



July 8, 2024 | 9 to 10:30 a.m.

<https://us06web.zoom.us/meeting/register/tZlkOuupz8vHNwF0FUXlPQe8NilGHg84mOU>

**10 minutes**

- o **Welcome Back** - July 2024 to June 2026 Family Sector Co-Chair: Sten Walker
- o **Thank you, Stephanie Escobar** - Co-Chair from July 2022 to June 2024 representing the Public Sector
- o **Health Care Provider** alternate: Jennifer Kennedy
- o **SELPA Member/Alternate Rotation**: Jaime Tate-Symons shifts to member seat/Russell Coronado shifts to alternate seat

- Culture Share in recognition of Asian American, Native Hawaiian, and Pacific Islander month provided by the Education Sector (Darwin Espejo):  
[A Child is a Child: A Snapshot of Children's Health in California - The Children's Partnership \(childrenspartnership.org\)](https://www.childrenspartnership.org/handouts)  
Handouts – **Pages 6-12**

## 5 minutes

- May 13, 2024, Meeting Summary - Handout - **Pages 13-17**

**20 minutes**

## Board Letters / Board Actions

- **Item XX:** Presentations on the Chief Administrative Officer Recommended Operational Plan for Fiscal Years 2024-25 & 2025-26 Handouts - **Pages 18-228**

May 14, 2024: [Board of Supervisors - Group Budget Presentations \(granicus.com\)](https://www.granicus.com/)

May 16, 2024; [Board of Supervisors - Group Budget Presentations \(granicus.com\)](https://www.granicus.com/)

- **Item 08:** Authorize contract amendments to Support Pre-Release Medi-Cal Enrollment, Behavioral Health Links, and 90-Day Pre-Release Services for Justice-Involved Individuals

- **Item 19:** Noticed Public Hearing Truth Act Community Forum Regarding Immigration and Customs Enforcement Access to Individuals During 2023 - Handout
- **Item 23:** Establishing an Innovative Partnership with University of California, San Diego Health for Essential Behavioral Healthcare at East Medical Campus - Handout - **Pages 229-236**
- **Item 25:** Resolution of the Board of Supervisors of the County of San Diego Opposing State Farm and Other Insurance Companies Abandoning Homeowners, Renters, and Small Businesses Amid State Efforts to Modernize Regulations
- **Item 27:** Authorize Acceptance of Funding from the Federal Emergency Management Agency, Shelter and Services Program Grant, Authorize Competitive Procurement for a Migrant Transition Day Center; and Waive Board Policy B-29

- **Item 03:** Authorize a Single Source Contract with Exodus Recovery, Inc. to Provide Behavioral Health Services Within the Tri-City Psychiatric Health Facility - Handout - **Pages 237-241**

- **Item 15:** Receive and Approve an Amendment the Fiscal Years 2023-2026 Mental Health Services Act Three Year Program and Expenditure Plan and Establish Appropriations Tied to the East Region Crisis Stabilization Unit - Handout - **Pages 242-248**

- **Item 16:** Receive and Approve the Mental Health Services Act Annual Update for Fiscal Year 2024-25 - Handout - **Pages 249-253**  
Presentation for items 15 and 16 - **Pages 254-272**

[MHSA Amendment to Three-Year Plan for FY 2023-24 through 2025-26 \(2\).pdf \(sandiegocounty.gov\)](#)  
[FY 2024-25 MHSA Annual Update Report.pdf \(sandiegocounty.gov\)](#)

- **Item 12:** Authorize Competitive Solicitations, Single Source Contract, Residential Outpatient Children's Mental Health Services Contracts for Short Term Residential Therapeutic Programs, Amendments to Extend Existing Contracts, and Approve the Selection of the Mental Health Systems, Inc. DBA TURN Application for a Driving Under the Influence Program in the North Inland Region and Authorize Submission of the Selected Application to the Department of Health Care Services.- Handouts include presentation - **Pages 273-296**

Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the meeting packet. However, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) website.

Meeting Agendas, Board Letters, and access to the BOS meetings: <https://www.sandiegocounty.gov/cob/bosa/index.html>

## Council Bylaws Update – **Vote** – Handouts - Pages 297-303

The bylaws were updated to align with the current nomenclature and to simplify language including:

- **Title Name**
  - **From:** Children, Youth and Families Behavioral Health System of Care Council Bylaws to:
  - **To:** Behavioral Health Services  
Children, Youth and Families Council – Bylaws
- **Article One: Name**
  - **From:** The name of this organization shall be the Children, Youth and Families Behavioral Health System of Care Council (also known as CYF Council or the Council)
  - **To:** The Children, Youth and Families Council is also known as the CYF Council or the Council.
- **Article Two: Purpose and Duties**
  - **From:** Provide advice and feedback related to the progress and future expansion of the CYF System of Care to:
  - **To:** Provide advice and feedback related to the progress and future expansion of the System of Care as it pertains to Children, Youth and Families
- **Article 3: Membership** - Name shift
  - Private Sector: From Managed Care Health Plans (MCP) to: Managed Care Plans (MCP)
  - Family Sector: From Consumer Advocacy/Family Education Services to: Family Youth Advocacy/Liaison
- **Article 3: - Removal of last paragraph**  
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.

### Information

Supreme Court passes ruling on allowing cities to enforce bans on individuals sleeping outdoors in public spaces

[City of Grants Pass v Johnson \(23-175\)](#) - Handouts – **Pages 304-307**

- [Children and Youth Behavioral Health Initiative \(CYBHI\)](#) - [CYBHI June 2024 Newsletter](#) - Handout – **Pages 308-309**
  - Directing Change Program and Film Contest [2024 Winners | \(directingchange.ca.org\)](#)
  - [Social Marketing Association of North America](#) Gold and Silver Awards: [You Are Never A Bother!](#)
- [County Adopts New Budget | News | San Diego County News Center](#) Handout - **Page 310**
  - [Open Budget \(sandiegocounty.gov\)](#)
  - [Budget Summary \(sandiegocounty.gov\)](#)
- [Behavioral Health Director's Report June 2024](#) - Handout – **Pages 311-317**  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_act/bhab\\_meeting\\_materials.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html)
- [2024 NACo Achievement Award](#): Screening to Care (S2C) - Handout - **Page 318**
- Children & Youth Behavioral Health Services cards available in [English](#) and [Spanish](#) - Handout - **Page 319**  
[Behavioral Health Services Directories for Children, Youth, and Families \(sandiegocounty.gov\)](#)

## V. Hot Topic: Annual Strategic Planning (Yael Koenig)

### Fiscal Year 2023-24 Accomplishment and Fiscal 2024-25 Year Goals – Handouts - Pages 320-337

**5 minutes**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>○ CYF Council Systemwide Report (320-322)</li> <li>○ Private Sector: MHCA &amp; ADSPA (323-324)</li> <li>○ Family and Youth Sector (325)</li> <li>○ Education Sector (326-327)</li> </ul> | <ul style="list-style-type: none"> <li>○ Executive committee (328)</li> <li>○ Outcomes committee (329-331)</li> <li>○ Infant and Early Childhood committee (332-333)</li> <li>○ Training Academy committee (334)</li> </ul> | <ul style="list-style-type: none"> <li>○ Transition Age Youth (TAY) Council (335)</li> <li>○ Managed Care Plans (MCP)</li> <li>○ Cultural Competence Resource Team (CCRT) (336-337)</li> <li>○ CYF Change Agents Developing Recovery Excellence (CADRE) committee</li> </ul> |
|--|---|--|

### Breakout Discussion

**Considering the needs of children and youth in the context of State initiatives** - Facilitator: Jennifer Kennedy

**45 minutes**

- Anchoring Considerations (Yael Koenig) – Handouts – **Pages 338-341**
  - [Behavioral Health Transformation \(ca.gov\)](#)
  - [DHCS BH-Connect](#)
  - DHCS 8.24.23 Section 1115 Public Hearing on BH-Connect - **Pages 342-409**
  - Behavioral Health Transformation State PowerPoint – **Pages 410-448**
  - [Modernizing Our Behavioral Health System - California Health and Human Services](#) - **Pages 449-454**
  - [Mental health for all \(ca.gov\)](#)
- Participants may select one of the four virtual Breakout room; each room has a designated scribe and a facilitator who will report out:
  - Knowledge Exchange – Celica Garcia-Plascencia
  - Community Engagement – Jennifer Kennedy
  - Prevention and Early Intervention – Mara Madrigal-Weiss and Fran Cooper
  - Service and Funding Priorities – Heather Nemour and Amanda Lance-Sexton
- Facilitator(s) will engage groups in 30 minutes conversation
- After a 20-minute discussion, each group will spend the last 10 minutes establishing one to two statements inclusive of recommendation or actionable request to submit to the BHS Director
- The four breakout sessions will return to the main virtual room and each facilitator will share the final statement (s) and key discussion points
- CYF Council Strategic Priorities document will be drafted and shared at the next Council meeting where next steps will be discussed

**V. Announcements (Sten Walker)**

**5 minutes**

- Poll Question
- **NAMI San Diego Community Advocacy Trainings via Zoom** - Fliers - **Pages 455-456**
- 15th annual [We Can't Wait Early Childhood Conference](#) - September 26-27, 2024 Flier - **Page 457**
- [Live Well Advance Conference and School Summit](#) - November 21, 2024 - Flier - **Page 458**

**Next Executive Committee Meeting:**

**Date:** Thursday, July 25, 2024

**Time:** 11:30 to noon

**Next Meeting:**

**Date:** Monday, August 12, 2024

**Time:** 9 to 10:30 a.m.

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

# Behavioral Health Services Children, Youth and Families 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.



# 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

## HEALTH FACTORS



### 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

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



### Social

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



### Knowledge

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



## Asian American Children's Health

We know that when children are healthy, they are more likely to succeed in school and in life. We work to address the underlying causes of health inequities by improving the conditions in which children live, learn, grow and play so that young people from historically marginalized communities

have the resources and opportunities they need to achieve their dreams and reach their full potential. This data snapshot provides an overview of key child health facts in California and nationally to inform the work we must do together to make California the best state to raise healthy, thriving children.

### MASKED HEALTH INEQUITIES



Data disaggregation is one of the core civil rights issues for the Asian American (AA) community. Data systems often show AA people as an aggregated single group, or aggregated together with Native Hawaiian Pacific Islander (NHPI) communities. This masks the diversity of AA communities

and, in turn, the unique challenges AA subgroups face. An accurate picture of the health of AA children in California is impossible without accurate and detailed data that is disaggregated by AA subgroups. Health inequities that exist within the AA community are understudied and overlooked at least in part because much of the data on this diverse population are aggregated, leading to a masking of differences and hidden health disparities within AA subgroups. Treating AA communities as a monolith has become the source of myths which overlook and ignore the needs AA communities face. **For those reasons, in this snapshot we try to present data that is unique to children from AA subgroups and separated from NHPI communities, unless the disaggregated AA data is not available.** Click [here](#) for the NHPI Children's Health Data Snapshot.

### MENTAL HEALTH



Nearly **1 in 3 (31%)** AA youth in CA report feeling **DEPRESSED**.

Nearly **1 in 3 (30% or 99,000)** of all AA teens and nearly **1 in 2 (48% or 77,000)** of AA teen girls say they need help for **EMOTIONAL/MENTAL HEALTH**

problems such as feeling **SAD, ANXIOUS OR NERVOUS**. Yet, only **8% (~26,000)** of all AA teens and only **10%** of AA teen girls received **PSYCHOLOGICAL/EMOTIONAL COUNSELING**, significantly lower than the 21% of all teens and 23% of all teen girls who received counseling.



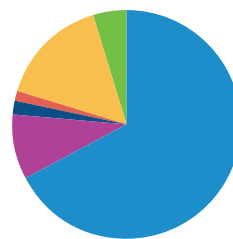
**16%** of AA youth in 7th, 9th, and 11th grade have considered suicide.



The **988 Suicide & Crisis Lifeline** is a network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress who call, text, or chat 988, 24 hours a day, 7 days a week.

### POPULATION

There are at least **1,545,719 CA CHILDREN AND YOUTH under 18 who identify as Asian American (AA)** including those who also identify with another RACE OR ETHNICITY, making up about 17% of the state's NEARLY 9 MILLION children. Among these children:



- 1,062,847** identify as **AA alone**
- 145,804** identify as **AA and Latine**
- 17,349** identify as **AA and Black**
- 742** identify as **AA and Native American**
- 245,421** identify as **AA and white**
- 73,556** identify as **AA and other**

**ASIAN AMERICANS** reflect diverse cultural and linguistic groups with roots from more than 20 countries in East and Southeast Asia and the Indian subcontinent. **AA children and youth under 18 in CA identify with the following ancestry\*\*\*:**

- ▶ 261,793 – Chinese
- ▶ 249,087 – Filipino
- ▶ 165,976 – Asian Indian
- ▶ 113,784 – Vietnamese
- ▶ 92,364 – Korean
- ▶ 14,756 – Laotian
- ▶ 12,339 – Thai
- ▶ 7,105 – Indonesian
- ▶ 3,984 – Nepali
- ▶ 2,694 – Bangladeshi
- ▶ 65,753 – Japanese
- ▶ 30,835 – Hmong
- ▶ 28,920 – Taiwanese
- ▶ 24,728 – Cambodian
- ▶ 19,859 – Pakistani
- ▶ 2,652 – Burmese
- ▶ 2,169 – Sri Lankan
- ▶ 1,785 – Mongolian
- ▶ 964 – Malaysian
- ▶ 763 – Other Asian



**1 in 5 (20% or 220,000)** AANHPI children are under the age of 3.



Over **8 in 10 (86% or 907,435)** AA children live in **IMMIGRANT FAMILIES** with at least one parent or guardian who was born outside of the United States. **91%** of all AANHPI children are U.S. citizens.

## PROTECTIVE FACTORS



**AA** children and youth come from diverse and resilient cultural and linguistic backgrounds despite facing a legacy of systemic racism, xenophobia, and government-ordered forced relocation, displacement, false imprisonment, and detention. Systems and policy-makers should identify and build on AA communities' strengths, resources, and expertise. Community-defined protective factors – conditions or attributes that help mitigate or eliminate risks to health defined by community members themselves – are strengths that can help prevent and reduce health inequities impacting children from historically marginalized communities. They can guide the development of community-centered interventions that utilize and uplift unique community strengths to address persistent challenges.

