2020 and presented a history of school threats, detailed local impact and provided an overview of the San Diego County School Threat Protocol, reviewed the role of the TERM provider and introduced the format and guidelines for the new Threat Assessment Evaluation. This webinar was recorded and will be required for evaluators applying to the TERM panel to complete Threat Assessment Evaluations.

- **School Safety - Program Status:**

This project is on hold due to COVID-19, state of the economy, and school closures.

Acts of targeted violence committed by individuals under the age of 21 on elementary, middle, and high school campuses have become a catalyst for nationwide conversations. With higher frequency and public awareness of these events, the San Diego County District Attorney has reviewed an increasing volume of cases that involve school threats. Cases that are reviewed represent only a subset of youth that exhibit behaviors concerning for targeted violence. Schools and behavioral health providers are increasingly positioned to engage in threat assessment. Ensuring that youth have forensically informed behavioral health assessments and connecting these youth to appropriate treatment services is a shared mission for youth serving systems. BHS initiated research and planning efforts in implementing

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a specialized, forensically informed, non-crisis School Safety Program. The preliminary vision is for the program to provide evaluation and clinical treatment services to students who exhibit signs or behaviors that may pose a threat of violence and will work to:

- ✓ Prevent school violence
- ✓ Provide school threat assessments
- ✓ Assist in creating a safe school climate
- ✓ Provide healing centered/trauma informed therapeutic treatment
- ✓ Decrease stigma and discrimination
- ✓ Incorporate restorative justice elements
- ✓ Enhance social support and prosocial engagement
- ✓ Create local subject matter expertise and systemwide awareness and competency pertaining to school safety.

• **Continuum of Care Reform (CCR) and Pathways to Well-Being (PWB)**

- ✓ The CFT Meeting Facilitation Program was developed in collaboration by CWS, BHS, and Probation in order to meet the need for a neutral/skilled facilitator for Child and Family Team meetings (CFT). In Fiscal Year 2019-20 the program through Fred Finch facilitated 4054 meetings.
- ✓ PWB facilitated focus groups to obtain feedback about the Child and Family Team (CFT) member experience in CFT meetings. In Fiscal Year 2019-20, in addition to the focus groups conducted with youth and providers, PWB collaborated with CWS to facilitate focus groups with foster parents as well as Protective Services Workers (PSWs).
- ✓ The CCR and PWB teams in collaboration with the Responsive Integrated Health Solutions (RIHS) rolled out the revised PWB and CCR E-Learning. Additionally, developed Micro-Learnings with focus on CFT meeting protocols, CFT Roles and Responsibilities, and documentation requirements.
- ✓ Through new methodology, the Short-Term Residential Therapeutic Program (STRTP) service rates were updated.
- ✓ Established hybrid STRTP treatment models of day service and outpatient to allow for individualized programming.
- ✓ BHS STRTP contracts were amended to align with current DHCS STRTP regulations.
- ✓ New forms and procedures have been developed for STRTPs to utilize to align with the DHCS STRTP requirements.
- ✓ Enhanced training requirements have been established for STRTPs to address the needs of youth receiving services in STRTPs.
- ✓ Six Residential STRTPs were added in Fiscal Year 2019-20 for a total of 12 local STRTPs (223 beds). Five have obtained STRTP Mental Health Program Approval from the DHCS.
- ✓ Interagency Placement Committee (IPC) Meetings were opened to BHS providers effective Fiscal Year 2019-20.
- ✓ The Foster Family Agency Stabilization and Treatment (FFAST) program was enhanced to provide Therapeutic Foster Care (TFC) treatment on 4.1.20.
- ✓ CYF amended the current Foster Family Agency Stabilization and Treatment (FFAST) contract through San Diego Center for Children to include Therapeutic Foster Care services effective April 1, 2020. FFAST, who currently provides outpatient Specialty Mental Health Services (SMHS) to all Foster Family Agencies (FFAs) in San Diego county, now offers TFC to those youth and families who meet medical necessity and have a CFT in place to guide and plan the provision of TFC. Additionally, FFAST will make the TFC training curriculum available to all interested caregivers from the eight local FFAs. CYF Leadership in collaboration with FFAST provided a TFC update to the 8 FFA's in April of 2020.

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

- **Outcomes**

- ✓ The Child and Adolescent Needs and Strengths (CANS) and the Pediatric Symptom Checklist (PSC-35) are the State mandated outcome tools that became effective July 1, 2018.
- ✓ In year two of the implementation, the CANS administration expanded as of July 1, 2019 to children ages 0 to 5 and the Fee for Service network.
- ✓ On July 1, 2019, these outcome measures were rolled out to the Fee-For-Service (FFS) providers with dedicated training and full infrastructure and oversight by OPTUM. This shift allows the system of care to better evaluate outcomes and services rendered through the FFS Network.
- ✓ Created a Live Well San Diego Areas of Influence report which leverage CANS items to assess system improvement for child/youth's functioning.
- ✓ Updated the BHS-CYF Landing Page to provide Outcome overview.

- **Emphasized the importance of Early Childhood Mental Health as well as prevention and early intervention**

- ✓ CYF in partnership with HHSA departments, First 5 San Diego, the San Diego Academy of Child and Adolescent Psychiatry (SDACAP), American Academy of Pediatrics-California Chapter 3, University of California San Diego (UCSD), San Diego County Office of Education, Rady Children's Hospital San Diego, Mental Health Systems, San Diego State University (SDSU) School of Social Work, California Association of Marriage and Family Therapists-San Diego Chapter, Harmonium, Vista Hill, YMCA San Diego, Voz de Victoria, Azusa Pacific University, and Optum Public Sector hosted the 10th Annual Early Childhood Mental Health Conference-We Didn't Wait-A Decade of Progress-A Future of Hope on September 12-14, 2019.
- ✓ Delivered a panel focused on Adverse Childhood Experiences (ACEs) to the CYF System of Care Council on March 9, 2020.
- ✓ Created a CANS and ACEs Crosswalk to highlight use of ACEs through the CANS.

- **Delivered new and system relevant trainings and training opportunities**

- ✓ CYF in partnership with the San Diego Academy of Child and Adolescent Psychiatry (SDACAP), the San Diego Psychiatry Society, the California Association of Marriage and Family Therapists-San Diego Chapter (CAMFT), and the San Diego Psychological Association, planned for the delivery of the 5th Annual-CICAMH Conference: "Managing Change in a Changing World". Topics included but are not limited to: Long-term impact of family separations and reunification, Sleep Disorders in children and adolescent, impacts on mental health, suicide risk, and benefits of late school start law, Substance Use treatment in adolescents, and Aggression and Bullying. The conference was originally scheduled for March 12-13, 2020, but due to COVID-19, the conference was rescheduled to July 17, 2020, and delivered virtually. The conference main plenary was changed to address Impact of COVID-19.
- ✓ The CYF System of Care (CYF-SOC) Training Academy through the contract with Responsive Integrated Health Solutions (RIHS), provided trainings to enhance the work of public systems in providing services to children, youth, and families in San Diego county. In Fiscal Year 2019-20, CYF-SOC Training Academy provided trainings on:
 - Implicit Bias; Attachment in Youth Ages 5-17; Sandy Hook Promise Programs (webinar) and Trauma Focused-Cognitive Behavioral Therapy via telehealth. Due to COVID-19, the Suicidality in Children and Youth training scheduled to be delivered within Fiscal Year 2019-20, was rescheduled to August 6, 2020.
 - Due to COVID-19, the annual conference scheduled for May 28, 2020 was rescheduled to 2021. The focus of this conference is: Youth Substance Use: Risk, Resilience, Reconnection. Up to 10 scholarships will be awarded to peer support partners to attend the Conference
 - Two scholarships were awarded to attend the California Mental Health Advocates for Children and Youth (CMHACY) virtual conference on June 25-26, 2020. One of the recipients is a Peer Partner and the second one is a Youth that is a CYF Council member alternate and is also a staff member of the CFY Liaison.

CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL MEMBERSHIP ROSTER FISCAL YEAR 2021-22			
CONSTITUENCY		MEMBER	ALTERNATE
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	Rebecca Hernandez
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	Dr. Charmi Patel-Rao
3	Public Safety Group/ Probation	Lisa Sawin	Chrystal Sweet
4	Child Welfare Services (CWS)	Steven Wells	Norma Rincon
5	HHSA Regions / Representatives	VACANT	Jennifer Sovay
6	Public Health	Dr. Thomas R. Coleman	Adrienne Yancey
7	Juvenile Court	H. Judge Ana Espana	Beth Brown
8	First 5 Commission	Alethea Arguilez	Dulce Cahue-Aguilar
9	Special Education Local Plan Area (SELPA)	Russell Coronado	
10	Regular Education Pupil Personnel Services	Violeta Mora	Margaret Sedor
11	School Board	Barbara Ryan	VACANT
12	Special Education	Yuka Sakamoto	Misty Bonta
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggie Webb	Therese Davis
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	John Laidlaw
15	Alcohol and Drug Service Provider Association (ADSPA)	Marisa Varond	Claudette Allen Butler
16	Mental Health Contractors Association	Julie McPherson	Minola Clark Manson
17	Mental Health Contractors Association	Laura Beadles	Golby Rahimi
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	Marcelo A. Podesta
19	Managed Care Health Plan	George Scolari	Kathleen Lang
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	VACANT
21	Family and Youth Liaison	Suzette Southfox	Valerie Hebert
22	Caregiver of child/youth served by the Public Health System	Debbie Dennison	Karilyn "Kari" Perry

23	Youth served by the public health system (up to age 26)	Christine Frey	Emma Eldredge
24	Youth Served by the Public Health System (up to age 26)	Micaela Cunningham	VACANT
-	Executive Committee	Jamie Tate-Symons/ Valerie Hebert	
-	Cultural Competence Resource Team Committee	Rosa Ana Lozada	
-	CADRE-CYF	Julie McPherson/ Marisa Varond	
-	Early Childhood Committee	Aisha Pope/ Ginger Bial	
-	Education Committee	Heather Nemour/ Violeta Mora	
-	Family and Youth as Partners	Suzette Southfox/Valerie Hebert	
-	Outcomes Committee	Emily Trask/ Eileen Quinn-O'Malley	
-	Training Committee	Rose Woods	

**Children, Youth and Families
Behavioral Health System of Care Council (CYF)
Fiscal Year 2021-22 Sub-Committees/Groups**

SUB-COMMITTEE		MEETING DATE/LOCATION/TIME	LEAD (Co-Leads)
1	Executive	Meets the 4 th Thursday of the month via Zoom from 11:30 A.M. to Noon	<p>Family Sector Co-Chairs From July 1, 2020 through June 30, 2021 Suzette Southfox and Valerie Hebert: suzettesouthfox@namisd.org ValerieHebert@namisd.org</p> <p>Education Sector Co-Chair From July 1, 2021 through June 30, 2023 Jamie Tate-Symons: jtate@sdcoe.net</p> <p>CYF Lead: Yael Koenig Grisel.Ortega@sdcounty.ca.gov</p>
2	Change Agents Developing Recovery Excellence (CADRE)- CYF	Meets Quarterly-2nd Thursday of the month - 5095 Murphy Canyon Road, Suite 320, San Diego, CA 92123 From 1:30 - 3:00 P.M. (Virtual Meetings as of May 2020)	<p>Julie McPherson and Marissa Varond JMcPherson@comresearch.com Marisa.Varond@mcasterinc.com</p> <p>CYF Representative: Shannon.Jackson@sdcounty.ca.gov</p>
3	Cultural Competency ResourceTeam (CCRT)*	Meets the 1st Friday of the month- 6367 Alvarado Court Suite 105, San Diego CA 92120 From 10:00 to 11:30 A.M. (Virtual Meetings as of May 2020)	<p>Piedad Garcia and Charity White-Voth Piedad.Garcia@sdcounty.ca.gov Charity.White-Voth@sdcounty.ca.gov</p> <p>Private Sector Representative: RLozada@harmoniumsd.org</p> <p>CYF Representative: Edith.Mohler@sdcounty.ca.gov</p>
4	CYF System of Care Training Academy*	Meets the first Wednesday of the month- 6367 Alvarado Court Suite 105, San Diego CA 92120 From 9:00 to 10:00 A.M. (Virtual Meetings as of April 2020)	<p>Rose Woods: rwoods@sdsu.edu</p> <p>CYF Representative: Edith.Mohler@sdcounty.ca.gov</p>
5	Early Childhood	Meets the 2 nd Monday of the month: 3160 Camino Del Rio South, Suite 101, San Diego, CA 92108 From 11:00 A.M. –Noon (Virtual Meetings as of May 2020)	<p>Aisha Pope and Ginger Bial APope@centerforchildren.org VBial@rchsd.org</p> <p>CYF Representative: Shannon.Jackson@sdcounty.ca.gov Charmi.Patel-Rao@sdcounty.ca.gov</p>

**Children, Youth and Families
Behavioral Health System of Care Council (CYF)
Fiscal Year 2021-22 Sub-Committees/Groups**