**Maintaining Asian American cultural heritage and practices** supports AA children's development through the transfer of cultural values and a sense of pride around family and community. This strengthens family cohesion and a youth ethnic identity, particularly for AA children from immigrant families.


**Bilingualism** and the ability to communicate fluently in more than one language – including a child's heritage language – has been linked to higher cognitive functioning among AA children.

**Cultural identification**, such as a sense of belonging and affiliation with the array of spiritual, material, intellectual and emotional features of AA subgroups and cultures, have been associated with a reduction in the risk of suicide attempts.

## HEALTH COVERAGE AND ACCESS



**97%** of AA children have **HEALTH INSURANCE COVERAGE**, leaving at least **30,392** AA children who remain **UNINSURED**.

 Slightly **1 in 4 (26% or 323,000)** AA children and youth are enrolled in **MEDI-CAL**.



Nearly **1 out of 3 (30% or 241,038)** AA children have **INSURANCE COVERAGE** that is **INADEQUATE** to **MEET THEIR NEEDS** compared to 20% of white children.



Over **321,000** AA children (**36%**) did not receive a **PREVENTIVE CARE VISIT** compared to 25% of white children.



**186,000 (17%)** AA children **DO NOT HAVE A USUAL SOURCE OF CARE** when they are sick or need health advice compared to 11% of white children.



Over **1 in 4 or 26%** of AA children and youth delayed care due to cost or lack of health insurance. **28%** of AA children and youth delayed care due to health care system/provider issues and barriers.

## ORAL HEALTH



**44%** of low-income **AANHPI** preschoolers have **EARLY TOOTH DECAY**—one of the highest rates among all racial groups in CA.



Among AA children, **17%** experience **UNTREATED DECAY** and 50% experience

**TOOTH DECAY**, compared to 14% and 40% of white children, respectively.



Over **21,000** or **7%** of AA teens **MISSED SCHOOL** due to a **DENTAL PROBLEM**.

## SCHOOL SUCCESS AND SAFETY



There are at least **561,795** AA students in California's **PUBLIC SCHOOLS**, making up **10%** of the state's 5.9 million public school children.



Over **1 in 3 (37%)** AA students are **SOCIOECONOMICALLY DISADVANTAGED**, below the state average of 61%.\*\*



At least **5,131** AA public school students and **2,568** Filipino public school students are experiencing **HOMELESSNESS**.



**21%** of AA students are **ENGLISH LEARNERS**. Of the top 10 most common languages spoken at home by children learning English in CA schools, 7 are Asian languages. Over **100,000** students in CA public schools speak **MANDARIN, VIETNAMESE, CANTONESE, HMONG, KOREAN OR PUNJABI**.



Nearly **1 in 2 (46%)** of AA 7th graders have experienced **HARASSMENT AND BULLYING** in school – among the highest of any racial/ethnic group.

## COMMUNITY AND FAMILY WELL-BEING



**10% (307,000)** of AA people in CA have avoided accessing government benefits like Medi-Cal or Cal-Fresh due to **IMMIGRATION/PUBLIC CHARGE** fears and concerns over self or family member's disqualification from a green card/citizenship.



**49%** of AA children do not live in a **SUPPORTIVE NEIGHBORHOOD** where help is easily accessible.



**53%** of parents of AA children feel they have someone to turn to for day-to-day **EMOTIONAL SUPPORT WITH PARENTING** or raising children compared to 83% of white parents.

# HATE AND DISCRIMINATION



Experiences of racism, hate and discrimination adversely affect the health and well-being of marginalized populations and are major public health issues impacting AA communities.



Nationally, AAPI communities have experienced a surge in experiences of hate and discrimination, due in large part to



the scapegoating of Asians for COVID-19 by public officials. From March 2020 to March 2022, a total of **11,467** hate incidents against AAPI people were reported to [Stop AAPI Hate](#). Youth ages 0-17 reported 10% of total incidents. Chinese Americans reported the most hate incidents (43%) of all ethnic groups, followed by Korean (16%), P/Filipinx (9%), Japanese (8%) and Vietnamese Americans (8%).



Anti-Asian bias events reported to the CA Department of Justice fell from 247 in 2021 to 140 in 2022, a decrease of 43.3% – an improvement from the 107% jump in 2020. But many bias-motivated incidents do not rise to the level of a hate crime.

# ECONOMIC WELL-BEING



**10%** or **105,593** AA children live below the **FEDERAL POVERTY LEVEL**, compared to 16% of all children in CA.\*\* Hmong and Cambodian American children have the highest rates of poverty among Asian Americans (**42%** and **31%**, respectively), rates higher than Black children and Latinx children.

Over **1 in 2 (53%)** of single AA mothers are considered “income inadequate,” meaning that they do not earn enough to cover their families’ basic needs.

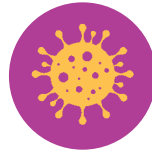


Approximately **16%** of Asian American families have three or more workers contributing to income, higher than the proportion among white families (10%).

Over **1 in 3 (33%)** of AANHPI children are **BURDENED BY HOUSING** and **UTILITY COSTS**. **30%** of AANHPI children live in households that **DO NOT OWN THEIR HOME**.



# COVID-19



At least **135,866** AA children and youth have been **diagnosed with COVID-19**. AA children account for 10.6% of COVID-19 **DEATHS**.\*\*

**3,408** AA children have **lost a parent or caregiver to COVID-19**, accounting for 7% of all children who lost a parent or caregiver to COVID-19.

# FOOD ACCESS



Over **1 in 3 (34%)** AA people in CA are not able to afford enough food compared to 39% of all people.\*\*

**FOOD INSECURITY** is more prevalent among foreign-born and non-English speaking AA households than AA families born in the US— including Chinese, Filipino, South Asian, Japanese and Vietnamese subgroups.

Among AA subgroups, people from Southeast Asian, Other Asian, and Vietnamese, Chinese, and Filipino communities face the highest rates of food insecurity at **63%, 56%, 50%, 36%, and 33%**, respectively.

# LANGUAGE ACCESS



AANHPI children often interpret for their parents and other family members in order to receive health care because of difficulty accessing translated materials and interpretation services and navigating the **COMPLEX** health care system.



Asian languages make up **FIVE OF THE TOP 12 non-English LANGUAGES** spoken in California. Chinese, Tagalog, Vietnamese, Korean, and Hindi are the languages spoken by the most AA people in CA.



Over **1 in 3 (37% or 296,000)** of AANHPI children are **BILINGUAL**.



**74%** of AAs speak a language other than English at home. Over **1 in 4 (27% or 240,330)** AA children live in a household with a primary language other than English.



**1 in 3 (33%)** AAs are Limited English Proficient (LEP), who do not read, write or understand English very well, with a range of **over 50%** for Burmese, Vietnamese, and Nepalese Americans to **more than 40%** of Thai, Bhutanese, Chinese, and Korean Americans to **around 20%** for Filipinos, Japanese, and Indian Americans.

All data is from California unless otherwise noted. This snapshot uses data collected from the U.S. Census Bureau's 2021 American Community Survey's 1-year and 5-year estimates, the 2019, 2020, and 2021 CA Health Interview Survey, the CA Department of Education, the CA Department of Public Health, and a few other discrete sources.

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\*\*These are examples of areas where disaggregated data within AA subgroup categories is needed to identify where disparities exist within AA subgroups.

\*\*\* Ancestry refers to a person's ethnic origin, heritage, descent, or “roots,” which may reflect their place of birth or that of previous generations of their family.

FULL CITATIONS CAN BE FOUND AT: [bit.ly/ACHildIsACHild](https://bit.ly/ACHildIsACHild).



► [www.allinforhealth.org](http://www.allinforhealth.org)

► [www.childrenspartnership.org](http://www.childrenspartnership.org)



► [www.asianresources.org](http://www.asianresources.org)

# A Child is a Child

2024 SNAPSHOT:  
California Children's Health



## Native Hawaiian and Pacific Islander Children's Health

We know that when children are healthy, they are more likely to succeed in school and in life. We work to address the underlying causes of health inequities by improving the conditions in which children live, learn, grow and play so that young people from historically marginalized communities

have the resources and opportunities they need to achieve their dreams and reach their full potential. This fact sheet provides an overview of key child health facts in California and nationally to inform the work we must do together to make California the best state to raise healthy, thriving children.

### MASKED HEALTH INEQUITIES



The design and implementation of data collection systems often neglect to include NHPI community expertise, and as a result, NHPI data are insufficiently or inaccurately collected, aggregated together with Asian American (AA) data, or not collected at all. An accurate understanding of the health, strengths, and challenges of NHPI children in California is impossible without data that is community-centered, separated from AA communities, and disaggregated by NHPI subgroups (Native Hawaiian, Fijian, Marshallese, etc.). **Additionally, data collection systems often use single-race definitions for racial categories when a majority of NHPIs identify as multiracial, resulting in estimates that undercount NHPIs.** These issues lead to a masking of differences and hidden health disparities, outcomes, and access gaps among NHPI children and families. **For those reasons, the data presented in this snapshot is unique to children from AA communities, separated from NHPI communities, and disaggregated into AA subgroups unless otherwise specified due to several sources aggregating AA data together with NHPI data.** Click [here](#) for the AA Children's Health Data Snapshot. To learn more about how data systems can be more equitable for NHPI communities, visit the UCLA's Center For Health Policy Research NHPI Data Policy Lab's NHPI Data Policy Platform: [No Health Equity without Data Equity.](#)

### MENTAL HEALTH



Slightly over **1 in 3 (34%)** NHPI youth in 7, 9, and 11th grades in CA public schools report feeling **DEPRESSED**.

**40%** of NHPI teens report needing help for **EMOTIONAL/MENTAL HEALTH** problems such as feeling **SAD, ANXIOUS OR NERVOUS**.<sup>\*</sup> Yet, the vast majority – **67%** – of NHPI teens did **NOT RECEIVE PSYCHOLOGICAL/EMOTIONAL COUNSELING**.



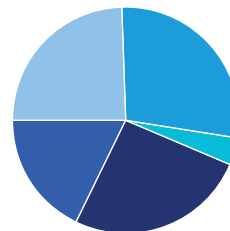
**18%** of NHPI 7th graders and **22%** of NHPI 11th graders in CA public schools have considered suicide, **above the state average** (15% and 16%).



The **988 Suicide & Crisis Lifeline** is a network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress who call, text, or chat 988, 24 hours a day, 7 days a week.

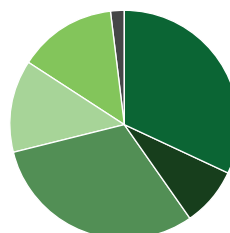
### POPULATION

There are at least **99,489 CA CHILDREN AND YOUTH** under 18 who identify as Native Hawaiian and Pacific Islander (NHPI), including those who also identify with another **RACE OR ETHNICITY**, making up at least 1% of the state's **nearly 9 MILLION** children. Among these children:



- 28,989 identify as **NHPI alone**
- 28,872 identify as **NHPI and Latine**
- 3,587 identify as **NHPI and Black**
- 25,806 identify as **NHPI and other**
- 12,235 identify as **NHPI and white**

**NHPI** communities include diverse cultural and linguistic subgroups. California is home to more Guamanian or Chamorro, Fijian, Samoan, and Tongan Americans than any other state in the country. More Native Hawaiians live in California than any state on the continent. NHPI children and youth under 18 in CA identify with the following ancestry<sup>\*\*</sup>:



- 11,933 identify as **Native Hawaiian**
- 3,084 identify as **Chamorro**
- 11,497 identify as **Samoan**
- 4,810 identify as **Tongan**
- 5,192 identify as **Fijian**
- 629 identify as **Marshallese**



Over **1 in 3 (38%)** NHPI children live in **IMMIGRANT FAMILIES** with at least one parent or guardian who was born outside of the United States. **91%** of all AANHPI children are U.S. citizens. **13%** or **142,000** AANHPI children were born outside of the US.



Over **1 in 3 (37% or 296,000)** of AANHPI children are **BILINGUAL**.

Nationally, **15%** of all NHPI people are **NONCITIZENS**—the share who are noncitizens ranges from between **1%** among Native Hawaiian and Guamanian or Chamorro people to **62%** among Malaysian people.

## PROTECTIVE FACTORS



**Native Hawaiian and Pacific Islander** children and youth come from diverse and resilient cultural and linguistic backgrounds despite facing a legacy of systemic racism, colonization of their land and forced displacement. Systems and policy-makers should identify and build on NHPI communities' strengths, resources, and expertise. Community-defined protective factors – conditions or attributes that help mitigate or eliminate risks to health defined by community members themselves – are strengths that can help prevent and reduce health inequities impacting children from historically marginalized communities. They can guide the development of community-centered interventions that utilize and uplift unique community strengths to address persistent challenges.

**Being connected to, embracing and being immersed in NHPI cultural values, beliefs and customs** protects against substance abuse and poor mental health among Hawaiian youth. Departure from NHPI cultural values and beliefs is associated with negative outcomes, such as poor self-esteem and high rates of suicide or suicide related behaviors.

**Strong and supportive family relationships** and higher levels of family cohesion have been related to lower risk of lifetime suicide attempts among Native Hawaiian and Pacific Islander youth.

**Support from native healers** has facilitated increased access to services that address mental health issues that Native Hawaiian youth face.

**Relationships with peers among** NHPI adolescents have decreased the risk of engaging in substance abuse.

## HEALTH INSURANCE COVERAGE



### COVERAGE

97% of NHPI children have health insurance coverage, leaving at least **1,061** NHPI children who remain eligible for Medi-Cal but continue to be **UNINSURED**.



**349,631** AANHPI children and youth under 20 are enrolled in **MEDI-CAL**, making up about 6% of total children and youth enrolled.\*\*\*



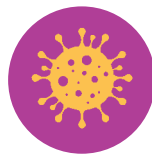
Nationally, NHPI people are more likely to be covered by **MEDICAID** than by **PRIVATE INSURANCE**. Across the US, half (**50%**) of NHPI children are enrolled in either Medicaid or the Children's Health Insurance Program (CHIP).

### ACCESS TO SERVICES



**1 in 10 (11% or 3,000)** NHPI children **DO NOT HAVE A USUAL SOURCE OF CARE** when they are sick or need health advice.\*

## COVID-19



NHPI children, youth, and families are disproportionately impacted by **COVID-19**. At least **9,829** NHPI children and youth under 17 have had or currently have COVID-19, making up **.6%** of cases. NHPI children and youth make up **2%** of deaths impacting children despite making up only **.3%** of our state's child population.

Across all ages, the current COVID-19 case rate for NHPI people is **82%** higher than the rate for all Californians statewide.

## FOOD ACCESS



**62%** of NHPI households are **FOOD INSECURE** (not able to afford enough food) compared to 39% of all households.



Across the US, **1 in 5 (20%)** NHPI people do not have adequate access to food compared to 7% of white people.

## ORAL HEALTH



**44%** of low-income **AANHPI** preschoolers have **EARLY TOOTH DECAY**—one of the highest rates among all racial groups in CA.\*\*\*



**50%** of AANHPI third graders have experienced **TOOTH DECAY** and **17%** have experienced **UNTREATED TOOTH DECAY**, compared to 40% and 14% of white children, respectively.\*\*\*



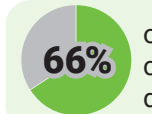
Over **21,000** or **6%** of AANHPI teens missed school due to a dental problem in the past year compared to 8% of white children.\*\*\*

## COMMUNITY AND FAMILY WELL-BEING



**11%** of NHPI people have **AVOIDED ACCESSING GOVERNMENT BENEFITS**

like Medi-Cal or Cal- Fresh due to immigration/public charge concerns.



of Native Hawaiians and Pacific Islanders are concerned about **GUN VIOLENCE**, more than double the percentage of white adults (30%).

## HATE AND DISCRIMINATION



Experiences of racism, **HATE AND DISCRIMINATION** adversely affect the health and well-being of marginalized populations and are major public health issues impacting NHPI communities.

NHPI communities continue to experience hate and discrimination. More NHPI community-centered data

that reflects these unique and specific experiences is needed. NHPI communities stand in solidarity with AA communities' and their experiences with hate and discrimination.



Nationally, between **33-50%** NHPI people report experiencing discrimination during their lifetime:

- Over **1 in 7** NHPI people (**13%**) have experienced discrimination accessing health care **AT LEAST ONCE**.
- Nearly **1 in 4** (**24%**) have experienced discrimination **AT SCHOOL** at least 2 times.
- **1 in 5** NHPI people have experienced discrimination **ON THE STREET** or in a public setting at least once.

## ECONOMIC WELL-BEING



**26%** or **8,837** NHPI children live below the **FEDERAL POVERTY LEVEL**, compared to 16% of all children in CA. **Nearly 1 in 4 or 22%** of Tongan American children experience poverty, similar to Native Americans and Alaska Natives (**23%**).

Among all NHPI communities with or without children, Marshallese have the highest poverty rates and Fijians have the lowest.



In California, over **1 in 3** (**35%**) of AANHPI children are **BURDENED BY HOUSING** and **UTILITY COSTS**. **30%** of AANHPI children live in households that **DO NOT OWN THEIR HOME**. NHPI households are **twice as likely** to be living in **OVERCROWDED HOUSING** as white households (13% vs. 6%).\*\*\*



Nationally, NHPI slightly over **1 in 3** NHPI families **OWN THEIR HOME** (**38%**), significantly below the homeownership rate of white families (66%).

## SCHOOL SUCCESS AND SAFETY



There are at least **24,752** NHPI students in California's public schools, making up **4%** of the state's 5.9 million public school children.

**66%** percent of Pacific Islander **PUBLIC SCHOOL** students are

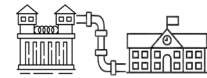
**SOCIOECONOMICALLY DISADVANTAGED**, above the state average of 61%.



At least **1,028** NHPI public school students are experiencing **HOMELESSNESS**.



**13%** of NHPI students are **ENGLISH LEARNERS**.



The school **PUSHOUT RATE** for NHPI students is **9.5 percent** — the fourth highest of the eight ethnic/racial designations captured in California data. NHPI students are **40%** more likely to be referred to the police than white students.



Over **1 in 3** (**36%**) Pacific Islander 11th graders have experienced **HARASSMENT AND BULLYING** in school - the highest of any racial/ethnic group.

## LANGUAGE ACCESS



AANHPI children often interpret for their parents and other family members in order to receive health care because of difficulty accessing translated materials and interpretation services and navigating the **COMPLEX** health care system.



In CA, **47%** of NHPI households **SPEAK A LANGUAGE OTHER THAN ENGLISH** at home. At least **50,000** people **SPEAK NHPI LANGUAGES** in the state of CA.



Among NHPI national origin groups, Tongan and Fijian Americans have the highest rates of limited English proficiency (**21%** and **20%**, respectively).



Almost **1 in 5** NHPI adults (**19.9%**) in California report that they find it "somewhat difficult" or "very difficult" to understand written information from their doctor's office.



All data is from California unless otherwise noted. This snapshot uses data collected from the U.S. Census Bureau's 2021 American Community Survey's 1-year and 5-year estimates, the 2019, 2020, and 2021 CA Health Interview Survey, the CA Department of Education, the CA Department of Public Health, and a few other discrete sources.

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\*statistically unstable

\*\*Ancestry refers to a person's ethnic origin, heritage, descent, or "roots," which may reflect their place of birth or that of previous generations of their family.

\*\*\*These are examples of areas where disaggregated data that separates AA from NHPI communities is needed to unmask health inequities.

FULL CITATIONS CAN BE FOUND AT: [bit.ly/AChildIsAChild](https://bit.ly/AChildIsAChild).

# BH-SOC Children, Youth, and Families

## Culture Share

\*\*\*\*\*

### What is Culture Share?

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

### 4 EASY STEPS

1. Maximum of a **3 Minute** Presentation:  
Use any medium - slide, poem, music, verbal, etc.
2. Introduce your experience from a cultural lens
3. Describe how this experience influences your work
4. Open it up for any group reflection

# Children, Youth and Families Behavioral Health System of Care Council CYF Council – Meeting Summary



May 13, 2024 | 9 to 10:30 a.m.

ITEM	SUMMARY AND ACTION ITEMS
<b>I. Welcome</b> Council members, alternates, and meeting attendees – Translation available upon prior request <b>(Celica Garcia-Plascencia)</b> <ul style="list-style-type: none"> <li>May is <a href="#">Mental Health Matters Month</a></li> <li>Culture Share – <a href="#">National Military Appreciation Month</a> - Handout – <b>Page 5</b> <ul style="list-style-type: none"> <li>o Seeking volunteer for July 8, 2024</li> </ul> </li> </ul>	Celica Garcia-Plascencia welcomed meeting attendees and highlighted the May celebrations listed on the left, including the opportunity to provide the Culture Share at the July 8, 2024 meeting. Rosa Ana Lozada proposed that sectors take turns providing the Culture Share. Please contact Edith Mohler for additional information at: <a href="mailto:Edith.Mohler@sdcounty.ca.gov">Edith.Mohler@sdcounty.ca.gov</a>
<b>II. Review of Meeting Summary</b> (Yael Koenig) <ul style="list-style-type: none"> <li>March 13, 2024, Meeting Summary - Handout - <b>Pages 6-9</b></li> <li>No pending action items</li> </ul>	Yael Koenig reviewed the meeting summary from March 13, 2024.
<b>III. Business Items</b> (Yael Koenig)	
<b>Public Comment</b>	None
<b>Board Letters / Board Actions</b> <u>March 12, 2024</u> <ul style="list-style-type: none"> <li><b>Item 13:</b> Increasing Medi-Cal Reimbursement Rates to Improve Healthcare for Nearly 1 Million San Diegans -Handout – <b>Pages 10-16</b></li> <li><b>Item 16:</b> FY 23-24 Second Quarter Operational Plan Status Report and Budget Adjustments - Handouts include presentation - <b>Pages 17-69</b></li> <li><b>Item 19:</b> Authorize Competitive Solicitation for Regional Homeless Assistance and Inclement Weather Programs, and Receive Authority to Apply for Future Funding Opportunities Related to Addressing Homelessness</li> </ul> <u>April 9, 2024</u> <ul style="list-style-type: none"> <li><b>Item 04:</b> Advancing Mental Health Equity: Harnessing Proposition 1 Bond Funding for Community Well-Being - Handout - <b>Pages 70-72</b></li> <li><b>Item 05:</b> Implementing a Pilot Program to Enhance Support to People with Serious Mental Illness at Affordable Housing Developments</li> <li><b>Item 08:</b> Receive the <a href="#">First 5 Commission of San Diego Annual Report for Fiscal Year 2022-23</a> Handouts - <b>Pages 73-77</b></li> <li><b>Item 10:</b> District 4 Storm Response and Recovery Grant (ARPA Program Allocation)</li> <li><b>Item 19:</b> Update on Readiness for Changes to Involuntary Behavioral Health Treatment in San Diego County - Handouts include presentation - <b>Pages 78-89 (Presentation pages 106-142)</b></li> <li><b>Item 20:</b> Update on The Regional Capacity and Need for Board and Care and Subacute Services to Support Medi-Cal Eligible Adults with Behavioral Health Conditions, Authorize Amendments to Extend Existing Contracts, and Authorize Sunset of Reporting on Updates to Address the Behavioral Health Worker Shortage Handouts – include presentation - <b>Pages 90-142</b></li> </ul> <u>April 30, 2024</u> <ul style="list-style-type: none"> <li><b>Item 06:</b> Behavioral Health Services – Ratify Acceptance of Donation to the Health and Human Services Agency, Behavioral Health Services and Authorize the Chairwoman of the Board of Supervisors to Sign a Letter of Appreciation to the Donor's Estate</li> <li><b>Item 24:</b> A Regional Campus for Healing: Sober Housing and Behavioral Health Treatment (Green Oak Ranch) - Handout - <b>Pages 143-150</b>  <a href="#">Green Oak Ranch Aerial Video (youtube.com)</a></li> <li><b>Item 27:</b> A Resolution to Oppose Kaiser Permanente's Attempt to Reduce Mental Health Therapists' Patient Management Time</li> </ul>	<p>Yael Koenig provided an overview of the highlighted Board Letters listed on the left.</p> <p>Board Letters that may be particularly of interest to the CYF Council are listed on the left column. Due to size, only highlighted Board Letters are included in the meeting packet. However, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) website.</p> <p>Meeting Agendas, Board Letters, and access to the BOS meetings:  <a href="https://www.sandiegocounty.gov/cob/bosa/index.html">https://www.sandiegocounty.gov/cob/bosa/index.html</a></p>
<b>Information</b> <ul style="list-style-type: none"> <li>California Budget: May Revise: <a href="#">California Budget</a></li> <li>Approved:  <a href="#">California Proposition 1, Behavioral Health Services Program and Bond Measure (March 2024) - Ballotpedia</a></li> <li><a href="#">Children and Youth Behavioral Health Initiative (CYBHI)</a></li> <li><a href="#">CYBHI March 2024 Newsletter</a> - Handout - <b>Page 151</b></li> <li><a href="#">CYBHI May 2024 Newsletter</a> - Handout - <b>Page 151</b></li> </ul>	Yael Koenig provided an overview of State and local updates, and informational items.

<ul style="list-style-type: none"> <li>• <a href="#">County of San Diego Fiscal Year 2024-25 Recommended Budget</a> Handouts include presentation by Amy Thompson, HHSA Chief Financial Officer and Nadia Privara, BHS Assistant Director, Chief Strategy and Finance Officer to BHAB on May 2, 2024 - <b>Pages 152-185</b></li> <li>• <a href="#">Amendment to the Fiscal Years 2023-2026 Mental Health Services Act (MHSA) Three - Year Program and Expenditure Plan</a> Presented to BHAB on April 4, 2024 - Handout - <b>Pages 186-192</b> <a href="#">MHSA FY 2024-25 Annual Report.pdf (sandiegocounty.gov)</a> - Handout - <b>Pages 193-206</b> Presented to BHAB on May 2, 2024. To be presented to the BOS on June 4, 2024</li> <li>• <a href="#">Behavioral Health Director's Report – April 2024</a> - Handout - <b>Pages 207-212</b></li> <li>• <a href="#">Behavioral Health Director's Report – May 2024</a> - Handout - <b>Pages 213-216</b> <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html</a></li> <li>• May is Mental Health Matters Month -Children and Youth Mental Health Well Being Celebration held on May 11, 2024</li> <li>• Annual Council Orientation is scheduled for June 10, 2024 - Handout - <b>Page 217</b> Registration at: <a href="https://us06web.zoom.us/meeting/register/tZcvcuyqqTopE9drSZj0FOdlCyoizkVNUly2">https://us06web.zoom.us/meeting/register/tZcvcuyqqTopE9drSZj0FOdlCyoizkVNUly2</a></li> <li>• Fiscal Year 2024-25 CYF Council Strategic Planning meeting is scheduled for July 8, 2024 <a href="#">San Diego County Board of Education Selects Dr. Gloria E. Ciriza as Next County Superintendent of Schools   post (sdcoe.net)</a>. Effective July 1, 2024</li> </ul>	
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Recognition	
<ul style="list-style-type: none"> <li>• Advancing the System of Care Principles for Children, Youth and Families Awards (video presentation) <ul style="list-style-type: none"> <li>○ <b>Program award:</b> Mental Health Systems – TURN Behavioral Health Services – Sexual Treatment Education and Prevention Services (STEPS)</li> <li>○ <b>Individual award:</b> <b>Laura Dewan</b> – San Diego Unified School District – Mental Health Resource Center - Riley Day School Services</li> </ul> </li> </ul>	