SUB-COMMITTEE		MEETING DATE/LOCATION/TIME	LEAD (Co-Leads)
6	Education Advisory Ad Hoc	Meets as needed.	Heather Nemour and Violeta Mora: Heather.Nemour@sdcoe.net viomora@sdcoe.net CYF Representative: Frances.Cooper@sdcounty.ca.gov
7	Family and Youth Sector	Family Voice Town Hall Meeting Weekly virtual meetings per region (North, South, East, and Central). Calendar access: https://namisandiego.org/calendar/ For more information email CYFLiaison@namisd.org or call (858) 987-2980 Youth, Family Support Partners Subcommittee Meets every 3rd Thursday of the month from 1:30 - 3:00 P.M. (Virtual meetings since April 2020)	Suzette Southfox and Valerie Hebert: SuzetteSouthfox@namisd.org ValerieHebert@namisd.org CYF Representatives: Frank.Congine@sdcounty.ca.gov Edith.Mohler@sdcounty.ca.gov
8	Children's Mental Health Well-Being Celebration*	Youth Mental Health Well-Being Celebration May 2022 – Date TBD	Suzette Southfox and Valerie Hebert: SuzetteSouthfox@namisd.org ValerieHebert@namisd.org CYF Representatives: Frank.Congine@sdcounty.ca.gov Edith.Mohler@sdcounty.ca.gov
9	Outcomes	Meets the 1 st Tuesday every other month-La Vista Room From 11:30 A.M. – 1:00 P.M. (Virtual Meetings as of June 2020)	Emily Trask and Eileen Quinn-O'Malley EvTrask@ucsd.edu Eileen.Quinn-Omalley@sdcounty.ca.gov CYF Representatives: Yael.Koenig@sdcounty.ca.gov Amanda.Lance-Sexton@sdcounty.ca.gov
10	Private Sector	Meets as an Ad Hoc group when projects/initiatives arise.	Minola Clark Manson Mcmanson@sdsu.edu CYF Representatives: CYF COR's by Invitation
11	Transition Age Youth (TAY) Council*	Meets Quarterly the 4 th Wednesday of the month-from 3:00 – 4:15 P.M. at National University, 9388	Adult and Older Adult (AOA) Representative: Alisha Eftekhari Alicia.Eftekhari@sdcounty.ca.gov

**Children, Youth and Families
Behavioral Health System of Care Council (CYF)
Fiscal Year 2021-22 Sub-Committees/Groups**

SUB-COMMITTEE		MEETING DATE/LOCATION/TIME	LEAD (Co-Leads)
		Lightwave Ave. Room 118, San Diego, CA 92123 (Virtual Meetings as of May 2020)	CYF Representative: Michael.Miller@sdcounty.ca.gov

*Offer representation and report out to the CYF Council but are not a designated Sub-Committee.

County of San Diego
Children, Youth and Families (CYF)
Behavioral Health System of Care
Council Sub-Committees Point in Time Sector Representation
February 8, 2021

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

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

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

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

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

EXECUTIVE SUBCOMMITTEE | Co-Chairs: Suzette Southfox and Valerie Hebert

PUBLIC	PRIVATE	FAMILY/YOUTH	EDUCATION
Yael Koenig	Minola Clark Manson	Valerie Hebert	Jamie Tate-Symons
Eileen Quinn-O'Malley	Valerie Hebert	Suzette Southfox	Heather Nemour
Grisel Ortega	Julie McPherson		Violeta Mora
Darwin Espejo	Marissa Varond		
Edith Mohler	Aisha Pope		
	Ginger Bial		
	Renee Cookson		
	Emily Trask		
	Rose Woods		
	Rosa Ana Lozada		

CHANGE AGENTS DEVELOPING RECOVERY EXCELLENCE (CADRE)-CYF SUBCOMMITTEE |
Co-Chairs: Julie McPherson and Marisa Varond

PUBLIC	PRIVATE	Family	Education
Shannon Jackson	Mental Health and Substance Use Disorder (SUD) BHS-contracted providers		

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

PUBLIC	PUBLIC	PRIVATE	FAMILY/YOUTH
Piedad Garcia Chair/Ethnic Services Coordinator	Danyte Mockus-Valenzuela	Adam Renteria	Mercedes Webber
Charity White-Voth	Martin Dare	Rosa Ana Lozada	Celeste Hunter
Liz Miles	Angie Solom	Jessica Young	Ingrid Alvarez-Ron
Nilanie Ramos	Danielle Eguiza	Minola Clark Manson	Luz Pinto
Ann Vilmenay	Claire Riley	Yen Du	
Nancy Rodriguez		Awichu Akwanya	
Kimberly Pettiford		Gebaynesh Gashaw-Gant	
Jennifer Rusit	PRIVATE	Ingrid Alvarez-Ron	EDUCATION
Andrea Duron	Shadi Haddad	Rick Heller	Juan Camarena
Fran Cooper	Sahra Abdi	Shiva Jaimes	Shane Padamada
Luisa Dones	Mohamed Abdi	Elisa Barnett	Erick Mora
Karen Harris	Michelle Ly	Mahvash Alami	
Ezra Ramirez	Mercedes Webber	Brian Bauers	
Edith Mohler	Kat Katsani-Semel	Elizabeth Dauz	
Nicole Le Fol	Rebecca Paida		
Sara Zare	Evelyn Parada		

CYF SYSTEM OF CARE TRAINING ACADEMY | Lead: Rose Woods

PUBLIC	PRIVATE	FAMILY/YOUTH	EDUCATION
Jorge Aguilar	Minola Clark Manson	LaTysa Flowers	Linda Ketterer
Becky Lanier	Rose Woods	Celeste Hunter	
Edith Mohler	Celeste Hunter	Valerie Hebert	
Nilanie Ramos	Pam Hansen		
Jennifer Rusit	Aisha Pope		
	Golby Rahimi		
	Eliza Reis		

EARLY CHILDHOOD SUBCOMMITTEE | Co-Chairs: Aisha Pope and Ginger Bial

PUBLIC	PRIVATE	PRIVATE	PRIVATE
Jerelyn Bourdage	Sarah Franco	Lisa Castagnola	Autumn Weidman
Shannon Jackson	Jennifer Kennedy	Christine Cole	FAMILY
Ana Mendez	Marisela Molina	Latysa Flowers	Linda Ketterer
Charmi Patel Rao	Ashley Rambeau	Pradeep Gidwani	Emma Eldredge
Sharon Qin	Nikoo Sadatrafiei	Rosa Ana Lozada	
Nohemy Terrazas	Edgar Sierra	Aisha Pope	EDUCATION
PRIVATE	Stephanie Smith	Angela Rowe	Evette Callahan
Stacy Annand	Nubia Soto	Desiree Shapiro	Kim Flowers
Sherry Casper	Erin Taylor	Izzy Shine	Fernanda Garcia
Valerie Centeno	Aimee Zeitz	Bobbi Smylie	Oscar Gomez
Terri Cook-Clark	Ginger Bial	Carole Steel	Lisa Linder
			Saribe Perez
			Rose Woods

EDUCATION SUBCOMMITTEE | Co-Chairs: Heather Nemour and Violeta Mora

PRIVATE	EDUCATION	EDUCATION	FAMILY/YOUTH
Pam Hansen	Barbara Ryan	Violeta Mora	Christine Frey
Mareeh Marquez	Cara Schukoske	Yuka Sakamoto	Debbie Dennison
PUBLIC	Heather Nemour		
Fran Cooper			

FAMILY & YOUTH AS PARTNERS SUBCOMMITTEE | Lead: Valerie Hebert

PUBLIC	PRIVATE	Family	EDUCATION
Frank Congine	Valerie Hebert	Valerie Hebert	Sonia Lira
Darwin Espejo	John Bucher	Ingrid Alvarez-Ron	Linda Ketterer
Romalyn Watson	Darron Jones	Sten Walker	
Edith Mohler	Celeste Hunter		
	Lucy Jasso		

OUTCOMES SUBCOMMITTEE | Co-Chairs Emily Trask and Eileen Quinn O'Malley

PUBLIC	PRIVATE	PRIVATE	FAMILY/YOUTH
Yael Koenig	Emily Trask (co-chair)	Golbanou (Golby) Rahimi	Renee Cookson
Amanda Lance-Sexton	Amy Chadwick	Sara Welsh	Evan Hodges
Eileen Quinn-O'Malley	Brent Crandal		
Elizabeth Miles	Antonia Nunez		
Ezra Ramirez	Shellane Villarin		EDUCATION
Babbi Winegarden	Renee Cookson		Yuka Sakamoto
	Michele Ly		

TRANSITION AGE YOUTH (TAY) COUNCIL | County Representatives Alisha Eftekhari and Michael Miller

PUBLIC	PRIVATE	Private	FAMILY/YOUTH
Steven Wells	Laura Tancredi-Baese	Vanessa Arteaga	Ursula Hardianto
Alisha Eftekhari	Prizila Vidal	Courtney Simone-Clements	
Michael Miller	Miriam Adam	Victor Esquivel	
	Peggie Webb	Matthew Wood	
	Christina Metz	Cheyenne Bartram	EDUCATION
	Serena Terrones	Joseph Edwards	Flora Barron
	Mark Bartlett		



**Fiscal Year 2021-22
CHILDREN, YOUTH AND FAMILIES (CYF)
BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL
Meeting Schedule**
2nd Monday of each month from 9:00-10:30 A.M.
(Currently meeting virtually)

July 12, 2021 CYF Council Member Orientation (Virtual)
August 9, 2021 Fiscal Year 2019-20 Accomplishments and Fiscal 2020-21 Year Goals STRATEGIC PLANNING MEETING
September 13, 2021 SchoolLink
October 11, 2021 Combined CYF/Transition Age Youth (TAY)/Adult and Older Adult (AOA) Councils Meeting Hosted by CYF
November 8, 2021 TBD
December 13, 2021 (Dark)
January 10, 2022 Meeting Focus: Bi-Annual Sub-Committee Reports/Other groups reports (Applicable Updates) Executive, Change Agents Developing Recovery Excellence (CADRE)-CYF , Cultural Competence Resource Team (CCRT), CYF System of Care Training Academy, Early Childhood/ Education Advisory Ad Hoc, Family and Youth Sector, Outcomes, Private Sector, Transition Age Youth (TAY Council)
February 14, 2022 Meeting Focus: Bi-Annual Sub-Committee Reports/Other groups reports (Applicable Updates) Executive, CADRE-CYF , CCRT, CYF System of Care Training Academy, Early Childhood, Education Advisory Ad Hoc, Family and Youth Sector, Outcomes, Private Sector, TAY Council
March 14, 2022 TBD
April 11, 2022 Combined CYF/TAY/AOA Councils Meeting- Hosted by AOA
May 9, 2022 Coffee with the Director
June 13, 2022 TBD

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

May 10, 2021 | 9:00-10:30 A.M.

Virtual Meeting

ITEM	SUMMARY AND ACTION ITEMS
I. Welcome/Introductions (Valerie Hebert) <ul style="list-style-type: none"> May is Mental Health Month – Event Calendar can be accessed at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mimhm_resources.html Please submit planned activities in celebration of May is Mental Health Month to: Nancy.Page@sdcounty.ca.gov for posting Enter events into meeting chat 	<ul style="list-style-type: none"> Valerie Hebert opened the meeting and welcomed meeting attendees.
II. Approval of Meeting Summary (Minola Clark Manson) <ul style="list-style-type: none"> March 8, 2021 Meeting Summary-Handout-Pages 4-7 Action Items from March 8, 2021-See meeting summary for completed action items- Page 5 April 12, 2021 Combined Council Meeting Summary to be reviewed at next Combined Council Meeting 	<ul style="list-style-type: none"> Meeting summary approved through virtual platform process. Action items reviewed by Yael Koenig.
III. Business Items (Yael Koenig) Board Letters <ul style="list-style-type: none"> March 16, 2021-Item 02-Probation Department-Positive Youth Development Training and Professional Services Contract-Handout-Pages 8-10 March 16, 2021-Item 03-Probation-Establishing the Youth Transition Campus-Handout-Pages 11-12 March 16, 2021-Item 04-Probation-Request to Issue a Competitive Solicitation for Residential Treatment Program Services-Handout-Pages 13-14 March 16, 2021-Item 12-Receive Update Regarding San Pasqual Academy and Authorize Request for Extension of Pilot Project-Handout-Pages 15-17 March 16, 2021-Item 15-Literacy Campaign to Increase Access to Books in Low-Income Communities and Communities of Color and Boost Childhood Reading Comprehension and Writing-Handout-Pages 18-19 March 16, 2021-Item 21-Amplifying Systems of Support for Youth Career Readiness and Employment-Handout-Pages 20-21 April 6, 2021-Item 09-Strengthening Mobile Crisis Response Team Program: Additional Funding for Community Education Campaign, North Coastal Service Expansion, and Developing Data Sharing Agreements and Protocols with Law Enforcement and Other Entities, and Engaging Individuals with Lived Experience Through County Advisory Boards-Handout-Pages 22-24 April 6, 2021-Item 10-Increasing Access and Enrollment in County Self-Sufficiency Programs to Serve Every Community Member in Need without Barriers to Entry-Handout-Pages 25-27 April 6, 2021-Item 16-A Resolution Denouncing Xenophobia and Anti-Asian Racism Affirming San Diego County's Commitment to the Well-Being and Safety of Asian Pacific Islander Communities-Handout-Pages 28-29 April 6, 2021-Item 17-Receive the Report Back on the Framework for Creating an Equitable County Government through the Lens of Equity, Racial Justice, and Belonging and Attachment A-Handout-Pages 30-35 April 6, 2021-Item 25-Amending Legislative Program to Support Legislation Related to Background Checks on Firearm Purchases-Handout-Pages 36-37 May 4, 2021-Item 05-Provide Legal Representation to Detained Immigrants Facing Removal Proceedings-Handout-Pages 38-41 May 4, 2021-Item 11-Update on Advancing the Behavioral Health Continuum of Care and attachments-Continued item from 04/06/2021 (11) -Handouts- Pages 42-78 	<ul style="list-style-type: none"> Yael Koenig reviewed Business items.