ITEM	SUMMARY AND ACTION ITEMS
<p><b>IV. Hot Topic:</b> Conversation with the BHS Director, Dr. Luke Bergmann (Stephanie Escobar)</p> <p>Luke Bergmann, outlines the BHS Priorities as they relate to children, youth, and families:</p> <ul style="list-style-type: none"> <li>○ <a href="#">Proposition 1</a> – Implications for children, youth, and families</li> <li>○ <a href="#">SB 43</a> – Implications for children, youth, and families</li> </ul> <p>Dialogue highlights Inclusive of Questions and Answers Session:</p> <p>Proposition 1:</p> <ul style="list-style-type: none"> <li>○ Renames the Mental Health Services Act to Behavioral Health Services and it expands its purpose to include substance use disorders, including for persons without a mental health illness.</li> <li>○ It includes the Assembly Bill 531, the Behavioral Health Infrastructure Bond Act of 2023.</li> <li>○ Payment reform provides opportunities to providers to “do more with their budgets.”</li> <li>○ Additional budget revisions are pending.</li> <li>○ It is very important to advocate for children, youth, and families using “one voice” through the BHS Director.</li> </ul> <p>Senate Bill 43</p> <ul style="list-style-type: none"> <li>○ Expands the definition of “Gravely disabled” to also include a condition in which an adult person as a result of a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, in addition to being unable to provide for their basic personal needs for food, clothing, is unable to provide for their personal safety or necessary medical care. Implementation for San Diego County is scheduled for 2025.</li> </ul>	<p>Dr. Bergmann provided an overview of Proposition 1 and Senate Bill 43, with highlights summarized on the left column.</p>

<p><b>V. Announcements</b> (Celica Garcia-Plascencia)</p> <ul style="list-style-type: none"> <li>• Poll Question</li> <li>• <b>From Loneliness to Connection &amp; Belonging Virtual Training</b> on May 17, 2024 Free registration includes up to 4 Continuing Education hours - Flier - <b>Page 218</b> Registration at: <a href="#">From Loneliness to Connection and Belonging: "I'll be there..." (ce-go.com)</a></li> <li>• <b>Conundrums in Treating Common Pediatric Behavioral Health Conditions</b> on May 16, 2024 -Flier - <b>Page 219</b> Free event includes dinner. RSVP at: <a href="https://lp.constantcontactpages.com/ev/reg/mrzcx57">lp.constantcontactpages.com/ev/reg/mrzcx57</a></li> <li>• Conrad Prebys Clinical Supervision for Associate Clinical Social Workers working in youth behavioral health settings E-mail: <a href="mailto:dlopez11@sdsu.org">dlopez11@sdsu.org</a> for more information - Flier - <b>Page 220</b></li> </ul>	<ul style="list-style-type: none"> <li>• Celica Garcia-Plascencia reviewed the announcements included on the agenda (listed on the left column).</li> <li>• Announcements can be sent in advance to Edith Mohler at: <a href="mailto:Edith.Mohler@sdcounty.ca.gov">Edith.Mohler@sdcounty.ca.gov</a></li> </ul>
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- **NAMI San Diego Community Advocacy Trainings via Zoom Fliers - Pages 221-222**

- o **Telling your story!** – May 23, 2024 from 2 to 4 p.m.  
[Meeting Registration - Zoom](#)
- o **Reimagining Crisis Response** - May 30, 2024 from 1 to 2:30 p.m.  
[Meeting Registration - Zoom](#)

- **[44<sup>th</sup> Annual California Mental Health Advocates for Children and Youth \(CMHACY\) Conference](#)** - May 15-17, 2024 - Handout - **Page 131**

**Announcements provided via Chat**

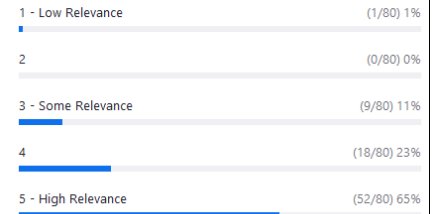
- [Mental Health Supports - San Diego County Office of Education \(sdcoe.net\)](#): Mental Health Webinar Series for Parents and Caregivers in coordination with Rady's Children Hospital
- [Home - Students Speaking Out](#), a program of San Diego Crime Stoppers. The program encourages students to anonymously report crimes, serious school violations, or dangerous activity at school to law enforcement

### CYF Council Poll Question

Poll ended | 1 question | 80 of 80 (100%) participated

1. On a scale of 1-5 (1 the lowest and 5 the highest), How would you rate the relevance and your interest with today's Council meeting? (Single Choice)

80/80 (100%) answered



**Next Executive Committee Meeting:**

Date: April 25, 2024 -Time: 11:30 a.m. to noon.

**Next Meeting: Combined Councils**

Date: Monday, April 8, 2024 - Time: 10 to 11:30 a.m.

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

		+ =Member in Attendance	O=Absent	E=Excused	
CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	+	Joel San Juan	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Patricia Cardenas-Wallenfelt	O
3	Public Safety Group/ Probation	Tabatha Wilburn	O	Delona King	+
4	Child and Family Well Being (CFWB) Department – Office of Child Safety	Steven Wells	+	Norma Rincon	O
5	Homeless Solutions and Equitable Communities	Katie Gordon	+	Rosa Gracian	O
6	Public Health	Dr. Thomas R. Coleman	O	Rhonda Freeman	O
7	Medical Care Services	Dr. Kelly Motadel	+	Heather Summers	O
8	Juvenile Court	H. Judge Ana España	O	Beth Brown	+
9	CFWB Department – Office of Child and Family Strengthening - First 5 San Diego	Alethea Arguilez	O	Alicia Castro	+
EDUCATION SECTOR					
10	Special Education Local Plan Area (SELPA)	Russell Coronado	O	Jaime Tate-Symons	+
11	Regular Education Pupil Personnel Services	Heather Nemour	+	Mara Madrigal-Weiss	O
12	School Board	Barbara Ryan	+	Debra Schade	O
13	Special Education	Yuka Sakamoto	+	Misty Bonta	O
PRIVATE SECTOR					
14	San Diego Regional Center (SDRC) for Developmentally Disabled	Zachary Guzik	+	Lori Sorenson	O
15	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	John Laidlaw	O
16	ADSPA	Marisa Varond	+	Claudette Allen Butler	O
17	Mental Health Contractors Association (MHCA)	Julie McPherson	O	Vanessa Arteaga	+
18	MHCA	Laura Beadles	O	Golby Rahimi	+
19	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	Marcelo A. Podesta	O
20	Managed Care Health Plans	Vacant		James Trout	O
21	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	Vacant	
FAMILY AND YOUTH SECTOR					
22	Consumer Advocacy/Family Education Services	Khalif Kelly	O	Sten Walker	+
23	Caregiver of child/youth served by the Public Health System	Vacant		Karilyn “Kari” Perry	O
24	Youth served by the Public Health System (Up to age 26)	Veronica Hernandez	O	Vacant	
25	Youth served by the public health system (Up to age 26)	Caitlynn Hauw	O		
COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive	Stephanie Escobar/Celica Garcia-Plascencia	+ / +		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson/Marisa Varond	O / +		
-	Early Childhood	Stephanie Gioia-Beckman/Jennifer Kennedy	+ / +		
-	Education	Heather Nemour	+		
-	Family and Youth as Partners	Sten Walker	+		
-	Outcomes	Emily Trask Eileen Quinn-O'Malley	O / +		
-	Training	Edith Mohler Jennifer Rusit	+ / O		

Total Attendees: 115			
Adia Nembhard	Delrena Swaggerty	Katie Gordon	Reigel Javinal
Aisha Pope	Divya Kakaiya Ph.D	Kelly Bordman	Richard Rushton
Alicia Castro	Donna Moore	Kelly Motadel	Roberto Suarez
Amanda Lance-Sexton	Dora Arnold	Kimberley Saelens	Rosa Ana Lozada
Angela Rowe	Edith Mohler	Kristen Martin	Sade Carswell
Angelina Puffelis	Eileen Quinn-O'Malley	Kristin Garrett	Samantha Manganaro
Annika Manlutac	Eliza Reis	LaTysa Flowers-Jackson	Shaun Goff
Aprille Peña	Embrie Tapia	Laura McClarin	Sherry Casper
Ashley Rambeau	Emily Gaines	Laura Vleugels	Shewa Legesse
Azmin Granados	Eric Camerino	Leslie LaMay	Simonne Ruff
Barbara Ryan	Erick Mora	Leslie Manriquez	Stacey Musso
Beatriz Valencia	Erin Murphy	Lisa Klemp	Sten Walker
Beth Brown	Fran Cooper	Lilly Payton	Stephanie Escobar
Bill Stewart	Gina Herbert	Lorie Chen	Stephanie Gioia-Beckman
Bobbi Smylie	Ginger Bial-Cox	Lucy Maloney	Steven Wells
Brenda Estrada	Golby Rahimi Saylor	Luke Bergmann	Susana Antonio
Bridget Lambert	Grisel Ortega-Vaca	Margarita Hernandez	Tadea Noriega
Carmen Pat	Heather Nemour	Margot Gonzalez	Tais Millsap
Carole Steele	Jaime Tate-Symons	Maria Norris	Tanya Mercado
Caryl Montillano	Jamie Pellegrino	Marie Hommel	Terri Kang
Celeste Hunter	Janette Magsanoc	Marisa Varond	TzuTing Lin
Celica Garcia-Plascencia	Jennifer Alcaide	Mayra Gonzalez-Munoz	Vanessa Arteaga
Cheryl Rode	Jennifer Fuentecilla	Melanie Morones	Wes Albers
Christine A. Davies	Jennifer Kennedy	Melizza Welton	Yael Koenig
Christine Maggio	Jodi Erickson	Michelle Houle	Yuka Sakamoto
Courtney Baltiyskyy	Joseph Henson	Pamela Hansen	Zachary Guzik
Courtney Boatman	Julian Lopez	Pradeep Gidwani	Unknown Caller
Darwin Espejo	Kacie Rodvill	Rafael-Ortiz Gomez	Unknown Caller
Delona King	Karen Giannini	Rebecca Floding	

#### Committees/Sectors/Workgroups Meetings Information:

**Most of the committees' meetings are occurring virtually**

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

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

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

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

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

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

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

**CYF Council Training Academy:** Meets quarterly. Next meeting will be in August 2024.

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

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

**Family Sector:** Meets the third Thursday of the month from 2:30 to 3:30 p.m.

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



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

MONICA MONTGOMERY STEPPE  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** May 14 and 16, 2024

**XX**

**TO:** Board of Supervisors  
Board of Directors,  
San Diego County Flood Control District  
San Diego County In-Home Supportive Services Public Authority  
San Diego County Sanitation District  
San Diego County Fire Protection District  
County Successor Agency

### SUBJECT

**PRESENTATIONS ON THE CHIEF ADMINISTRATIVE OFFICER RECOMMENDED OPERATIONAL PLAN FOR FISCAL YEARS 2024-25 & 2025-26 FOR THE COUNTY FAMILY OF FUNDS, ENTERPRISE FUNDS AND INTERNAL SERVICE FUNDS, THE COUNTY SERVICE AREAS, LIGHTING AND MAINTENANCE DISTRICTS, PERMANENT ROAD DIVISIONS, SAN DIEGO COUNTY SANITATION DISTRICT, SAN DIEGO COUNTY FLOOD CONTROL DISTRICT, IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY, SAN DIEGO COUNTY FIRE PROTECTION DISTRICT AND COUNTY SUCCESSOR AGENCY (DISTRICTS: ALL)**

### OVERVIEW

This letter presents the Chief Administrative Officer Recommended Operational Plan for Fiscal Years 2024-25 & 2025-26 (Recommended Operational Plan). It is the County's two-year financial plan, presented in a program budget format, that communicates expenditure and revenue information, as well as the anticipated accomplishments, objectives and performance measures of County business groups and departments. The Recommended Operational Plan incorporates all funds under the supervision and control of the Board of Supervisors. The Board is requested to receive presentations of the Recommended Operational Plan from select departments from all County business groups.

### RECOMMENDATION(S) CHIEF ADMINISTRATIVE OFFICER

1. Receive presentations from select departments from all County business groups regarding the Recommended Operational Plan for Fiscal Years 2024-25 & 2025-26.

### EQUITY IMPACT STATEMENT

**SUBJECT:** PRESENTATIONS ON THE CHIEF ADMINISTRATIVE OFFICER RECOMMENDED OPERATIONAL PLAN FOR FISCAL YEARS 2024-25 & 2025-26 FOR THE COUNTY FAMILY OF FUNDS, ENTERPRISE FUNDS AND INTERNAL SERVICE FUNDS, THE COUNTY SERVICE AREAS, LIGHTING AND MAINTENANCE DISTRICTS, PERMANENT ROAD DIVISIONS, SAN DIEGO COUNTY SANITATION DISTRICT, SAN DIEGO COUNTY FLOOD CONTROL DISTRICT, IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY, SAN DIEGO COUNTY FIRE PROTECTION DISTRICT AND COUNTY SUCCESSOR AGENCY

The County of San Diego promotes a government culture of equity, belonging, and racial justice. We serve the needs of communities with diverse groups including Black, Indigenous, people of Color, LGBTQIA+, people with disabilities, people of low-income, the young, the older, immigrants, refugees and communities that have historically faced inequality and inequity. The Chief Administrative Officer (CAO) Recommended Operational Plan is intended to allocate resources to help address inequities in County programs and services in response to community input, data analysis identifying disparities, and meaningful assessment of outcome indicators. In 2021, a new Budget Equity Assessment Tool was implemented to help County departments prioritize services and resource allocations with equity in mind. This tool requires all County departments to annually identify equity components to evaluate budget changes that impact the department's capacity to deliver services and/or support the goals of the department. The questions are designed to ensure the County applies an equity lens in the development of the budget.

#### **SUSTAINABILITY IMPACT STATEMENT**

The County of San Diego is building a sustainable future for all. The County's strategic plan guides County activities to ensure sustainability as it relates to the region's economy, climate, environment, and communities. The County strives to strengthen communities in all interactions by actively pursuing legislative policies and collaborating with stakeholders to enhance services that allow residents to transition to self-sufficiency to increase economic sustainability and reduce poverty. County departments have contributed to this by implementing individual sustainability plans that reflect organizational priorities while informing financial planning and strategic decision-making. This ongoing effort also assists each department with increasing overall sustainability of internal operations. These collective efforts strengthen communities, ensure accountability, and protect public resources by aligning available resources through services and initiatives. The proposed budgetary plans presented in the Fiscal Years 2024-26 CAO Recommended Operational Plan support the County of San Diego's Strategic Initiative of Sustainability to align the County's available resources with services while maintaining fiscal stability and ensuring long-term solvency.

#### **FISCAL IMPACT**

There is no fiscal impact associated with this item. The Chief Administrative Officer Recommended Operational Plan for Fiscal Years 2024-25 and 2025-26 totals \$8.48 billion for Fiscal Year 2024-25 and \$8.05 billion for Fiscal Year 2025-26. The funding sources are program revenues, General Purpose Revenues and available prior year fund balances. Public hearings on the Recommended Operational Plan are scheduled to begin on Tuesday, June 4, 2024. During that time, members of the public may address the Board regarding the Recommended Operational Plan and may suggest changes. All proposals for the increase or inclusion of additional items shall be submitted in writing to the Clerk of the Board of Supervisors prior to the close of the public hearings. Public hearings on the Recommended Operational Plan will close on Thursday, June 13,

**SUBJECT:** PRESENTATIONS ON THE CHIEF ADMINISTRATIVE OFFICER  
RECOMMENDED OPERATIONAL PLAN FOR FISCAL YEARS 2024-25  
& 2025-26 FOR THE COUNTY FAMILY OF FUNDS, ENTERPRISE  
FUNDS AND INTERNAL SERVICE FUNDS, THE COUNTY SERVICE  
AREAS, LIGHTING AND MAINTENANCE DISTRICTS, PERMANENT  
ROAD DIVISIONS, SAN DIEGO COUNTY SANITATION DISTRICT,  
SAN DIEGO COUNTY FLOOD CONTROL DISTRICT, IN-HOME  
SUPPORTIVE SERVICES PUBLIC AUTHORITY, SAN DIEGO COUNTY  
FIRE PROTECTION DISTRICT AND COUNTY SUCCESSOR AGENCY

2024, at 5:00 p.m. and Board of Supervisors deliberations on the Recommended Operational Plan and any requested changes are scheduled to begin on Tuesday, June 25, 2024.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

The Chief Administrative Officer Recommended Operational Plan is prepared in accordance with the provisions of Government Code §§29000 to 29144, inclusive, of the State of California County Budget Act and Article VII of the San Diego County Code of Administrative Ordinances. The Recommended Operational Plan is a comprehensive overview of the allocation of resources for specific programs and services that support the County's goals over the next two fiscal years. The County Family of Funds, Enterprise Funds and Internal Service Funds, County Service Areas, Lighting and Maintenance Districts, Permanent Road Divisions, In-Home Supportive Services Public Authority, Sanitation District, Flood Control District, San Diego County Fire Protection District and County Successor Agency are included in the Chief Administrative Officer Recommended Operational Plan for Fiscal Years 2024-25 & 2025-26 for your review and consideration.

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

Today's proposed actions support the Strategic Initiatives of Sustainability, Equity, Empower, Community and Justice in the County of San Diego's 2024-2029 Strategic Plan by fully committing to use County resources to meet the highest priority needs of residents.

Respectfully submitted,



SARAH E. AGHASSI  
Interim Chief Administrative Officer

**SUBJECT:** PRESENTATIONS ON THE CHIEF ADMINISTRATIVE OFFICER  
RECOMMENDED OPERATIONAL PLAN FOR FISCAL YEARS 2024-25  
& 2025-26 FOR THE COUNTY FAMILY OF FUNDS, ENTERPRISE  
FUNDS AND INTERNAL SERVICE FUNDS, THE COUNTY SERVICE  
AREAS, LIGHTING AND MAINTENANCE DISTRICTS, PERMANENT  
ROAD DIVISIONS, SAN DIEGO COUNTY SANITATION DISTRICT,  
SAN DIEGO COUNTY FLOOD CONTROL DISTRICT, IN-HOME  
SUPPORTIVE SERVICES PUBLIC AUTHORITY, SAN DIEGO COUNTY  
FIRE PROTECTION DISTRICT AND COUNTY SUCCESSOR AGENCY

**ATTACHMENT(S)**

Attachment A – County of San Diego Chief Administrative Officer Recommended Operational Plan Fiscal Years 2024-25 and 2025-26, on file with the Clerk of the Board of Supervisors

Attachment B – Fiscal Year 2024-26 County of San Diego Recommended Operational Plan (Budget) Presentation Schedule

**Fiscal Year 2024-26 County of San Diego Recommended Operational Plan (Budget)  
Presentation Schedule (subject to change)**

**May 14 and 16, 2024, 10 a.m.**

**1. Overview of the Fiscal Year 2024-26 CAO Recommended Operational Plan**

**2. Health and Human Services Agency (HHSA)**

- Child and Family Well-Being
- Self-Sufficiency Services
- Housing & Community Development Services
- Homeless Solutions and Equitable Communities
- Behavioral Health Services

**3. Public Safety Group (PSG)**

- Sheriff
- District Attorney
- Public Defender
- Probation

**4. Finance and General Government Group (FGG)**

- Purchasing & Contracting
- General Services
- Office of Equity and Racial Justice

**5. Land Use and Environment Group (LUEG)**

- Planning & Development Services
- Public Works
- Parks and Recreation
- Office of Sustainability and Environmental Justice

**6. Public Comment on presentations**

# Health and Human Services Agency (HHSA)

FISCAL YEARS  
2024-25 & 2025-26

CAO RECOMMENDED  
Operational Plan



LIVE WELL  
SAN DIEGO

## HEALTH AND HUMAN SERVICES AGENCY

# What We Do



- Deliver essential health, housing, and social services
- Make people's lives healthier, safer, and self-sufficient
- Carry out mandated and discretionary safety net programs
- Directly serve 1 in every 3 county residents

## HEALTH AND HUMAN SERVICES AGENCY

# Departments

- Aging & Independence Services
  - In-Home Supportive Services Public Authority
- Behavioral Health Services\*
- Child and Family Well-Being\*
- Homeless Solutions and Equitable Communities\*
- Housing and Community Development Services\*
- Medical Care Services
- Public Health Services
- Self-Sufficiency Services\*
- Administrative Support Departments



## HEALTH AND HUMAN SERVICES AGENCY

# Activities & Accomplishments



- Delivered timely services to 1.3 million people
- Served record number of Medi-Cal, CalFresh, and Self Sufficiency Services recipients
- Planned and helped open new facilities to provide behavioral health programs, social services, and housing
- Started new programs to prevent and end homelessness
- Reimagined child welfare
- Expanded Live Well Center for Innovation and Leadership
- Delivered 1.6 million meals to address senior food insecurity and social isolation

## HEALTH AND HUMAN SERVICES AGENCY

# Activities & Accomplishments



- Provided In-Home Supportive Services to 40,000 recipients
- Served 20,000 customers in Public Health Centers
- Held 450 Live Well on Wheels events
- Achieved re-accreditation for Public Health department
- Provided case management services to 19,800 children with chronic illness and/or disabilities
- Facilitated development of the County Sustainable, Local, and Equitable Food Policy and Program
- Participated in 2,100 community engagement events

## HEALTH AND HUMAN SERVICES AGENCY

# Activities & Accomplishments



## Storm Response and Recovery

- Helped set up Local Assistance Center (LAC) and supported the City of San Diego's LAC
- Approved 12,800 Disaster CalFresh applications promptly, equating to more than \$5.7 million in payments
- Hundreds of employees participated in response efforts
- Supported the creation and operation of Emergency Temporary Lodging (ETL) Program
- Provided housing navigation to transition households out of ETL

## HEALTH AND HUMAN SERVICES AGENCY

# A Look Back

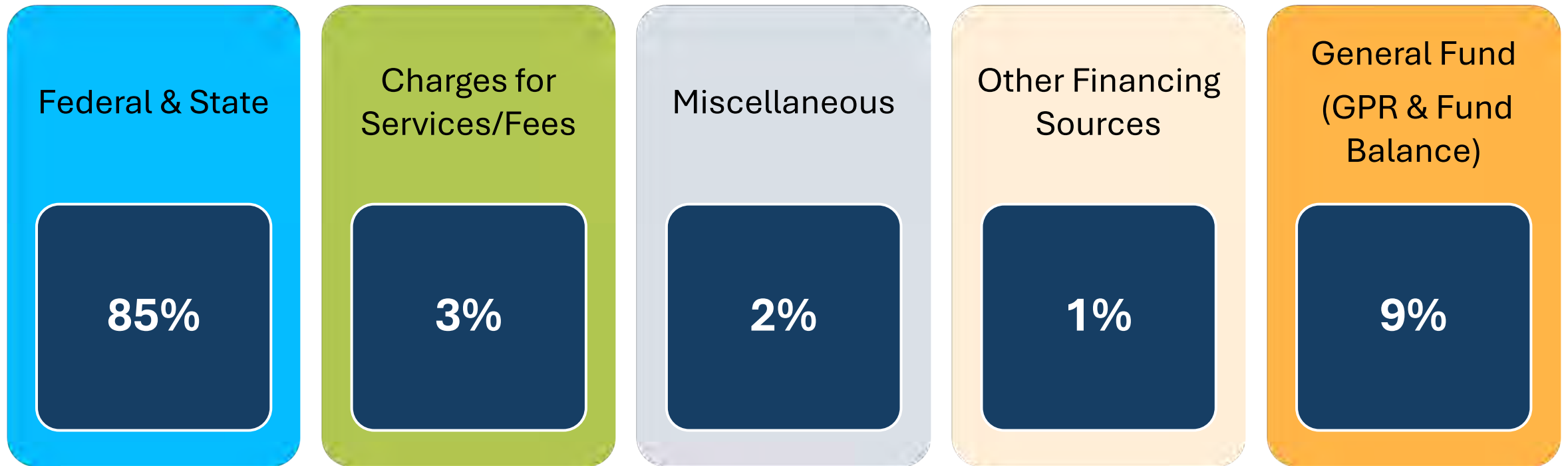


- Cost of living
- Increased demand for services
- End of Public Health Emergency waivers
- Lifting of Title 42
- New mandates and regulatory changes
  - CARE Act, Senate Bill 43
- One-time and slowing revenue streams

# Agency Revenue Breakdown

**FY 24/25 CAO  
Recommended**  
Budget: \$3.4B  
Staff: 8,243.50

**91%**



HEALTH AND HUMAN SERVICES AGENCY

## Governor's May Revise

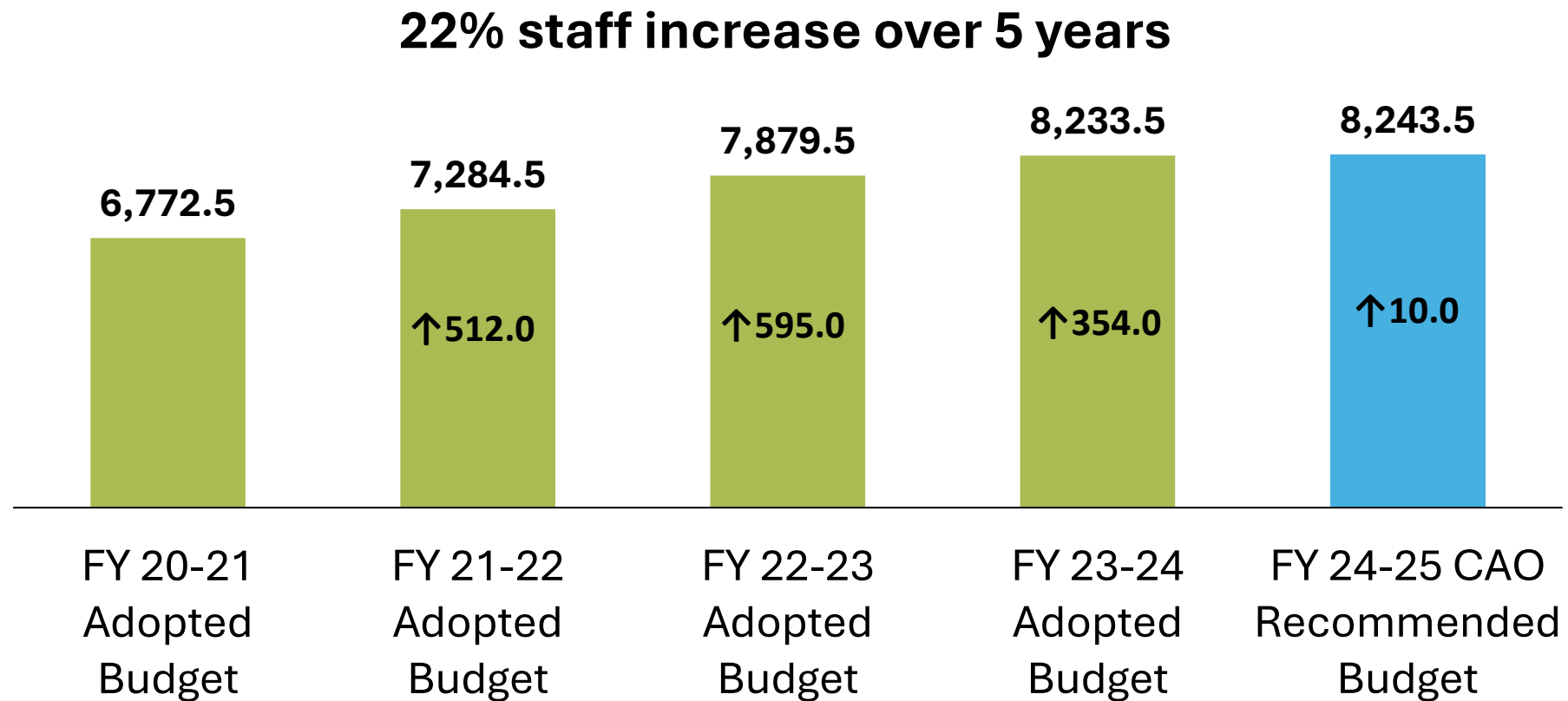


### Some Key Proposed Statewide Health and Human Services Reductions:

- \$300 million in ongoing public health funding
- CalWORKs supportive services
- Child welfare supports
- Behavioral health grant funding
- Administrative funding freezes and reductions
- Affordable housing development programs