ITEM	SUMMARY AND ACTION ITEMS
<ul style="list-style-type: none"> May 4, 2021-Item 24-Supporting H.R. 1280, the George Floyd Justice in Policing Act-Handout-Pages 79-80 <p>Link to Board of Supervisors Meeting Agendas: https://www.sandiegocounty.gov/cob/bosa/index.html</p> <p>Information</p> <ul style="list-style-type: none"> April 2021 BHS Director's Report to the Behavioral Health Advisory Board (BHAB)-Handout-Pages 81-86 May 2021 BHS Director's Report to the BHAB-Handout-Pages 87-89 Council Membership Rotation/CYF Council Private Sector Co-Chair Term ends June 30, 2021/Education Sector Co-Chair Term begins July 1, 2021 Supplemental Security Income (SSI) for Children and Families-Handouts-Pages 90-93 California Youth Empowerment Network (CAYEN)-Link: https://ca-yen.org/ (Bill Stewart)-Handout-Page 94 <p>Follow-Up</p> <ol style="list-style-type: none"> 'Beyond the ACE Score' Article introduced by Angela Rowe at the March 8, 2021 CYF Council meeting. Link: -Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children - Archives of Psychiatric Nursing-Handout-Pages 95-104 ACEs crosswalk has been updated to include Positive Childhood Experiences (PCE) questions -Handout-Pages 105-106 Personal Commitment to Achieve Inclusion and Equity document from March 8, 2021 Council discussion facilitated by Rosa Ana Lozada-Handout-Page 107 Outreach and Engagement During the Pandemic Best Practices-Documents created from the January 11, February 8, and March 8, 2021 CYF Council meetings discussion-Handout-Pages 108-112 	
<p>IV. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela)</p>	<ul style="list-style-type: none"> BHS May is Mental Health Month page: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mimhm_resources.html More information and a list of upcoming local events is available at the May Is Mental Health Month calendar: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/pce/calendar.pdf To submit planned activities in celebration of May Is Mental Health Month, please send event information to Nancy Page at: nancy.page@sdcounty.ca.gov.
<p>Hot Topic: Coffee with BHS Director (Minola Clark Manson)</p> <p>Dr. Luke Bergmann's vision for serving children, youth, and families</p> <ul style="list-style-type: none"> Question 1 - What is your vision and plan for CYF SOC to take action to end disparities and racism? Question 2 - Sometimes there is a delay in knowing the true impact of trauma on someone, especially a young child, since symptoms often present themselves months after the traumatic event and after a sense of safety has been established for that child. Knowing this, we anticipate seeing an even greater need for mental health services for young children and their caregivers as school returns to in-person in the fall. What steps and behavioral health resources will be put in place for the most vulnerable in our community, so the impact is not life long? Question 3 - How do you envision the CYF system working towards a population health orientation? Open Discussion. 	<ul style="list-style-type: none"> Dr. Luke Bergmann, BHS Director, discussed the new Population Health Officer and BHS epidemiologist positions, the Community Experience Project, Behavioral Health Equity Index and community based participatory research. He highlighted the American Rescue Plan Act of 2021 (ARPA) and the opportunities it will present for children, youth and families including upcoming work in the school sphere. The upcoming County budget and support for BHS by the Board of Supervisors was discussed. For additional details, see the Highlights from Coffee with the BHS Director, Dr. Luke Bergmann on page 6 of this document.

ITEM	SUMMARY AND ACTION ITEMS
VI. Announcements <ul style="list-style-type: none"> • Input Session for BHS 5-Year Strategic Housing Plan is scheduled for May 14, 2021 from 1:00 to 2:30 P.M.-Handout-Page 113 • Mental Health for All-NAMI Walks-Your Way is scheduled for Saturday, May 22, 2021-Flier-Page 114 • 2021 CYF System of Care Training Academy Annual conference (virtual): Youth Substance Use: Risk, Resilience, Reconnection is scheduled for Thursday, May 27, 2021. Information and Registration at: https://youth-substance-use-risk-resilience-reconnection.eventbrite.com. 	<ul style="list-style-type: none"> • Valerie Hebert reviewed announcements.
VII. Action Items <ol style="list-style-type: none"> 1. Dedicate the June 14, 2021 CYF Council to discuss ARPA and CYF needs and priorities. 	Action Due/Status <ul style="list-style-type: none"> • CYF Executive Sub-Committee and CYF staff will plan and coordinate the discussion.
Next Meeting: Virtual Council Meeting Date: Monday, June 14, 2021 Time: 9:00-10:30 A.M.	

+=Member in Attendance O=Absent E=Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Rebecca Hernandez	O	Bill Stewart	+
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Charmi Patel	+
3	Public Safety Group/ Probation	Lisa Sawin	O	Chrystal Sweet	O
4	Child Welfare Services (CWS)	Steve Wells	O	Norma Rincon	O
5	HHSA Regions	VACANT		Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	+	Adrienne Yancey	O
7	Juvenile Court	H. Ana Espana	O	Beth Brown	+
8	First 5 Commission	Alethea Arguilez	O	Dulce Aguilar-Cahue	O
EDUCATION SECTOR					
9	Special Education Local Plan Area (SELPA)	Jamie Tate - Symons	+	Russell Coronado	+
10	Regular Education Pupil Personnel Services	Violeta Mora	+	Heather Nemour	+
11	School Board	Barbara Ryan	+	VACANT	
12	Special Education	Yuka Sakamoto	+	VACANT	
PRIVATE SECTOR					
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	O
16	Mental Health Contractors Association	Julie McPherson	O	Minola Clark Manson	+
17	Mental Health Contractors Association (MHCA)	Laura Beadles	+	Michelle Hogan	O
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	Marcelo A. Podesta	O
19	Managed Care Health Plan	George Scolari	+	Kathleen Lang	+
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	VACANT	
FAMILY AND YOUTH SECTOR					
21	Family and Youth Liaison	Renee Cookson	+	Valerie Hebert	+
22	Caregiver of child/youth served by the Public Health System	Debbie Dennison	+	Kari Perry	+
23	Youth served by the Public Health System (up to age 26)	Micaela Cunningham	+	VACANT	

24	Youth served by the public health system (up to age 26)	Christine Frey	+	Emma Eldredge	+
SUB-COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive Sub-Committee	Valerie Hebert/ Minola Clark Manson	+/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson/ Marisa Varond	+/+		
-	Early Childhood Sub-Committee	Aisha Pope/Ginger Bial	+/+		
-	Education Sub-Committee	Heather Nemour/Violeta Mora	O/+		
-	Family and Youth as Partners Sub-Committee	Renee Cookson/ Valerie Hebert	O/+		
-	Outcomes Sub-Committee	Emily Trask/Eileen Quinn-O'Malley	O/+		
-	Training Sub-Committee	Rose Woods	+		

Sub-Committees/Sectors/Workgroups Meetings Information:

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

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

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

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

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

Education Advisory Ad Hoc: Meets as Needed, next meeting will be in September 2020.

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

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

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

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

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

Private Sector: Ad Hoc/Meets as needed.

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

MEETING AGENDA-Hot Topic Summary May 10, 2021 – 9:00-10:30 A.M.

Highlights from Coffee with the BHS Director, Dr. Luke Bergmann

- **Question 1 - What is your vision and plan for CYF System of Care to take action to end disparities and racism?**
 - Established Population Health Officer position held by Dr. Nicole Esposito.
 - A team of BHS epidemiologists is developing mechanisms to obtain data outside of BHS to better understand community needs. This effort includes leveraging established relationships inclusive of the University of California, San Diego UCSD Health Services Research Center (HSRC) and Rady Children's Hospital Children and Adolescent Services Research Center (CASRC) and focusing on the development of a Community Experience Project to help create the Behavioral Health Equity Index
 - Support Community Based Participatory Research.
 - Important to invest in well diverse workforce that knows how to use cultural identity as a tool.
- **Question 2 - Sometimes there is a delay in knowing the true impact of trauma on someone, especially a young child, since symptoms often present themselves months after the traumatic event and after a sense of safety has been established for that child. Knowing this, we anticipate seeing an even greater need for mental health services for young children and their caregivers as school returns to in-person in the fall. What steps and behavioral health resources will be put in place for the most vulnerable in our community, so the impact is not life long?**
 - There are a lot of resources in place like the American Rescue Plan Act of 2021 (ARPA), which are one-time investment opportunities. This is a great resource but need to be aware of its limitations. At this point, the County is still exploring how these monies may be spent.
 - The Fiscal Year 2021-22 proposed budget prioritizes support for behavioral health, dedicating almost \$813 million overall, including increases to redesign and enhance programs and services, including the enhancement of crisis stabilization services, and helping ensure behavioral health clients are placed at the correct level of care with intent to reduce emergency room use. The budget also provides support for youth involved in the justice system.
 - Preliminary planning is being conducted to support students in partnerships with schools.
- **Question 3 - How do you envision the CYF system working towards a population health orientation?**
 - Board of Supervisors are very supportive of BHS through strategic investments focused on changing services modality from crisis driven to one centered on continuous coordinated care and prevention. This is naturally inclusive of the 0 – 5 population. These efforts will be guided by data; focused on equity and designed to advance collaboration.

Summary of additional input/next steps:

- ✓ One of the Cultural Competence Resource Team (CCRT) contributions has been the review of the Disparities Report.
- ✓ The County Department of Purchasing and Contracting has developed multiple mechanisms to support entities that need help to provide and support services.
- ✓ County efforts are not expecting to end racism, but very visible changes can be made.
- ✓ More community input can be provided through more focus groups that acknowledge the diversity of the community, including focus groups with youth participation.
- ✓ The June 14, 2021 CYF Council meeting will focus on providing input/recommendations for CYF services using ARPA funds.

Children, Youth and Families Behavioral Health System of Care Council Webpage and Meeting Archives

- **CYF Council Main Webpage:**

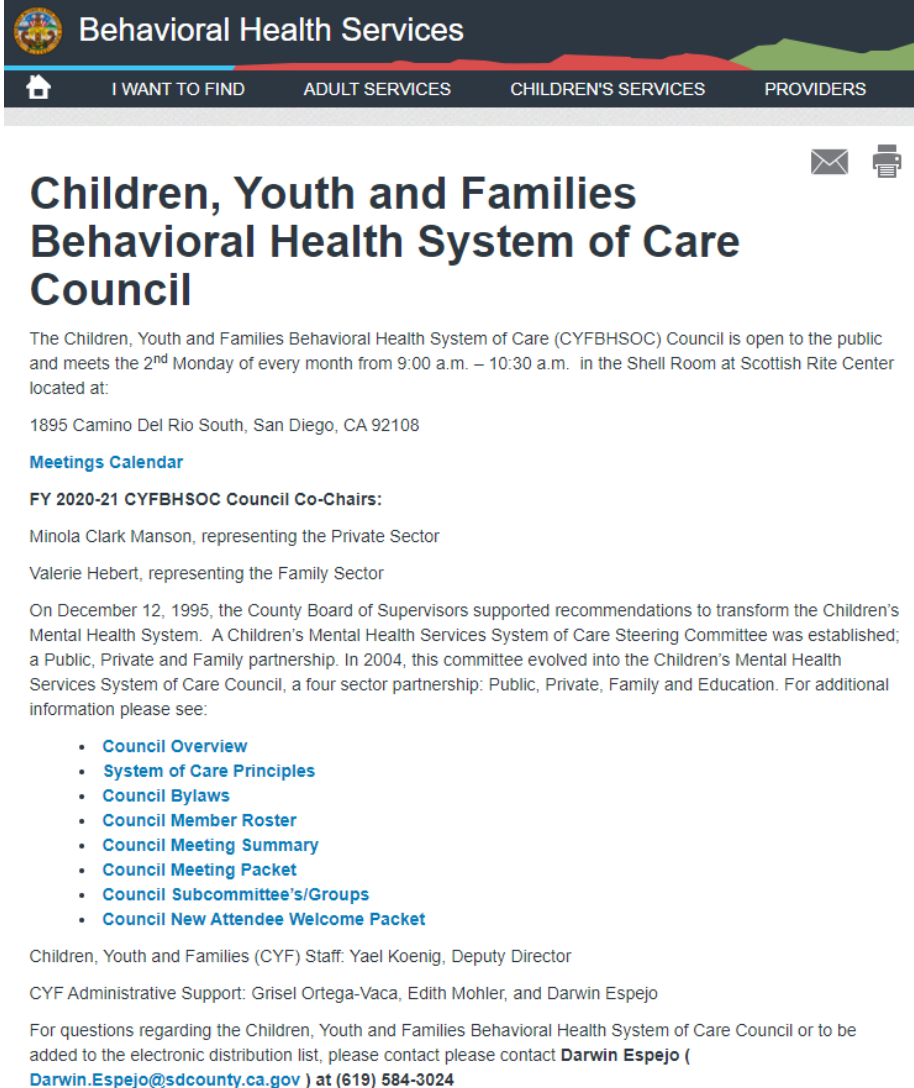
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html