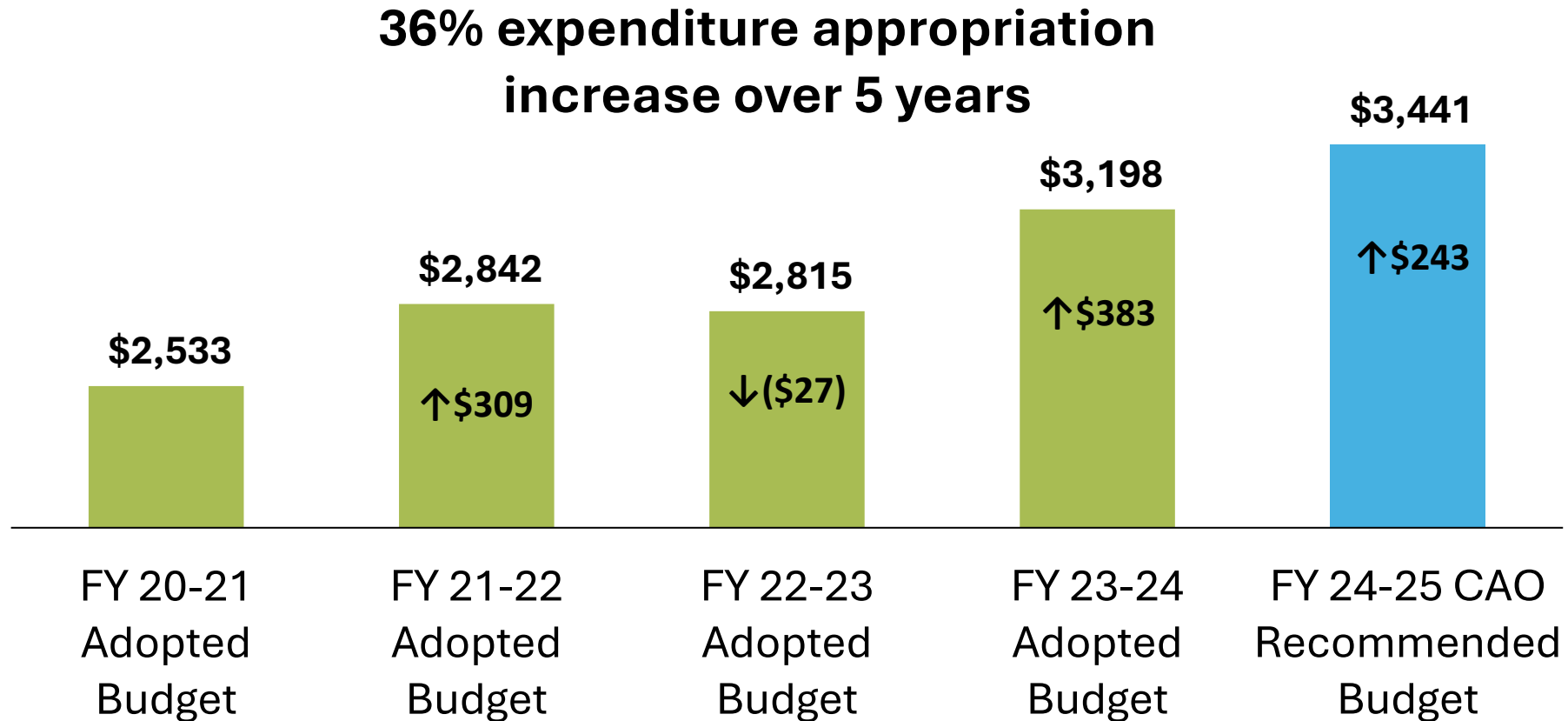
FULL TIME EQUIVALENT STAFF YEARS

## A Look Back: 5 Year Trend



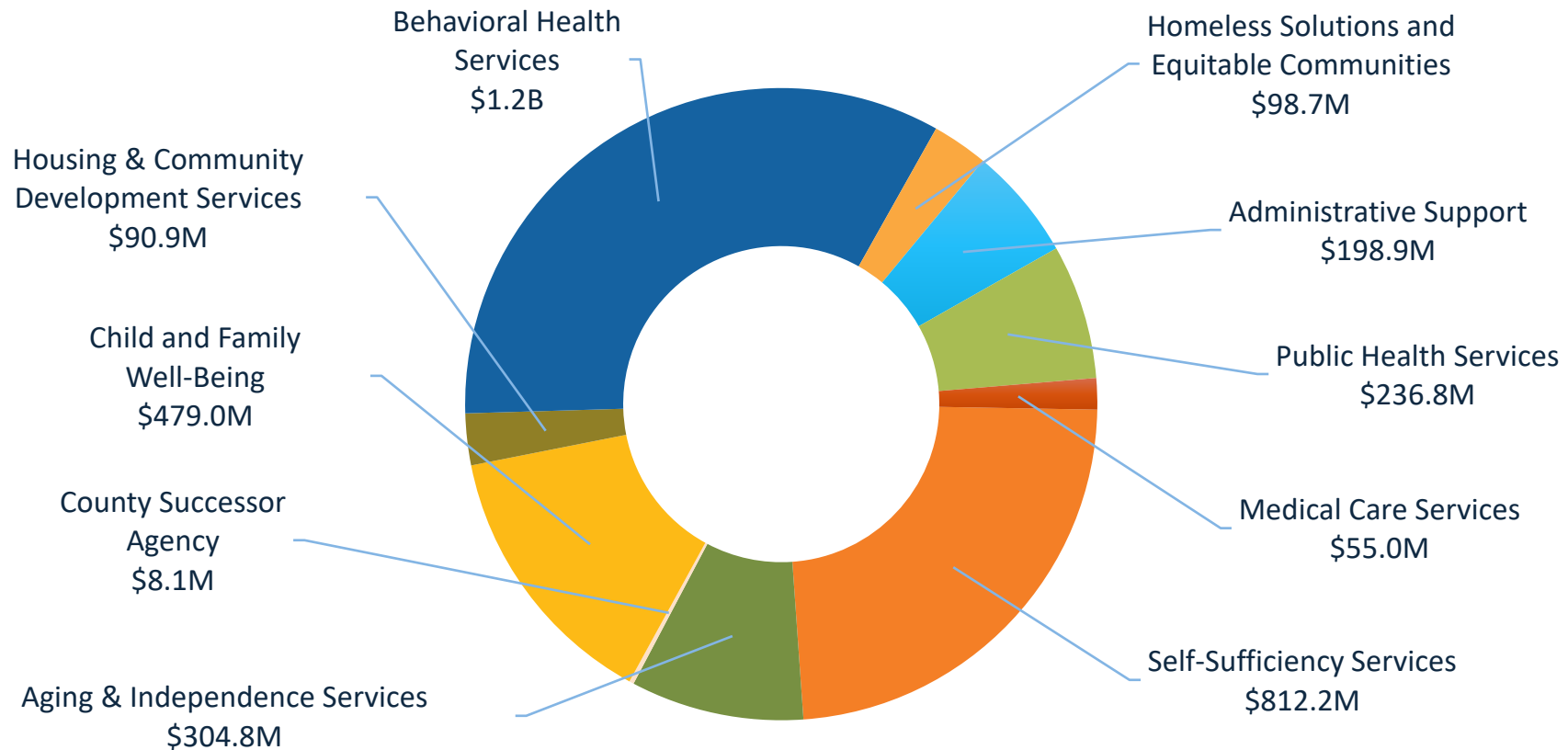
## EXPENDITURE APPROPRIATIONS

## A Look Back: 5 Year Trend



# Agency Budget Breakdown

**Total Agency budget: \$3.4 billion with FY 24/25 increase of \$243 million**



# Expenditure Summary

## GENERAL FUND & NON-GENERAL FUND

DEPARTMENT	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Self-Sufficiency Services	2,845.00	\$ 786.0	2,846.00	\$ 812.1	1.00	\$ 26.1
Aging & Independence Services	651.00	281.7	654.00	304.8	3.00	23.1
Behavioral Health Services	1,332.50	1,021.1	1,332.50	1,156.6	—	135.5
Child and Family Well-Being	1,670.00	456.8	1,672.00	479.0	2.00	22.2
Public Health Services	764.00	228.2	775.00	236.7	11.00	8.5
Medical Care Services	215.00	50.4	216.00	55.0	1.00	4.6
Administrative Support	438.00	184.4	430.00	198.9	(8.00)	14.5
Housing and Community Development Services	156.00	99.4	158.00	90.9	2.00	(8.5)**
Homeless Solutions and Equitable Communities	162.00	82.0	160.00	98.7	(2.00)	16.7
County Successor Agency	—	7.8	—	8.1	—	0.3
<b>TOTAL</b>	<b>8,233.50</b>	<b>\$ 3,197.9</b>	<b>8,243.5</b>	<b>\$ 3,441.1</b>	<b>10.00</b>	<b>\$ 243.2</b>

\*In millions and numbers may not add up due to rounding

\*\*One-time IHTF investment ending

CAO RECOMMENDED OPERATIONAL PLAN

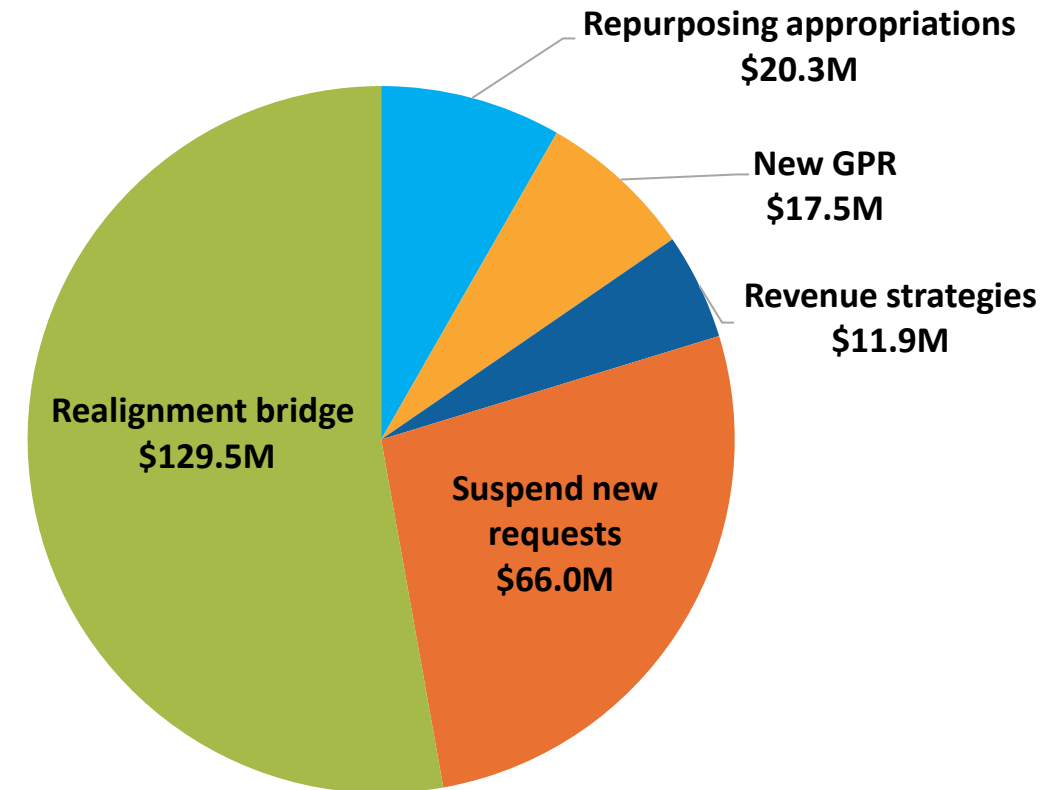
FISCAL YEARS 2024-25 & 2025-26

## HEALTH AND HUMAN SERVICES AGENCY

## Budget Mitigations

- Focus on core services
- Use one-time bridge funding
- Employ revenue strategies
- Repurpose existing appropriations
- Align service levels with State requirements
- Suspend growth in non-mandated areas and new position requests
- Enhance efficiencies and reengineer programs
- Plan for potential future service reductions

### Fiscal Year 2024-25 Mitigations: \$245.2 million



## HEALTH AND HUMAN SERVICES AGENCY

# Budget Equity

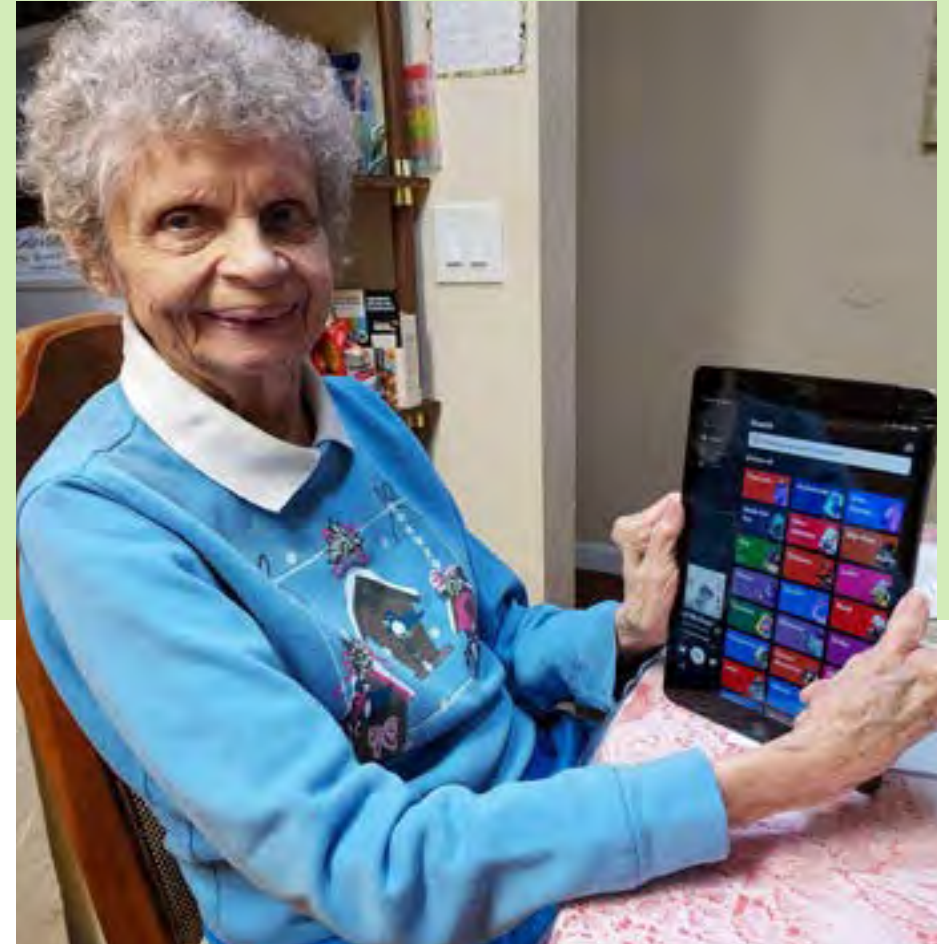
- Advancing core services
- San Diego Veterans Independence Services at Any Age (SD-VISA)
- Live Well on Wheels
- CalFresh Healthy Living programs
- Justice-involved health