- **Meeting Summaries/Minutes:**

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil/Council_Meeting_Minutes.html

- **Complete Meeting Packets:**

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



The screenshot shows the website for Behavioral Health Services. The header includes the County of San Diego seal and the text "Behavioral Health Services". Below the header is a navigation bar with links: "I WANT TO FIND", "ADULT SERVICES", "CHILDREN'S SERVICES", and "PROVIDERS". The main content area features the title "Children, Youth and Families Behavioral Health System of Care Council" and a paragraph stating that the council is open to the public and meets the 2nd Monday of every month from 9:00 a.m. to 10:30 a.m. in the Shell Room at Scottish Rite Center. The address is 1895 Camino Del Rio South, San Diego, CA 92108. There is a link to the "Meetings Calendar". Below this, it lists the "FY 2020-21 CYFBHSOC Council Co-Chairs": Minola Clark Manson, representing the Private Sector, and Valerie Hebert, representing the Family Sector. A paragraph describes the council's history, starting from a 1995 recommendation by the County Board of Supervisors to transform the Children's Mental Health System. A list of links is provided: Council Overview, System of Care Principles, Council Bylaws, Council Member Roster, Council Meeting Summary, Council Meeting Packet, Council Subcommittee's/Groups, and Council New Attendee Welcome Packet. Contact information for CYF Staff (Yael Koenig, Deputy Director) and CYF Administrative Support (Grisel Ortega-Vaca, Edith Mohler, and Darwin Espejo) is listed. A final paragraph provides contact information for questions regarding the council, including an email address (Darwin.Espejo@sdcounty.ca.gov) and a phone number (619) 584-3024.

Behavioral Health Services

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

The Children, Youth and Families Behavioral Health System of Care (CYFBHSOC) Council is open to the public and meets the 2nd Monday of every month from 9:00 a.m. – 10:30 a.m. in the Shell Room at Scottish Rite Center located at:

1895 Camino Del Rio South, San Diego, CA 92108

[Meetings Calendar](#)

FY 2020-21 CYFBHSOC Council Co-Chairs:

Minola Clark Manson, representing the Private Sector

Valerie Hebert, representing the Family Sector

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

- [Council Overview](#)
- [System of Care Principles](#)
- [Council Bylaws](#)
- [Council Member Roster](#)
- [Council Meeting Summary](#)
- [Council Meeting Packet](#)
- [Council Subcommittee's/Groups](#)
- [Council New Attendee Welcome Packet](#)

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

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

For questions regarding the Children, Youth and Families Behavioral Health System of Care Council or to be added to the electronic distribution list, please contact please contact **Darwin Espejo** (Darwin.Espejo@sdcounty.ca.gov) at (619) 584-3024

Children, Youth and Families (CYF) Behavioral Health Services



**Revised Version
Coming Soon**



Provider Resource Manual

Available on line at:

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

[https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/CYFBHSPRM%20January%202017%20\(2\).pdf](https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/CYFBHSPRM%20January%202017%20(2).pdf)



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO

January 2017

Introduction

Children, Youth and Families Administrative Team

Yael Koenig, Deputy Director	(619) 563-2773
Dr. Laura Vleugels, Supervising Psychiatrist	(619) 563-2715
Dr. Charmi Patel-Rao, Supervising Psychiatrist	(858) 694-4695

Fran Cooper, AMSA	(619) 584-5030
Amanda Lance-Sexton, AMSA	(619) 563-2722
Frank Congine, Behavioral Health Program Coordinator	(619) 563-2761
Trang Hoang, Behavioral Health Program Coordinator	(619) 563-2722
Shannon Jackson, Behavioral Health Program Coordinator	(619) 563-2720
Terri Kang, Behavioral Health Program Coordinator (Acting)	(619) 563-2777
Wendy Maramba, Chief, Child and Adolescent Services	(619) 584-5076
Mike Miller, Behavioral Health Program Coordinator	(619) 563-2787
Eileen Quinn-O'Malley, Behavioral Health Program Coordinator	(619) 584-5046
Rebecca Raymond, Behavioral Health Program Coordinator	(619) 584-3011

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

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

Access and Eligibility for Services

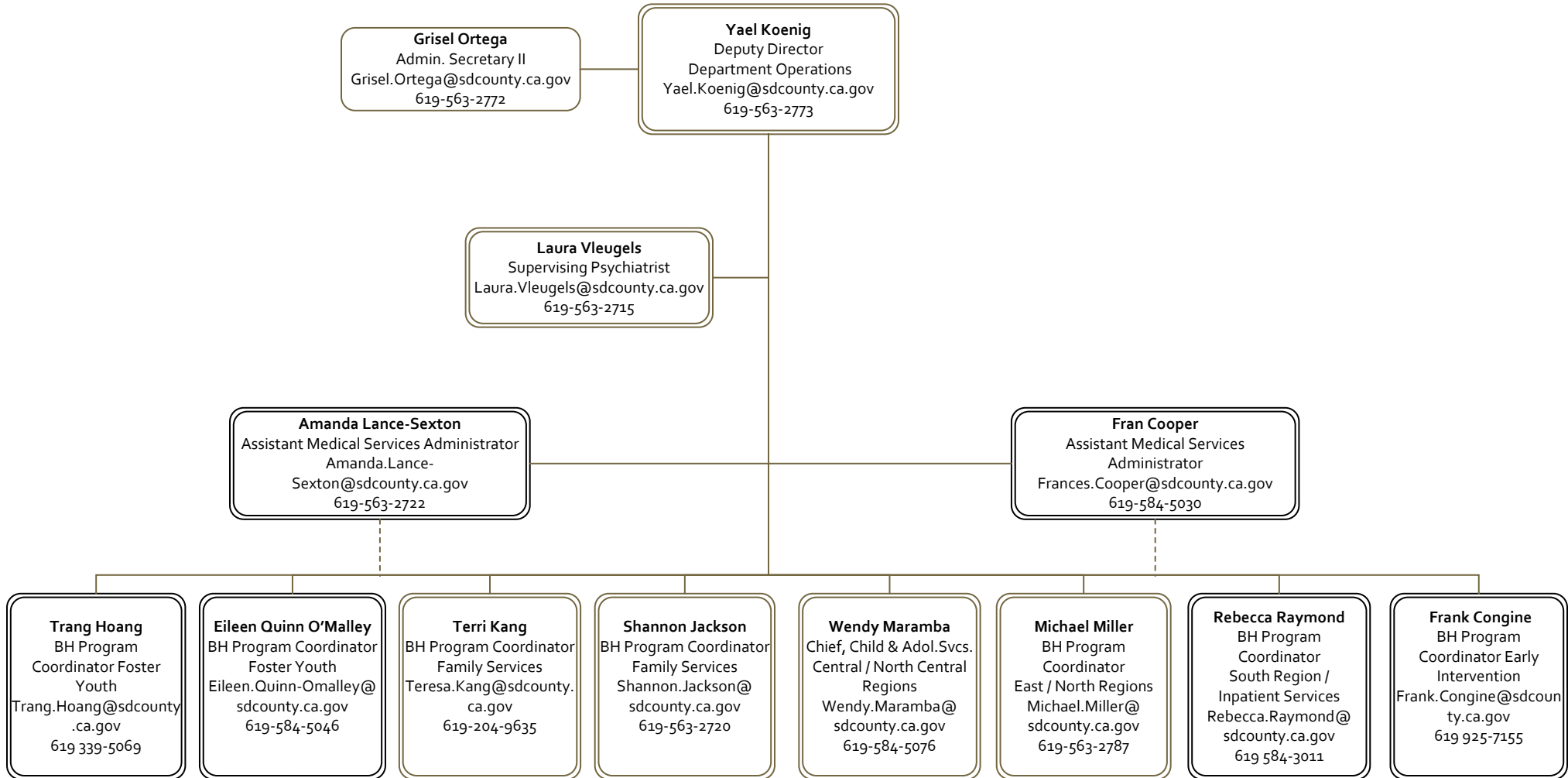
County funded Behavioral health services are intended for children and adolescents who are either experiencing a behavioral health crisis (such as depression, suicidal thoughts, extreme anxiety, substance abuse/dependence) or who require behavioral health services in order to function in school, at home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

Access to Language Services

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

Behavioral Health Services

Children, Youth and Families System of Care





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 92108-3808
(619) 563-2700 • FAX (619) 563-2705

ALFREDO AGUIRRE
DIRECTOR, BEHAVIORAL HEALTH SERVICES

January, 2017

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

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

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

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

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

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

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

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

Yael Koenig, LCSW, Deputy Director

Children, Youth and Families System of Care
Behavioral Health Services


A BHS Children, Youth and Families System of Care eLearning is available on the RIHS website:
<https://theacademy.sdsu.edu/programs/rihs/elearning/>. Search for BHE0028.

Children, Youth and Families
Behavioral Health System of Care Council
Orientation
July 12, 2021

Mental Health Services
Substance Use Disorder
MHSA

CORONAVIRUS DISEASE (COVID-19)
WWW.CORONAVIRUS-SD.COM

County of San Diego Health and Human Services Agency



**Children, Youth & Families Behavioral Health Services
Systemwide Annual Report, FY 2019-20**

CASRC v. 5/27/2021

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

Link:

[https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/CYFBHS%20Annual%20Report FY2019-20 with%20appendices.pdf](https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/CYFBHS%20Annual%20Report%20FY2019-20%20with%20appendices.pdf)



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: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE
HARM REDUCTION STRATEGY (DISTRICTS: ALL)

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

Receive an update on the comprehensive County Substance Use Harm Reduction Strategy, inclusive of a Syringe Services Action Plan.

EQUITY IMPACT STATEMENT

Poverty, drug use, and involvement with the justice system are deeply intertwined and the resulting community and individual traumas are disproportionately felt by low-income populations, as well as communities of Black, Indigenous, and people of color (BIPOC) throughout San Diego County. The County Substance Use Harm Reduction Strategy is designed to combat these patterns at a systemic level and to address the most pressing issues at the intersection of behavioral and public health to improve outcomes for people who use drugs (PWUD) and the broader San Diego community.

Today's action advances equity and racial justice through a client-centered, data-driven, population health approach that delivers behavioral health services through a system of care which recognizes the lived experience of people who use drugs and affirms the dignity of all individuals, families, and communities.

FISCAL IMPACT

There is no fiscal impact associated with this item.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Behavioral Health Advisory Board unanimously supported the recommendations at its meeting on May 6, 2021. This was presented to the Health Services Advisory Board as an informational item on June 1, 2021.

BACKGROUND

In an action brought forward by Chair Nathan Fletcher on January 26, 2021 (13), the San Diego County Board of Supervisors (Board) voted to find prior Board direction opposing harm reduction programs, including the December 9, 1997 resolution entitled "Resolution to Oppose Needle Exchange Programs," to no longer be in effect.

The Board further directed the Chief Administrative Officer to:

- Create an Action Plan to realize a Syringe Services Program to meet the needs of San Diego County's population, including identification of necessary resources and program partnerships, and in accordance with findings and recommendations in the January 14, 2021, Health and Human Services Agency (HHSA) memo and accompanied the Family Health Centers of San Diego and San Diego State University's Institute for Public Health study, *Environmental Assessment on People Who Inject Drugs*, and report back to the Board with regular updates; and

DATE: June 8, 2021

04

TO: Board of Supervisors

SUBJECT

**RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM
REDUCTION STRATEGY (DISTRICTS: ALL)**

OVERVIEW

On January 26, 2021 (13), the San Diego County Board of Supervisors (Board) voted to find prior Board direction opposing harm reduction programs, including the December 9, 1997 resolution entitled "Resolution to Oppose Needle Exchange Programs," to no longer be in effect.

The Board further directed the Chief Administrative Officer to create an Action Plan to realize a Syringe Services Program to meet the needs of San Diego County's population, and to return within 90 days with a comprehensive County Substance Use Harm Reduction Strategy including immediate-, intermediate- and long-term actions that broadens the existing "Opioid and Prescription Drug Misuse" strategy to bring a harm reduction approach to all substance use interventions across San Diego County.

Today's update outlines a comprehensive County Substance Use Harm Reduction Strategy which envisions a world where harms related to substance use are seen as concerns of overall health and well-being, where stigma does not impede access to services, and where we realize a community free of substance use-related harms, with efforts concentrated in four specific focus areas: cross-sectoral convening, housing, workforce, and healthcare integration and access. An action plan to realize a Syringe Services Program is included in the update, as part of the healthcare integration and access focus area.

As further engagement of stakeholders in shaping the tactics associated with the Harm Reduction Strategy moves forward, including input from those with lived experience, specific tactics to operationalize a local naloxone distribution effort will be launched immediately to address alarming rates of drug overdose deaths further exacerbated during the course of the COVID-19 pandemic.

Today's action provides a framework for our County's collaboration with community stakeholders to further incorporate a client-centered, data-driven, public health-oriented approach into service delivery and policy. By supporting the reduction of individual and community harms associated with substance use, this item supports the County's *Live Well San Diego* vision.

SUBJECT: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY (DISTRICTS: ALL)

- Return within 90 days to the Board with a comprehensive County Substance Use Harm Reduction Strategy including immediate, intermediate, and long-term actions that broadens the existing “Opioid and Prescription Drug Misuse” strategy to bring a harm reduction approach to all substance use interventions across the County.

Following this direction, HHSA leadership immediately established an internal Population Health Steering Committee. The Population Health Steering Committee is an interdepartmental body formed to support a broad-reaching, multidisciplinary collaboration across key County of San Diego (County) departments and business groups for the design, planning, and implementation of population health approaches in San Diego County. Co-chaired by Public Health Officer and Public Health Services Director, Dr. Wilma Wooten and Behavioral Health Services Director, Dr. Luke Bergmann, the Steering Committee has led the development of a **comprehensive County Substance Use and Harm Reduction Strategy (Harm Reduction Strategy)**, inclusive of a **Syringe Services Action Plan**, while working swiftly on the immediate, life-saving task of expanding naloxone distribution in San Diego County.

The Harm Reduction Strategy:

- Envisions a world where harms related to substance use are seen as concerns of overall health and well-being, where stigma does not impede access to services, and where we realize a community free of substance use-related harms.
- Strives to respect all people who use drugs, as well as their families and communities, regardless of gender, race, age, sexual orientation, ethnicity, culture, spirituality, health, or socioeconomic status.
- Is driven by a multidisciplinary evidence base and builds upon over a decade of foundational work of local regional stakeholders to mitigate the harms to residents, families and communities related to the misuse of prescribed and illicit opioids and other prescribed medications.

The Harm Reduction Strategy includes four major focus areas listed below, with complete details on Attachment A. Each focus area contains a roadmap of activities rooted in immediate-, intermediate- and long-term tactics.

- *Cross-sectoral Convening,*
- *Housing,*
- *Workforce, and*
- *Healthcare Integration and Access.*

While deeper engagement of stakeholders is in development and implementation of the tactics associated with the Harm Reduction Strategy moves forward, specific tactics within the focus area of *healthcare integration and access* to operationalize a local naloxone distribution effort will be launched immediately to address alarming rates of drug overdose deaths further exacerbated during the course of the COVID-19 pandemic.

SUBJECT: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY (DISTRICTS: ALL)

Local Naloxone Distribution Effort

Naloxone, commonly known by brand name Narcan, is an emergency medication which reduces and reverses the effects of opioid overdoses. In practice, naloxone is a life-saving drug often administered by bystanders to an individual in the midst of an opioid overdose, allowing the overdosing individual’s normal breathing to be restored. Naloxone can be delivered intranasally with the use of a mucosal atomizer device or, intravenously or intramuscularly with a syringe and vial, or auto-injector.

Naloxone is commonly carried by first responders, law enforcement agencies, and community-based organizations that serve people who may be at risk of drug overdose and others who may know people at risk of overdose. Additionally, County Emergency Medical Services developed a partnership with the California Department of Healthcare Services (DHCS) Naloxone Distribution Project (NDP). Through this program, EMS agencies, first responders, and community organizations in California can distribute naloxone to those who would benefit following an emergency patient contact.

Public health research reflects that broad community distribution of naloxone is a proven strategy to reduce overdose deaths. Broad distribution, coupled with training, helps ensure those who are using substances are carrying this life saving medication if needed in the event of an overdose. It also helps ensure people who may witness an overdose, such as family members of a person who uses substances, have naloxone readily available and can render aid. Naloxone success depends on the level of saturation within the community, and ideally should be widely distributed and available at a variety of access points.

While there is already a baseline level of naloxone distribution and access in the community, the rising threat of fentanyl – an ultra-potent opioid found increasingly in opioid and non-opioid drug supplies alike – has precipitated the need for greater naloxone saturation in the community. The onset of COVID-19 coincided with a significant rise in deaths due to drug overdose (50% more overdose deaths in July and August 2020 than in February and March 2020), further increases the urgency for naloxone distribution.

Building on existing efforts, the County’s plan to enhance our naloxone distribution effort includes the implementation of a local Naloxone Standing Order. Naloxone is a prescription medication, requiring a prescribing entity to write individual prescriptions for each person receiving a dose of the medicine. This process can be time-consuming and prohibitive of the ability to quickly and efficiently distribute naloxone into the community. California law provides for the issuance of a local standing order which is a legal document authorizing properly trained individuals within a given jurisdiction to distribute naloxone without needing a specific prescription for each trained community recipient. The standing order for naloxone distribution was recently signed by Dr. Wilma Wooten, the County’s Public Health Officer, which authorizes trained County staff, contracted staff, health organizations, community-based organizations, and other trained community members to distribute naloxone per the standing order. This standing order removes barriers and allows the County to enhance the speed and volume of naloxone distribution into the community.

SUBJECT: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY (DISTRICTS: ALL)

To take the initial steps to enable broader community distribution of naloxone, HHSA has filed an application to receive a free supply of naloxone from the State Department of Health Care Services via its Naloxone Distribution Project. Potential distribution sites and distribution methods are being evaluated in the context of population health data, operational efficiency, and on achieving the greatest success of community saturation. Information from this initial distribution effort will be used to inform any longer-term plans for expanding and sustaining broad community distribution.

Another immediate-term tactic within the *healthcare integration and access* focus area is creation of a Syringe Service Program Action Plan per Board direction. Realizing a County Syringe Services Program (SSP) is a complex effort requiring collaboration with partners and stakeholders across disciplines and communities as well as inputs of resources. Outlined below are action steps to realize a Syringe Service Program.

Syringe Service Program (SSP) Action Plan

In support of those at risk of harm from substance use, HHSA continues to enhance the array of engagement strategies by transforming our care ecosystem toward low-barrier access modes of care and ensuring the process to get health care and social services is easy. Settings that employ harm reduction strategies adopt a supportive, inclusive, stigma-free, “meeting people where they’re at” posture and facilitate easy entry into general health care, social services, and/or treatment.

Based in the community, SSPs are an evidence-based component of low-barrier care that provides clean syringes to people who inject drugs (PWID) and collect used syringes in return. This helps ensure hazardous needles are not discarded into parks, on streets, or elsewhere in the community, and supports a reduction of sharing of needles among PWID which contributes to reductions in transmission and acquisition of the Hepatitis C virus (HCV), the human immunodeficiency virus (HIV), and other diseases. Notably, in 2019, 30% of newly reported chronic Hepatitis C cases in San Diego County were people with a history of intravenous drug use. SSPs are a critical component of working together with other community-wide efforts such as the Eliminate Hepatitis C San Diego County initiative.

Additional services may be offered at SSPs, such as linkages to substance use disorder treatment, mental health services, primary and specialty medical care, social services, HCV and HIV testing, naloxone training and distribution, overdose prevention assistance, and education. SSPs may utilize a workforce consisting of medical, behavioral health, public health, and addiction specialist personnel, as well as peer support specialists and volunteers.

In response to Board direction, a high-level SSP Action Plan was created to meet the needs of San Diego County’s populations and ensure successful deployment and operation of a SSP Action Plan.

1. Engaging San Diego County stakeholders and residents

The County will engage residents and stakeholders from organizations and constituent groups across San Diego County’s communities to receive input that will shape planning and implementation efforts.

SUBJECT: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY (DISTRICTS: ALL)

To support these efforts, HHSA will procure a consultant to conduct a Community Readiness Assessment. The Community Readiness Assessment will help the County better understand resident knowledge of SSPs, identify organizations and groups that support deployment of SSPs, and better understand concerns and objections regarding SSPs, particularly for residents who are located in areas considered for SSPs.

The County will use information and data collected from this assessment to build relationships with organizations and constituent groups and support the action steps outlined below including the reviewing and assessment of policy, and development evaluation criteria to assess the success of future SSPs. Ultimately, information and data from this Community Readiness Assessment will be used to help improve the County’s response to our residents impacted by injection drug use and support the health and safety of all our residents.

2. Convening the County enterprise around planning and implementation

Given that the County has not previously operated SSPs, and given that implementation of SSPs will involve multiple stakeholders across the County enterprise, this set of activities will bring together representatives of County leadership and business groups to meet and collaborate to identify key operational and policy decisions. To guide the discussions, staff and subject matter experts will hear and share community input gathered including from those with lived experience; key population health and other data; and review best practices as identified by technical experts and as informed by the experiences of other jurisdictions. Staff will develop a work plan describing key activities and decisions required to deploy SSPs along with proposed timelines.

3. Developing policies and procedures for siting, implementing, and monitoring SSPs

This set of activities will create the operational blueprint for the establishment, monitoring, and evaluation of SSPs. Key activities will include identification of potential resource needs such as staffing and funding, and development of policies, procedures, and criteria to site, implement, and monitor SSPs. This includes the development of processes to respond promptly to resident concerns about any sited SSPs, including processes for follow-up, investigation, response, and resolution.

4. Implementation and ongoing evaluation

The model for, and timing of, implementation of SSPs will be shaped by the action steps above. In support of transparency with stakeholders and constituents, the County will identify key measures associated with any permitted SSPs and collect data that can be used to assess their effectiveness. These measures will include operational measures (e.g., number of syringes collected, number of syringes distributed, number of naloxone kits distributed, number of fentanyl test strips distributed, number of HIV and HCV tests provided), and outcome measures (e.g., the percentage of clients linked to medical care, number of clients enrolled in substance use treatment and the percentage who complete treatment, reductions in local overdose admissions, reductions in local overdose deaths). Information on development of these measures will be provided in a future update.

SUBJECT: RECEIVE UPDATE ON COMPREHENSIVE COUNTY SUBSTANCE USE
HARM REDUCTION STRATEGY (DISTRICTS: ALL)

As resources are needed to support implementation and operationalization of elements of the Comprehensive Harm Reduction Strategy, including realizing a Syringe Services Program, these will be identified for your Board.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's action supports the County of San Diego's 2021-2026 strategic initiatives of Building Better Health and Living Safely, as well as the County's *Live Well San Diego* vision, by updating a comprehensive and coordinated plan to support people who use drugs through implementation of proven harm reduction strategies.

Respectfully submitted,

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

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – County of San Diego Comprehensive Harm Reduction Strategy

County of San Diego Comprehensive Harm Reduction Strategy

INTRODUCTION/BACKGROUND

Despite longstanding commitments and efforts by leaders from across sectors including substance use disorder (SUD) treatment providers within San Diego County, high-risk behaviors and harms related to substance use remain at an all-time high.

Overdose deaths in the region jumped from 616 in 2019 to 941 deaths in 2020, including a three-fold increase in fentanyl deaths. Sadly, a higher monthly trend continues in the early part of 2021, on pace for nearly 1,200 overdose deaths for the year if the current trend continues. Overdose deaths are only one indicator of the impact of substance use in our region, as the harms of substance use extend to families, neighborhoods, the healthcare system, and to other intersecting systems.

To make a significant impact on this trend, a broader approach focusing specifically on reducing harms and high-risk behaviors can be integrated across health and social services—one that is cohesive and on a continuum with existing SUD services. Over thirty years of evidence around the world has shown that harm reduction approaches reduce the spread of the Hepatitis C virus (HCV) and the human immunodeficiency virus (HIV), lead to greater engagement with treatment, lead to reductions in crime, and reduce overdose deaths, among other positive outcomes, with no increase in usage rate of substances.

A Comprehensive Harm Reduction Strategy is being put forth in this document, pursuant to Board of Supervisors' direction on January 26, 2021 (13). The Harm Reduction Strategy will guide the County of San Diego, in collaboration with partners and stakeholders, in addressing the most pressing issues at the intersection of behavioral and public health; and will initiate and effect data-driven decision-making and evidence-based solutions to improve outcomes for both the people who use drugs (PWUD) population—a high-need population—and the broader San Diego community.

VISION

Envisioning a community where the impacts related to substance use are seen as a crisis that influences overall health, well-being, and the quality of life of the individual, families, and community, where stigma does not impede access to services, and where we realize a community free of substance use-related harms.

MISSION

To protect San Diegans from the individual, family, and community impact of drug use by enacting a harm reduction approach towards substance use which prioritizes human dignity, saving lives, providing appropriate levels of care for people who use drugs (PWUD), and best practices in addressing substance use, and addiction.

GUIDING PRINCIPLES

Guiding principles of the harm reduction approach in San Diego County are as follows:

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Human Rights and Dignity

Substance Use and Harm Reduction approaches in San Diego County respect all human beings, meeting them “where they’re at” without judgment and aim to reduce the stigma of people who use drugs (PWUD).