## HEALTH AND HUMAN SERVICES AGENCY

# Looking Ahead

- Behavioral health continuum of care
- Homelessness Solutions and Prevention Action Plan
- Public health infrastructure
- Medi-Cal Transformation
- Street medicine initiative
- New mandates



# Child and Family Well-Being (CFWB)

FISCAL YEARS  
2024-25 & 2025-26

CAO RECOMMENDED  
Operational Plan



## CHILD AND FAMILY WELL-BEING

# What We Do



- Integrates First 5 San Diego, child welfare, the child care system, and other family resources
- Reimagines prevention and protection services
- Strives to prevent children and youth from entering foster care
- Partners with families to assist them in keeping their children safe, nurtured, and ready to learn

## CHILD AND FAMILY WELL-BEING

# Services

### Office of Child and Family Strengthening

- First 5 San Diego
- Prevention and early intervention services
- Child care focused initiatives

### Office of Child Safety

- Child Abuse and Neglect Hotline
- Polinsky Children's Center
- Foster Care and Adoption services
- Extended Foster Care
- San Pasqual Academy



## CHILD AND FAMILY WELL-BEING

# Activities & Accomplishments



## Office of Child & Family Strengthening

- Enrolled 244 families in the new Family Income for Empowerment Program who receive \$500 monthly assistance
- Introduced the Child Care Workforce Investment Program, which has received 3,068 applicants for the retention stipend
- Planned for the Prevention Hub which will offer families prevention resources, support, and services
- Began implementation of the San Diego Child Care Blueprint

## CHILD AND FAMILY WELL-BEING

# Activities & Accomplishments



## Office of Child Safety

- Investigated 20,000 reports of child abuse and neglect
- Cared for 64 youth each month at Polinsky Children's Center
- Served 1,825 youth in foster care and adoptions
- Provided 230 young adults with Extended Foster Care benefits
- Served 52 youth at San Pasqual Academy
- Assisted 55 middle and high school students
- Safely reduced the number of children in foster care by 9% in FY 22/23
- Reduced the number of African American children in foster care by 19% in FY 22/23

## CHILD AND FAMILY WELL-BEING

# Looking Ahead



- Community Response Guide
- Child Abuse Hotline Online Mandated Reporter Portal
- Kin First: focus on placing children with family and friends
- Prevention Hub implementation
- Child Care Blueprint

## CHILD AND FAMILY WELL-BEING

## Alignment to Strategic Initiatives

Stronger & Healthier  
Communities

## SUSTAINABILITY

- Convert all CFWB documents to electronic records



## EQUITY

- Increase the number of families receiving family strengthening and prevention services



## EMPOWER

- Foster and develop an engaged and empowered workforce



## CHILD AND FAMILY WELL-BEING

# Alignment to Strategic Initiatives

Stronger & Healthier  
Communities

## COMMUNITY

- Strengthen partnerships and community engagement in the development of CFWB through ongoing community feedback sessions



## JUSTICE

- Achieve permanency within 12 months for children entering foster care



## CHILD AND FAMILY WELL-BEING

# Budget Equity

- Prevention Hub
- Transitional Housing Program Plus (THP Plus)
- Increasing placement capacity



GENERAL FUND

# Expenditure Summary

FUND NAME/PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Child Safety	1,504.00	\$ 278.3	1,504.00	\$ 298.4	—	\$ 20.1
CWS Eligibility	63.00	6.6	64.00	6.5	1.00	(0.1)
CWS Assistance	—	158.0	—	158.7	—	0.7
Child and Family Strengthening	14.00	2.5	19.00	3.4	5.00	0.9
Adoptions	89.00	11.4	85.00	12.0	(4.00)	0.6
<b>TOTAL</b>	<b>1,670.00</b>	<b>\$ 456.8</b>	<b>1,672.00</b>	<b>\$ 479.0</b>	<b>2.0</b>	<b>\$ 22.2</b>

FIRST 5 COMMISSION OF SAN DIEGO

First 5 San Diego	—	\$ 35.9	—	\$ 34.8	—	\$ (1.1)
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\*In millions

CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

GENERAL FUND

# Significant Budget Adjustments

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES*	PROGRAM REVENUE*	GPR*
Increase of \$22.7 million due to negotiated labor agreements and a reduction in assumed vacancies	2.00	\$ 22.7	\$ 5.3	\$ 17.4
Increase of \$2.3 million for the Transitional Housing Program Plus	—	2.3	2.3	—
Increase of \$1.9 million for the American Rescue Plan Act (ARPA) Community-Based Child Abuse Prevention (CBCAP)	—	1.9	1.9	—
Decrease of \$1.7 million associated with operational savings tied to restructuring training and administrative support, transitioning desk phones to Teams phones, and aligning appropriations to spending trends	—	(1.7)	(1.7)	—

\*In millions

## CHILD AND FAMILY WELL-BEING

## Budget Mitigations



- Focus on core services
- Align service levels with State requirements
- Enhance efficiencies and re-engineer programs
  - Shift work internally
  - Online Reporter Portal
- Maximize draw down of federal funding
  - Family First Prevention Services Act
- Use one-time Realignment as bridge funding

# Self-Sufficiency Services (SSS)

FISCAL YEARS

2024-25 & 2025-26

CAO RECOMMENDED

Operational Plan



## SELF-SUFFICIENCY SERVICES

# What We Do



- Provides eligibility determination for State, federal, and local public assistance programs
- Serves one million families, older adults, veterans, and their children to meet basic needs
- Ensures compliance with State and federal requirements
- Provides outcome based accurate and accessible data, program guidance, and enrollment information for frontline staff
- Engages with the community through different venues

## SELF-SUFFICIENCY SERVICES

# Services

- Medi-Cal (Health Insurance)
- CalFresh (Food Assistance)
- CalWORKs (Cash Assistance for families)
- General Relief (Cash Assistance for indigent adults)
- County Veterans Services (Benefits counseling, other State benefits)
- All services are federal or State mandated



## SELF-SUFFICIENCY SERVICES

# Activities & Accomplishments



- Provided services for more than 1.3 million children, families, adults, older adults, and veterans
- Distributed \$1.1 billion in cash and food assistance benefits
- Highest enrollment in County history for Medi-Cal (over 1.1 million) and CalFresh (563,000) for the last 12 months
- Maintained timely application processing to increase access and reduce barriers

## SELF-SUFFICIENCY SERVICES

# Activities & Accomplishments



- Increased the number of older adults on CalFresh to 94,000
- Increased by 210,000 the number of semi-annual eligibility reports submitted through customer self-service website
- 3.1 million Access Call Center calls, with an average wait time of less than 4 minutes
- Imaged more than 4.3 million documents for customers' virtual, paperless case files

## SELF-SUFFICIENCY SERVICES

# Activities & Accomplishments



- Deployed the Live Well Mobile Office in partnership with other HHSA departments to more than 450 outreach and enrollment events serving more than 45,000 residents
- Received nearly 600,000 in-person visits at Family Resource Centers
- Successfully implemented the \$4,000 one-time cash assistance program (RAFT) to 2,250 households throughout San Diego County
- Approved 12,800 Disaster CalFresh applications, amounting to more than \$5.7 million in benefits to flood victims

## SELF-SUFFICIENCY SERVICES

# Looking Ahead

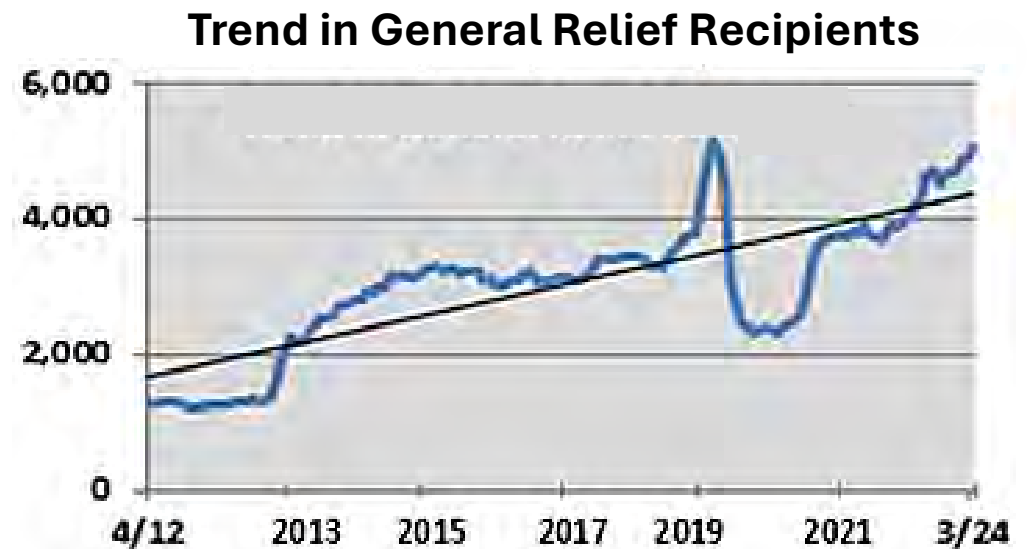
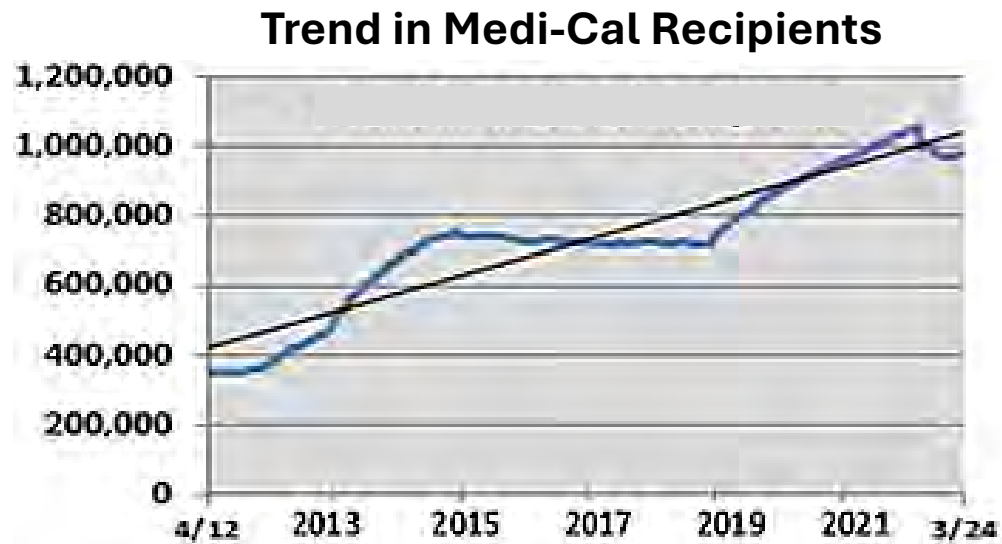


- Anticipating continued historic number of new program applications and caseload growth
- Anticipating significant State and federal administrative funding reductions for Self-Sufficiency programs
- Challenge of maintaining State and federal program service delivery metrics

## SELF-SUFFICIENCY SERVICES

# Program Enrollment Growth

**Significant increase in enrollment  
and caseload growth since 2012**



## SELF-SUFFICIENCY SERVICES

# Alignment to Strategic Initiatives

Stronger & Healthier  
Communities

## SUSTAINABILITY

- Support legislative policies to enhance services that allow residents to transition to self-sufficiency
- Implement carbon footprint reduction efforts such as remote work and opportunities to share, consolidate, or eliminate office spaces



## EQUITY

- Reduce the number of food-insecure older adults through strategic partnerships with Aging & Independence Services and community-based organizations to remove barriers and expand economic opportunities
- Process benefit applications timely to fully optimize access to health and social services
- Provide veteran benefits counseling and referral services



## SELF-SUFFICIENCY SERVICES

# Alignment to Strategic Initiatives

Stronger & Healthier  
Communities

## EMPOWER

- Enhance customer service and promote alternative pathways to access and provide information electronically and through self-service
- Invest in our workforce and develop a supportive work environment that promotes employee engagement and prioritizes excellent customer service



## SELF-SUFFICIENCY SERVICES

# Budget Equity

- Self-Sufficiency Services provides public assistance and outreach that prioritizes underserved groups
- Low income, immigrants, refugees, rural, BIPOC, LGBTQ+, persons with disabilities, and unhoused people
- Connect customers to benefits directly in communities by using the Live Well Mobile Offices, and through partnerships with Community-Based Organizations



# Expenditure Summary

## GENERAL FUND

PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Health Care Policy Administration	—	\$ 5.6	—	\$ 5.4	—	\$ (0.2)
Self-Sufficiency Administration	310.00	65.2	314.00	66.0	4.00	0.8
Assistance Payments	—	417.9	—	417.2	—	(0.7)
Regional Self-Sufficiency	2,513.00	292.5	2,508.00	318.7	(5.00)	26.2
Office of Military & Veterans Affairs	22.00	4.8	24.00	4.8	2.00	—
<b>TOTAL</b>	<b>2,845.00</b>	<b>\$ 786.0</b>	<b>2,846.00</b>	<b>\$ 812.1</b>	<b>1.00</b>	<b>\$ 26.1</b>