Diversity and Social Inclusivity

The County of San Diego strives to respect all PWUD, as well as their families and communities, regardless of gender, race, age, sexual orientation, ethnicity, culture, spirituality, health, or socioeconomic status.

Health and Well-Being Promotion

The County of San Diego aligns with the *Live Well San Diego* vision of healthy, safe, and thriving communities. Harm reduction efforts are oriented toward improving the health, safety, and capacity to thrive for all PWUD.

Partnerships & Collaborations

Harm reduction approaches are informed by and carried out through partnerships and collaborations across all sectors in the community. Partnerships are built upon the foundation of shared goals and trust in the interest of serving our community.

Participation (“Nothing about us without us”)

The County of San Diego recognizes the right of PWUD to be involved in the efforts to reduce the debilitating impact of drug use in their communities.

Accountability and Improvement

The County of San Diego is committed to continuous improvement in the quality of its harm reduction efforts and intends to use data, community feedback, and input to continually assess current and future individual and community needs.

STRATEGIC APPROACH AND PRIORITIES

Leveraging the expertise of individuals with lived experiences, behavioral health professionals, public health professionals, primary care providers, first responders, clinical experts, housing experts, and other subject matter experts and stakeholders, the Harm Reduction Strategy will inform collaborative efforts, evidence-based programming, and data-informed approaches to realize a physical health and behavioral health landscape which addresses the unique needs of specific populations in San Diego County. The strategy will guide decision-making for population health interventions initiated, designed, and implemented by the County of San Diego.

- Prioritize parity, healthcare integration, and a *harm reduction in all policies and programs* approach across all key areas of work.
- Use an approach that employs equity in the governance of mental health, substance use, and physical health services.
- Utilize a data-driven approach and best practices of harm reduction.
- Work with existing initiatives—such as Getting to Zero, Hep C Elimination Initiative in San Diego County, TB Elimination Initiative, and others—as touchpoints to further the goals of eliminating disease and reducing impact to the focus population.

TACTICAL FOCUS AREAS

The foundation of a successful substance use and harm reduction ecosystem in San Diego County will be worked on and operationalized within four tactical areas. These tactical focus areas are as follows:

- I. Cross-Sectoral Convening**
The mission of greater health equity and improved health outcomes for the PWUD population in San Diego County requires integrated, cross-sector approaches. Convening and collaboration between County of San Diego business units, as well as health networks, community-based organizations, physical health entities, family and community voices, and other stakeholders is necessary to address the multifactorial challenges facing the PWUD population.
- II. Housing**
Substance use and homelessness often overlap, with homelessness exacerbating the harmful effects of drug use, and vice versa. Being on the street and pushed to the margins increases the likelihood of risky behaviors and decreases the effectiveness of interventions aimed at reducing the harmful impact of substance use. Housing, therefore, must be a key pillar of a comprehensive harm reduction strategy.
- III. Workforce**
To carry out the mission and realize the vision of the Harm Reduction Strategy, a workforce that is trained and skilled in the philosophy, approaches, and interventions of harm reduction will be a necessity. Developing and supporting a workforce that employs harm reduction principles across levels and types of service will be prioritized in our strategy.
- IV. Healthcare Integration and Access**
The health and well-being of individuals do not exist in silos. Integration of care and access to the right services for PWUD is paramount. The effects of substance use impact the mental health and physical health of an individual, and the physical health and mental health of an individual impact the course and outcomes of their substance use. Integration across mental health, SUD, physical health, and community-based services is a key component of addressing the well-being of PWUD and managing care of individuals in a lower-acuity, chronic care context rather than expensive episodic, acute care contexts. For the chronic condition of SUD, harm reduction services and principles help add the necessary bridge for many clients for whom recovery is non-linear. When SUD treatment providers work in conjunction with harm reduction services and with harm reduction principles, service continuity can be optimized. Treating the whole person and ensuring access to best practices in harm reduction guide this focus area.

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TACTICAL FOCUS AREAS

(1) Cross-Sectoral Convening	(2) Housing	(3) Workforce	(4) Healthcare Integration and Access
Immediate-term Tactics			
<ul style="list-style-type: none"> Include public health leadership from government and community in governance of key regional meetings Deploy County epidemiologists to provide technical assistance to key regional convenings to support development of a harm reduction approach, (i.e., development of data reports and dashboards) 	<ul style="list-style-type: none"> Collaborate with housing technical expert(s) for review and comparison of needs and/or investments, including recommendations for leveraging national best practices and funding strategies that integrate harm reduction principles in housing settings 	<ul style="list-style-type: none"> Ensure that harm reduction is a core component of peer service delivery 	<ul style="list-style-type: none"> Issue Local Standing Order and implement broad local Naloxone distribution sprint to address COVID-19-related patterns of substance use Optimize Drug Medi-Cal Organized Delivery System provider network naloxone distribution Implement Syringe Service Action Plan Pursue care management coordination with primary care for mental health (i.e., mild/moderate) and physical health Conduct academic detailing to address barriers and expand access to buprenorphine Collaborate with Federally Qualified Health Centers (FQHCs) and other partners to identify opportunities to further infuse a harm reduction approach into service delivery Pursue fentanyl-specific testing
Intermediate-term Tactics			
<ul style="list-style-type: none"> Implement joint annual harm reduction strategy-setting between key regional convenings Leverage new data reports and dashboards to inform upstream prevention efforts as part of cross-sectoral convenings 	<ul style="list-style-type: none"> Implement strategies identified via the above review to integrate harm reduction principles in housing settings, including strategies to address people with substance use disorder who are not considered disabled Develop revised metrics and associated targets related to housing that incorporates a harm reduction approach 	<ul style="list-style-type: none"> Enhance County and contracted workforce training to include harm reduction principles and strategies 	<ul style="list-style-type: none"> Identify solutions to address parity in the provision/siting of substance use disorder versus mental health services Identify policy opportunities to integrate FQHC and substance use disorder care delivery, including enhanced integration/coordination around Drug Medi-Cal Organized Delivery System (DMC-ODS), and collaboration around CalAIM Engage health plans, including Medi-Cal plans, to incorporate harm reduction opportunities in policy and practice Promote buprenorphine access across all sectors; establish centralized quantitative metric for services

(1) Cross-Sectoral Convening	(2) Housing	(3) Workforce	(4) Healthcare Integration and Access
Long-term Tactics <ul style="list-style-type: none"> • Develop an integrated, unified, cross-sectoral regional governance structure for harm reduction 			
	<ul style="list-style-type: none"> • Pursue policy solutions to establish parity in funding for substance use housing resources 	<ul style="list-style-type: none"> • Develop a harm reduction training program for workforce working within the continuum of care for PWUD, including Drug Medi-Cal Organized Delivery System providers • Expand peer specialist workforce trained in employing harm reduction strategies within the County's system of care 	<ul style="list-style-type: none"> • Pursue policy solutions to integrate mental health (i.e., mild/moderate) with substance use disorder programs



ITEM #4: REPORT BACK ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY

Nick Macchione, Agency Director, Health and Human Services Agency

Luke Bergmann, PhD, Director, Behavioral Health Services

Wilma J. Wooten, MD, MPH, Public Health Officer and Director, Public Health Services

June 8, 2021

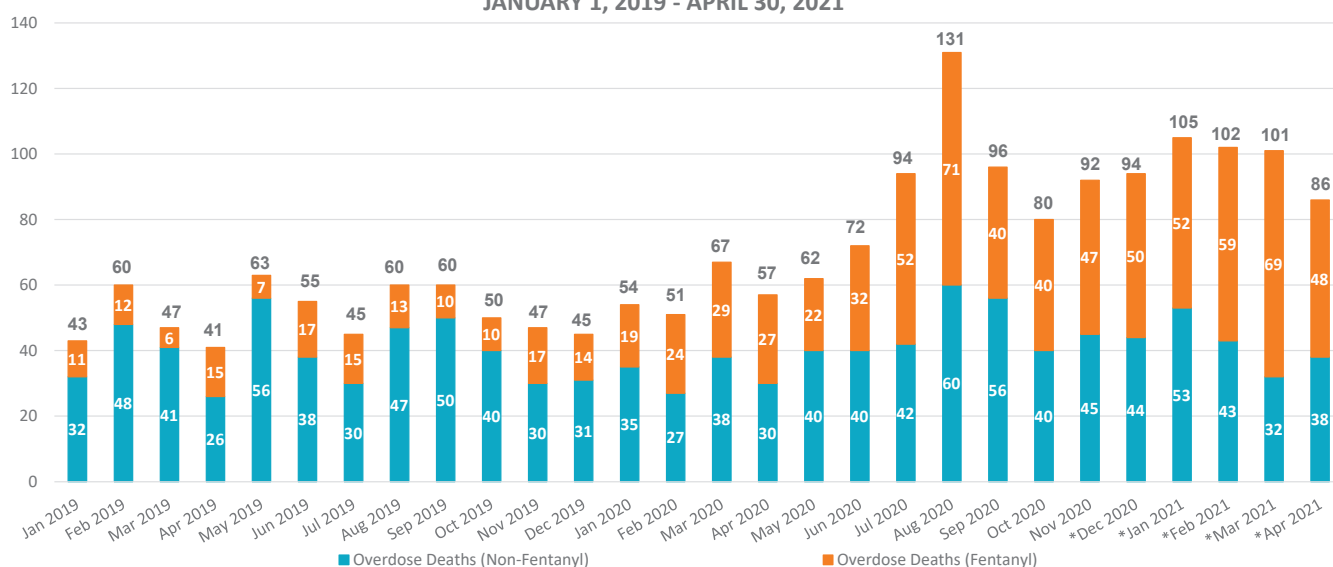


REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO

ACCIDENTAL OVERDOSE DEATHS IN SAN DIEGO COUNTY,
JANUARY 1, 2019 - APRIL 30, 2021



*Data for Dec 2020 – April 2021 include probable overdose deaths, pending investigation

REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO

Among individuals with a diagnosable substance use disorder...

90% never
enter
treatment



3x higher
emergency
department visits



5x higher
hospitalizations



REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO

Minute Order

In an action on January 26, 2021 (13), the San Diego County Board of Supervisors (Board) voted to find prior Board direction opposing harm reduction programs to be no longer in effect.

The Board directed the Chief Administrative Officer to:

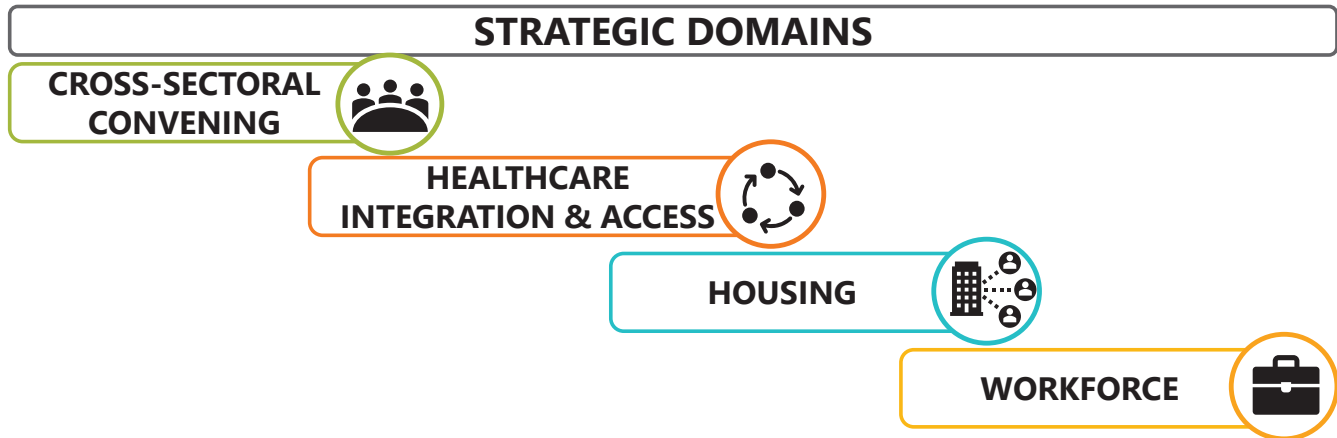
- Create an Action Plan to realize a Syringe Service Program; and
- Return to the Board with a comprehensive County Substance Use Harm Reduction Strategy.

REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO

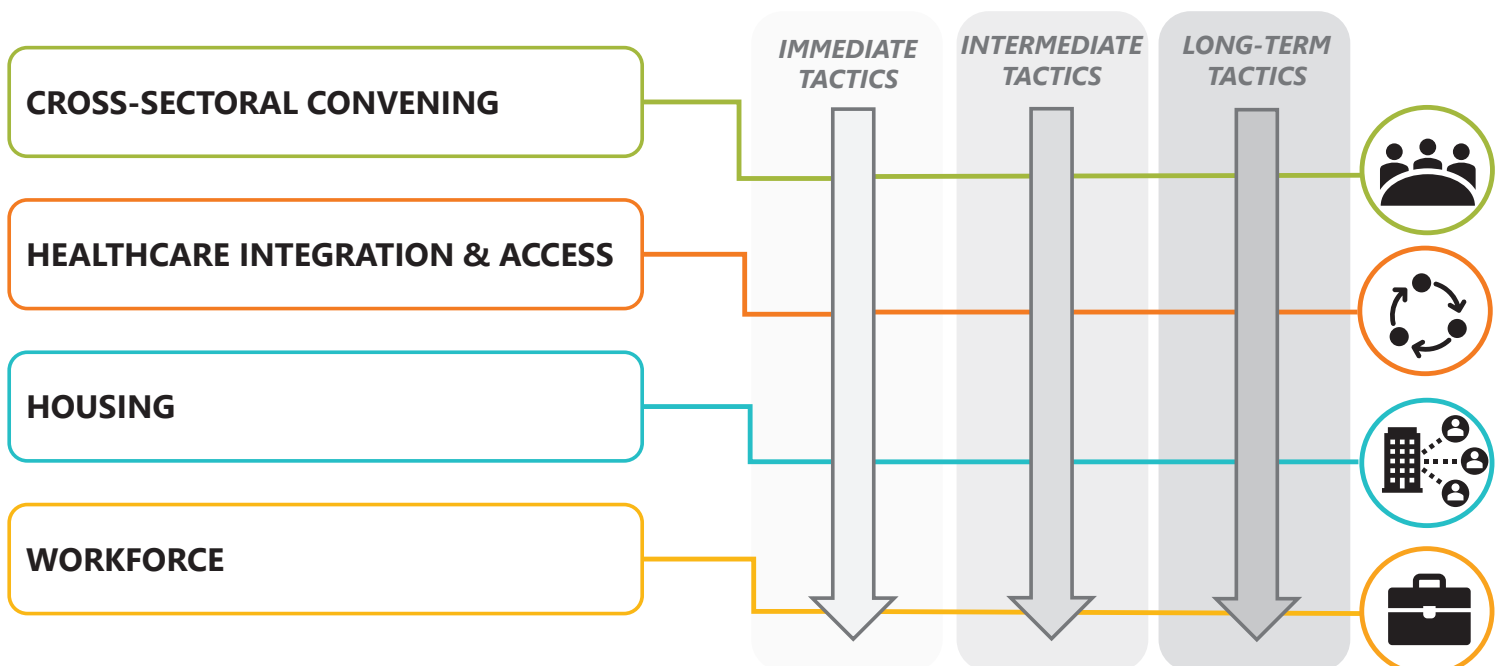
- The County Harm Reduction Strategy is based on a multidisciplinary evidence base with systemic efforts concentrated in four strategic domains
- Each focus area is built on a roadmap of immediate, intermediate and long-term tactics



REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO



REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO



CROSS-SECTORAL CONVENING

Fostering Cross-sectoral Convenings that Facilitate Dynamic Response to Changes in Drug Use

- Unification of the Prescription Drug Abuse Task Force and Meth Strike Force under a broad substance use harm reduction task force
- Evenly shared governance between public safety and public health
- Shared resources and data

SUBSTANCE USE HARM REDUCTION TASK FORCE



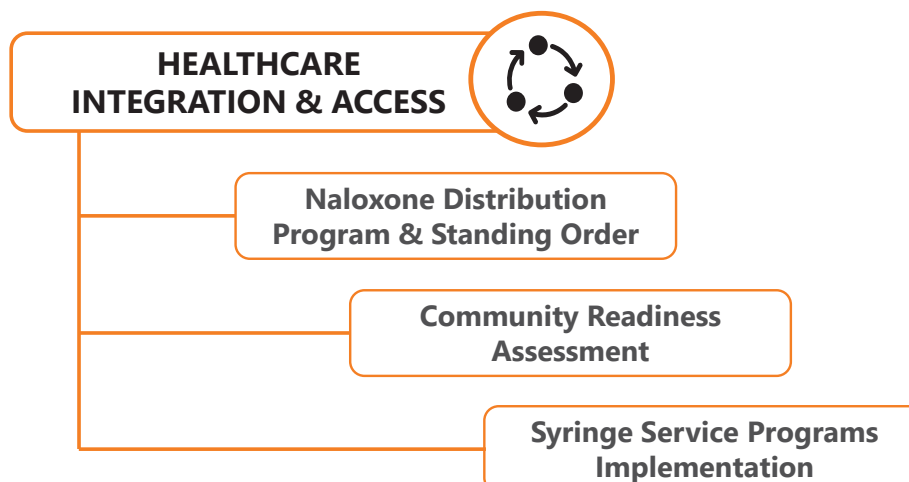
REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO



HEALTHCARE INTEGRATION & ACCESS



REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO



HEALTHCARE INTEGRATION & ACCESS

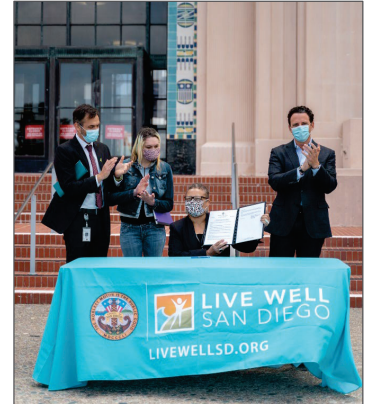
Local Naloxone Distribution Effort

- Naloxone is an emergency medication which reduces and reverses the effects of opioid overdoses, it is also known by the brand name Narcan
- Broad community distribution of naloxone is proven to reduce overdose deaths
- Recent increased threat of fentanyl requires greater naloxone saturation in the community

Action Steps

Naloxone Standing Order

Evaluation of potential distribution sites and methods



REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO



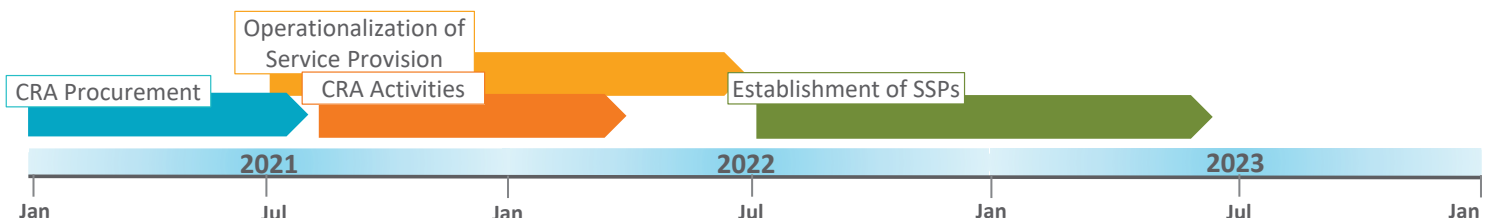
HEALTHCARE INTEGRATION & ACCESS

Syringe Service Program (SSP) Action Plan

- Engage San Diego County stakeholders and residents via the Community Readiness Assessment (CRA)
- Convene the County Enterprise around planning and implementation
- Develop policies and procedures for siting, implementing, and monitoring SSPs
- Implementation and ongoing evaluation

Community Readiness Assessment

- Gather insight into resident knowledge of SSPs
- Identify organizations and groups to support SSP deployment
- Understand community concerns and objections



REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO



HOUSING

Housing Support for Chronically Homeless with Severe Substance Use Disorder

- Informed by a *housing first* approach, investing in collaborative, low-barrier bridge housing, permanent housing solutions, and resident support services that are not contingent on treatment status
- Community-Harm Reduction Team (C-HRT) – a specialized harm reduction team that provides outreach and engagement to homeless persons with a substance use or co-occurring conditions in the City of San Diego
- Safe Havens for chronically homeless with harmful substance use



REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO



WORKFORCE

What is a Harm Reduction Workforce?

Peer Support Workforce

- Establish capacity for peer support services within mental health, substance use, and other areas of work
- Ensure harm reduction is a core component of peer service delivery
- Enhance County and contracted workforce training to include harm reduction principles and strategies

Workforce Conference

- Address the shortage of behavioral health workers and foster a new generation of health professionals

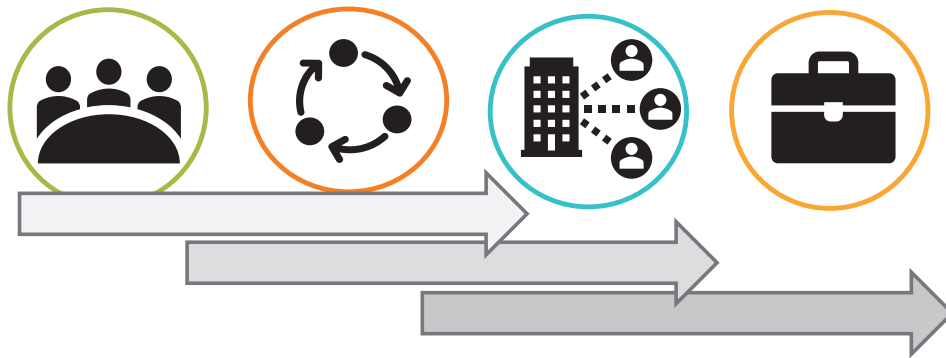
REPORT BACK ON COUNTY SUBSTANCE USE & HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO

Looking Ahead

- Ongoing, aggressive implementation of immediate-term tactics
- Building out additional intermediate- and long-term tactics across the four strategic domains



TODAY'S ACTION



LIVE WELL
SAN DIEGO

Recommendation

Receive an update on the comprehensive County Substance Use Harm Reduction Strategy, inclusive of a Syringe Services Action Plan.



ITEM #4: REPORT BACK ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY

Nick Macchione, Agency Director, Health and Human Services Agency

Luke Bergmann, PhD, Director, Behavioral Health Services

Wilma J. Wooten, MD, MPH, Public Health Officer and Director, Public Health Services

June 8, 2021





2020 *LIVE WELL SAN DIEGO* 10-YEAR IMPACT REPORT

EXECUTIVE SUMMARY

A DECADE OF **HEALTHY, SAFE, AND THRIVING** COMMUNITIES

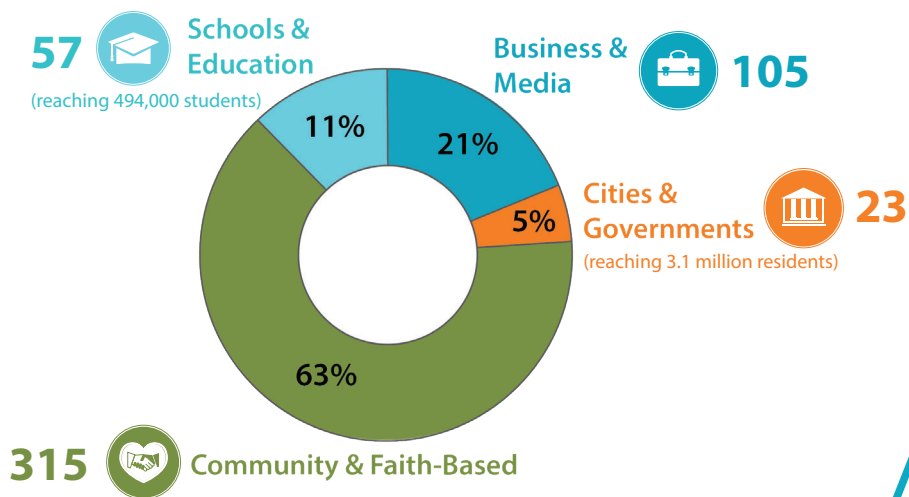
The *Live Well San Diego* vision began ten years ago with the goal of improving wellness for all 3.3 million residents living in San Diego County. Developed over the course of two years, through a robust community and stakeholder engagement process, the vision was a response to a startling statistic that found that throughout the nation and locally three behaviors (poor nutrition, lack of physical activity and tobacco use) were contributing to four diseases (heart disease/stroke, cancer, type-2 diabetes and respiratory conditions) that resulted in over 50% of the deaths in San Diego County (also known as 3-4-50).

Since it was initiated with the approval of the San Diego County Board of Supervisors on July 13, 2010, the vision has grown into a collective impact movement that is creating a better quality of life for all residents. As of December 3, 2020, **500 Recognized Partners have committed to the vision**, so that wherever you live, work, play or pray, an organization or individual is nearby working to improve your well-being and the health of your community.

During the past decade, efforts in support of the vision have driven a 12% reduction in the percentage of deaths associated with preventable health threats (2007-2019).

The full 2020 10-Year Impact Report can be found online and includes success stories and incredible impacts that partners have accomplished together over the past decade. Read the full report at [LiveWellSDAnnualReport.org](https://www.livewellsd.org/annual-report).

PERCENT DISTRIBUTION OF PARTNERS BY SECTOR



500 PARTNERS

1
VISION
of a
region
that is

Building
Better
Health

Living
Safely

Thriving

4
STRATEGIC
APPROACHES

Building a
Better Service
Delivery
System



Supporting
Positive
Choices



Pursuing
Policy &
Environmental
Changes



Improving
the Culture
Within



5
AREAS OF INFLUENCE



HEALTH



KNOWLEDGE



STANDARD OF
LIVING



COMMUNITY



SOCIAL

TOP 10 *LIVE WELL SAN DIEGO* INDICATORS

Life
Expectancy

Quality of Life

Education

Unemployment
Rate

Income

Security
Physical
Environment
Built Environment

Vulnerable
Populations

Community
Involvement

that measure the impact of collective actions by partners and the County to achieve the vision of a region that is Building Better Health, Living Safely and Thriving.

Efforts in support of the *Live Well San Diego* vision



12%

Reduction

in the percentage of deaths associated with preventable health threats (2007-2019)

3-4-50 Chronic Disease

Over the last ten years, *Live Well San Diego* Partners have **reduced the percentage of deaths associated with preventable health threats by 12%** (2007-2019). By working to decrease preventable disease-related deaths (3-4-50), the *Live Well San Diego* vision has provided the foundation to improve the social and economic conditions that impact health and wellness and increase neighborhood safety while engaging residents in their community.



22%

Reduction

in heart attacks in San Diego County (2011-2016)

Heart Attacks

Be There San Diego, a coalition of patients, communities, healthcare systems and organizations, **reduced heart attacks in San Diego County by 22%** (2011-2016) through their Heart Attack & Stroke Free Zone, Southeastern San Diego Cardiac Disparities Project and Accountable Communities for Health workgroups.

Crime & Security

Neighborhood safety and security have a significant impact on an individual's ability to thrive. Exposure to crime and violence has been shown to have negative impacts on a person's overall quality of life, including their physical and mental health and even how involved they are in their community. Crime rates in San Diego have been declining since 2010 thanks to the concerted effort of local law enforcement agencies and community partners who have **reduced the overall crime rate in San Diego County by 26%** and **the youth arrest rate by 76%**.



26%

Reduction

in the overall crime rate (2009-2017)



27%

Reduction

in the property crime rate (2009-2017)



21%

Reduction

in the violent crime rate (2009-2017)



76%

Decrease

in the youth arrest rate (2008-2017)



3.0%

Increase

in % of people age 25 or older with H.S. diploma or GED (about 53,393 people, 2009-2018)

Live Well Schools

Live Well Schools is a collaboration of community partners, led by the County of San Diego. A key strategy of Live Well Schools is to build and strengthen the relationships between schools, districts, and community partners so that they can work together to address the impacts that physical and mental health and absenteeism have on academic performance and overall quality of life.



4.3k

Fewer

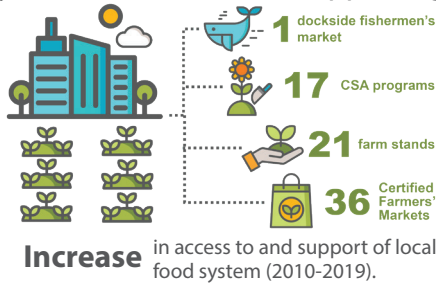
students are overweight or obese in county school districts (2010-2018)

One area where partners have worked to make progress is around childhood obesity. Declining trends over time show **4,300 fewer students across San Diego County school districts are overweight or obese** (2010-2018).

have driven incredible impacts:

Food System Initiative

Community partners are improving the local food system by increasing access to healthy and affordable food, supporting the local food economy and food supply chain, and protecting our natural resources through the support of small-scale farmers and sustainable farming practices.



Homelessness

The Regional Taskforce on the Homeless conducts an annual Point-in-Time Count in January - a physical count of all people experiencing homelessness who are living in emergency shelters, transitional housing, safe havens and on the street, vehicles, encampments or parks on a single night. In 2014, hundreds of community members came together to count 8,506 people experiencing homelessness, while 2020 counts showed 7,658 people, a **reduction of 10% in the number of homeless persons living in San Diego County**.



Opportunity Youth

Workforce development is a method of improving the local economy by removing the barriers that might be in place for particular groups and devising strategies to remove those barriers through policy and systemic changes, as well as skills development and training.

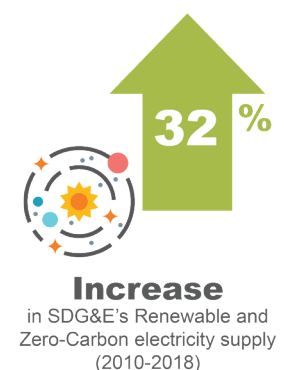
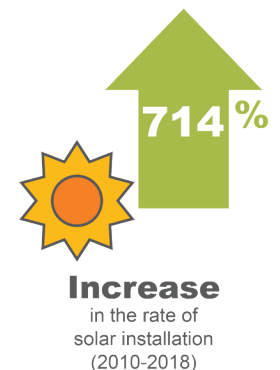
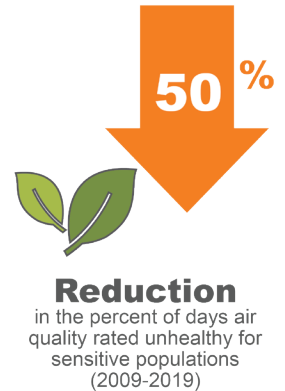
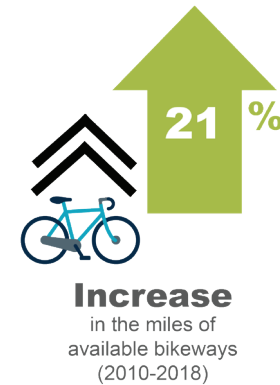
Opportunity Youth are young adults ages 16-24 who are not in school and are not working - they are both seeking opportunity in the job market and offering an opportunity for local organizations to invest in them. Partners have already seen positive outcomes from their efforts to connect these youth to future career paths, including a **17% decrease in the youth disconnection rate** (youth not in school or working).



Sustainability & Climate




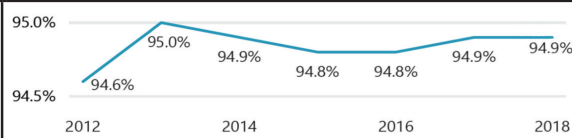



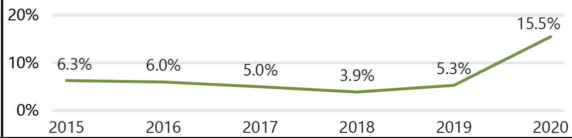



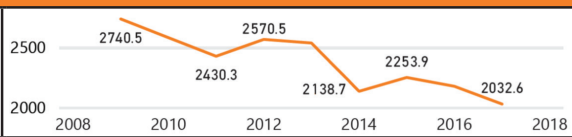

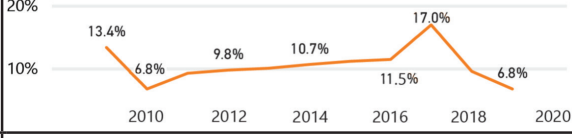

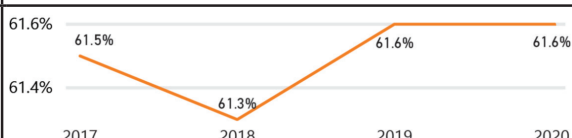

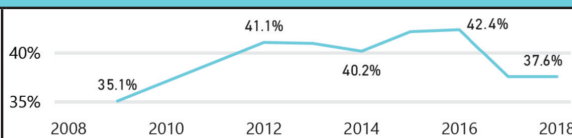

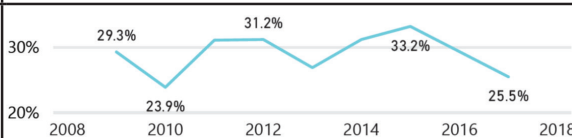
Outdoor environments, from beaches and wetlands to mountains and deserts, play a key role in living well in San Diego County. Keeping these spaces accessible and thriving requires input and action from individuals, organizations, and government agencies throughout the region to address these factors and advance climate resilience and adaptation solutions.



Over the past decade, San Diego County saw a **50% reduction in the percent of days air quality was rated unhealthy**, a **21% increase in miles of available bikeways**, and turned to more sustainable renewable energy to ensure future San Diegans can continue to access and enjoy the environmental diversity throughout our communities.



MEASURING PROGRESS: *Live Well San Diego* Top 10 Indicators

Progress toward the *Live Well San Diego* vision is measured across a person's lifespan within 5 Areas of Influence and 10 *Live Well San Diego* Indicators which define what it means to live well in San Diego County. As more residents improve their health, safety and economic status, there are more opportunities for people to grow, connect and thrive.

Status	Indicator: Measure	U.S.	CA	SD	Trend Data
HEALTH - ENJOYING GOOD HEALTH AND EXPECTING TO LIVE A FULL LIFE					
	Life Expectancy: Length of life expected at birth in years	78.7	U	82.6	
	Quality of Life: Percent of the population sufficiently healthy to live independently (not including those who reside in nursing homes or other institutions)	97.1%	97.5%	94.9%	
KNOWLEDGE - LEARNING THROUGHOUT THE LIFESPAN					
	Education: Percent of population ages 25 and over with at least a High School Diploma or Equivalent	87.7%	82.9%	86.5%	
STANDARD OF LIVING - HAVING ENOUGH RESOURCES FOR A QUALITY LIFE					
	Unemployment Rate: Percent of the total labor force that is unemployed (2019 ESRI Community Analyst current year, data is not seasonally adjusted)	13.0%	15.7%	15.5%	
	Income: Percent of population spending less than 1/3 of income on housing	68.4%	58.7%	56.9%	
COMMUNITY - LIVING IN A CLEAN AND SAFE NEIGHBORHOOD					
	Security-Overall Crime Rate: Number of crimes per 100,000 people (all crimes, including violent and property)	2745.1	2946.0	2032.6	
	Physical Environment-Air Quality: Percent of days that air quality was rated as unhealthy for sensitive populations	0.8%	4.6%	6.8%	
	Built Environment-Distance To Park: Percent of population living within a quarter mile of a park or community space	U	U	61.6%	
SOCIAL - HELPING EACH OTHER TO LIVE WELL					
	Vulnerable Populations-Food Insecurity: Percent of population with income of 200 percent or less of the federal poverty level, who have experienced food insecurity	U	39.1%	37.6%	
	Community Involvement-Volunteerism: Percent of population who volunteer	30.3%	25.4%	25.5%	

-  Moving in the right direction
-  Moving in the wrong direction

Note: The most current local data, that has state and national comparison data is reported. U = unavailable.

To view data at a sub-regional or sub-area level, visit www.LiveWellSD.org/data-results.

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

CORONA VIRUS DISEASE 2019 RESOURCES (COVID-19)

County of Diego COVID-19 Webpage: <https://www.sandiegocounty.gov/coronavirus.html> or [Click Here](#)

The screenshot shows the top of the County of San Diego's COVID-19 webpage. The header includes the County logo, the title "Coronavirus Disease 2019", and a search bar. Below the header is a navigation menu with links: "COVID-19 IN SAN DIEGO", "VACCINE", "HEALTH ORDER", "REOPENING", and "HEALTH PROFESSIONALS". The main content area features a large blue banner with a virus illustration and the text "COVID-19 (CORONAVIRUS DISEASE 2019)". Below the banner, there's a section for "COVID-19 Vaccine" with a sub-header "COVID-19 Vaccine" and a description: "Anyone 12 and up can now get a vaccine at no cost. Sites and appointments". To the right of the vaccine section is a "Select Language" dropdown menu with a list of languages: "Recursos en español", "معلومات باللغة العربية", "中文信息", "Impormasyon sa Tagalog", "한국어 정보", "Macluumaad Af-Soomaali ah", and "Thông Tin Bằng Tiếng Việt". Below the language menu is a section for "Other Languages" with a grid of language options: "Español", "Русский", "Tiếng Việt", "العربية", "Soomaali", "Português", "دري", "Somali", "Tagalog", "Swahili", "Українська", "中文", "Kreyòl", "فارسی", "日本語", and "Français". At the bottom of the language section is a link for "Outside resources".

Behavioral Health Services Resources for Managing Mental Health and Coping During COVID-19: <https://www.sandiegocounty.gov/hhsa/programs/bhs/> or [Click Here](#)

The screenshot shows the top of the County of San Diego's Behavioral Health Services webpage. The header includes the County logo, the title "Behavioral Health Services", and a search bar. Below the header is a navigation menu with links: "I WANT TO FIND", "ADULT SERVICES", "CHILDREN'S SERVICES", "PROVIDERS", and "CONTACT". The main content area features a large blue banner with the text "Resources for Managing Mental Health and Coping During COVID-19". Below the banner, there's a section for "Looking for mental health or substance use services for you or a loved one?" with three icons: "CALL ACL* 1-888-724-7240 Available 24/7", "LIVE CHAT Available Mon-Fri (4pm-10pm)", and "Dial 7-1-1 (TTY)". To the right of the icons is a "Select Language" dropdown menu with a list of languages: "Recursos en español", "معلومات باللغة العربية", "中文信息", "Impormasyon sa Tagalog", "한국어 정보", "Macluumaad Af-Soomaali ah", and "Thông Tin Bằng Tiếng Việt". Below the language menu is a section for "Other Languages" with a grid of language options: "Español", "Русский", "Tiếng Việt", "العربية", "Soomaali", "Português", "دري", "Somali", "Tagalog", "Swahili", "Українська", "中文", "Kreyòl", "فارسی", "日本語", and "Français". At the bottom of the language section is a link for "Outside resources".