\*In millions

CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

# Significant Budget Adjustments

## GENERAL FUND

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES *	PROGRAM REVENUE*	GPR*
Increase of salaries and benefits due to negotiated labor agreements	—	\$ 19.1	\$ 17.1	\$ 2.0
Increased critical Self-Sufficiency Public Assistance Services (Benefits)	—	14.7	(2.8)	17.5
Decrease of supportive services for CalWORKs and CalFresh Employment and Training programs to align with current year funding	—	(12.6)	(12.6)	—
Increase of current and increased facilities costs including rents and leases, security and utilities	—	9.6	9.6	—

\*In millions

## SELF-SUFFICIENCY SERVICES

# Budget Mitigations



- Focus on core services
- Align service levels with State performance requirements
- Suspend new position requests
  - Absorbing significant caseload growth
- Use one-time bridge funding
  - Realignment
- Employ revenue strategies
  - Maximizing administrative allocations
  - State legislative advocacy

# Housing and Community Development Services (HCDS)

FISCAL YEARS  
2024-25 & 2025-26

CAO RECOMMENDED  
Operational Plan



73rd Street- County Excess Site

## HOUSING AND COMMUNITY DEVELOPMENT SERVICES

# What We Do



- Provides safe and affordable housing opportunities to low-income households
- Improves neighborhoods through community development opportunities
- Manages innovative housing initiatives

## HOUSING AND COMMUNITY DEVELOPMENT SERVICES

# Services

### Core Program Areas

- Affordable Housing Development
- Community Development

### Housing Authority Program Areas

- Rental Assistance
- Public Housing





## HOUSING AND COMMUNITY DEVELOPMENT SERVICES

# Activities & Accomplishments



## Affordable Housing

### FY 23/24 Accomplishments

- Completed 8 affordable housing developments in 8 communities
- 620 affordable homes built for approximately 1,300 people
- Two excess County sites awarded to affordable housing developers

### Affordable Housing since 2017

- Awarded \$305 million to help create 2,100 affordable units with 2,200 in the works
  - \$98 million in local Innovative Housing Trust Fund + \$207 million in other federal, state, and local sources
- 490 of those are permanent supportive housing

HOUSING AND COMMUNITY  
DEVELOPMENT SERVICES

## Activities & Accomplishments



### Community Development

- Tenant legal services assisted 1,827 households facing or at risk of eviction
- Housing opportunities for people living with HIV/AIDS provided permanent housing assistance to more than 300 households

### Rental Assistance

- 12,000 households receiving rental assistance
  - Over 480 new households admitted
- \$17 million in rental assistance per month to landlords

### Public Housing

- 121 public housing units and 38 farmworker units operated

## HOUSING AND COMMUNITY DEVELOPMENT SERVICES

# Looking Ahead



- Continue affordable housing development efforts
- Over 1,200 affordable units are currently under construction
- Another 2,000 affordable units are in the pipeline
- Leverage partnership and funding opportunities
- Implement Shared Housing for Older Adults Program
- Financially repositioning public housing portfolio
- Streamline activities for Housing Choice Voucher and public housing programs

## HOUSING AND COMMUNITY DEVELOPMENT SERVICES

## Alignment to Strategic Initiatives

Stronger & Healthier  
Communities

## SUSTAINABILITY

- Leverage County-owned excess property
- Preference to developments with sustainable development practices
- Ensure energy and water-efficiency at public housing sites



## EQUITY

- Provide 800 veteran households rental assistance through the Veterans Affairs Supportive Housing (VASH) program
- Increase affordable housing opportunity across the region



## HOUSING AND COMMUNITY DEVELOPMENT SERVICES

# Alignment to Strategic Initiatives

 | Stronger & Healthier Communities**EMPOWER**

- Facilitate quarterly DEI trainings and open discussion forums
- Increase employee engagement

**COMMUNITY**

- Engage 250 new landlords interested in renting to vulnerable populations

**JUSTICE**

- Provide tenant legal services to prevent eviction



HOUSING AND COMMUNITY  
DEVELOPMENT SERVICES

## Budget Equity

- Supporting Low-Income Households
  - Affordable Housing
    - Dedicated units for low-income and vulnerable populations
  - Rental Assistance
    - Financial stability and housing choice
- Fair Housing Efforts
  - Secret Shopper
  - Education and Outreach





GENERAL FUND & NON-GENERAL FUND

Expenditure Summary

HOUSING AND COMMUNITY  
DEVELOPMENT SERVICES

PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Housing and Community Development	156.00	\$ 30.9	158.00	\$ 34.4	2.00	\$ 3.5
HCD – Multi-Year Projects	—	68.5	—	56.5	—	(12.0)
County Successor Agency – Housing	—	0.03	—	0.03	—	—
TOTAL	156.00	\$ 99.4	158.00	\$ 90.9	2.00	\$ (8.5)

\*In millions

COUNTY HOUSING AUTHORITY

Housing Authority	—	\$ 238.9	—	TBD	—	TBD
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GENERAL FUND

# Significant Budget Adjustments

HOUSING AND COMMUNITY  
DEVELOPMENT SERVICES

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES*	PROGRAM REVENUE*	GPR*
Increase of salaries and benefits due to negotiated labor agreements and additional staff years	2.00	\$ 1.2	\$ 1.2	—
Case Management System Transition	—	1.7	1.7	—
Prohousing Incentive Program (PIP)	—	2.4	2.4	—
New Evergreen component investments of the ARPA Framework for the Innovative Housing Trust Fund (IHTF)	—	10.6	10.6	—
Prior year one-time funding for IHTF expansion	—	(25.0)	(25.0)	—

\*In millions

HOUSING AND COMMUNITY  
DEVELOPMENT SERVICES

## Budget Mitigations



- Focus on core services
- Suspend growth in non-mandated areas
  - Leave No Veteran Homeless
  - Landlord Incentive Program
  - Preventing displacement of low-income renters
  - Tenant Legal Assistance
  - Affordable Housing
  - Innovative Housing Trust Fund (IHTF)
  - Housing Blueprint

# Homeless Solutions and Equitable Communities (HSEC)

FISCAL YEARS

2024-25 & 2025-26



CAO RECOMMENDED

Operational Plan

## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

# What We Do



### **Provide resources and support to:**

- Traditionally under-resourced and vulnerable groups
- Immigrant and refugee communities
- People at risk of or experiencing homelessness
- Comprised of the Office of Homeless Solutions, Office of Equitable Communities, and Office of Immigrant and Refugee Affairs

## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

# Services

### Office of Homeless Solutions

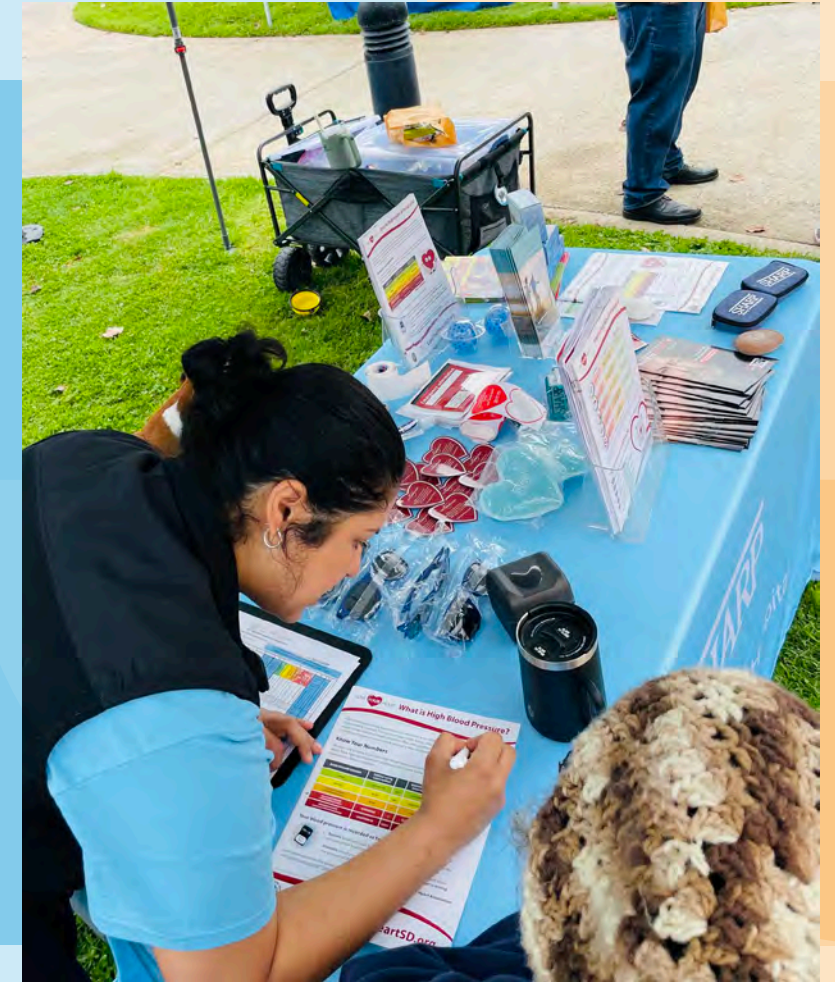
- Trauma-informed and person-centered direct services
- Design, development, and implementation of programs under Framework for Ending Homelessness

### Office of Equitable Communities

- Community partnerships
- Community Health Workers
- Programs to reduce economic disparities

### Office of Immigrant and Refugee Affairs

- Centralized resource hub through Welcome Centers
- Refugee support services



## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

# Activities & Accomplishments



## Framework for Ending Homelessness Efforts

- Provided 380 senior households rental subsidies through the pilot Shallow Rental Subsidy program
- Delivered services, housing, and benefits advocacy to 300 individuals through the Housing Disabilities Advocacy program
- Connected 100 older adults with temporary housing and services through the Home Safe program, in partnership with Aging & Independence Services
- Advancing the Homeless Solutions and Prevention Action Plan

HOMELESS SOLUTIONS AND  
EQUITABLE COMMUNITIES

## Activities & Accomplishments



### Framework for Ending Homelessness Efforts

- Regional homeless services through 50,000 duplicated engagements regionwide:
  - Made over 7,000 connections to public assistance programs
  - Connected 1,500 people experiencing homelessness to housing
- Secured \$22 million to support individuals residing in encampments in San Diego and Plaza Bonita riverbeds
- Planning 150 emergency shelter beds and 60 safe parking spaces by 2025 under Compassionate Emergency Solutions and Pathways to Housing efforts

## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

# Activities & Accomplishments



## Promoting Equitable Communities by Supporting Individuals and Families to Thrive

- Provided over 16,000 community members with stabilization services
- Connected with more than 280 attendees at the Southeastern Live Well Center Information and Hiring Fair and County Job Fair events

HOMELESS SOLUTIONS AND  
EQUITABLE COMMUNITIES

## Activities & Accomplishments



### Outreach and Engagement Efforts

- Conducted over 60,000 community outreach engagements
- Sent weekly regional newsletters to over 3,500 subscribers
- Distributed over 12,000 Affordable Connectivity Program materials
- Provided 150 people with Community Health Worker training
- Had 1,200 participants at Grandparents Raising Grandchildren events

## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

# Activities & Accomplishments



## Services for Immigrants and Refugees

- Secured \$4.5 million for community programming
- Served 2,800 individuals at the Welcome Center in National City
- Trained 130 landlords through the Landlord Education Program

## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

# Looking Ahead



- Continue efforts towards Compassionate Emergency Solutions and Pathways to Housing
- Release the Office of Homeless Solutions' public dashboards
- Conduct the FY 24-25 Community Needs Assessment and incorporate priorities into the next Community Action Plan
- Connect kinship families to support through the Grandfamilies and Kinship Network

## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

# Looking Ahead



- Establish programs to support those displaced by the war in Ukraine achieve self-sufficiency
- Strengthen collaboration with key stakeholders to identify needs for better coordination of programs and services for immigrant and refugee populations
- Establish the Migrant Transition Day Center

## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

## Alignment to Strategic Initiatives

Stronger & Healthier  
Communities

## SUSTAINABILITY

- Engage individuals by connecting them to resources and services through the Welcome Centers
- Expand economic enhancement opportunities by assessing and connecting people to stabilization resources and services



## EQUITY

- Engage with residents countywide to provide outreach and education on health and social services
- Provide low-income rent-burdened older adults with rental subsidies to support housing stability through the Pilot Shallow Rental Subsidy Program.



## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

## Alignment to Strategic Initiatives

Stronger & Healthier  
Communities

## EMPOWER

- Dedicated efforts to enhance two-way communication of information between leadership and line staff
- Establish baseline score for HEART Customer Service Survey



## COMMUNITY

- Co-lead the five Regional Community Leadership Teams alongside community co-chairs
- Provide outreach and case management to individuals experiencing or at-risk of homelessness



## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

# Budget Equity

Bridging gaps and centering approach on equity through listening sessions, collaborative meetings, and public hearings.

- Subregional Community Homelessness Planning Groups
- Regional Community Leadership Teams
- Listening Sessions to engage the refugee and migrant communities



GENERAL FUND

# Expenditure Summary

## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Homeless Solutions and Equitable Communities Administration	16.00	\$ 3.6	16.00	\$ 3.8	—	\$ 0.2
Office of Equitable Communities	54.00	15.5	52.00	17.0	(2.00)	1.5
Office of Homeless Solutions	87.00	57.8	87.00	70.4	—	12.6
Office of Immigrant and Refugee Affairs	5.00	5.1	5.00	7.5	—	2.4
<b>TOTAL</b>	<b>162.0</b>	<b>\$ 82.0</b>	<b>160.0</b>	<b>\$ 98.7</b>	<b>(2.00)</b>	<b>\$ 16.7</b>

\* In millions

## GENERAL FUND & NON-GENERAL FUND

# Significant Budget Adjustments

## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

BUDGET ADJUSTMENTS	STAFF	EXPENDITURE*	PROGRAM REVENUE*	GPR*
Increase of \$6.9 million Salaries and Benefits tied to negotiated labor agreements and temporary staffing associated with time-limited grants and project funding.	(2.00)	\$ 6.9	\$ 5.2	\$ 1.7
Increase of \$7.8 million to address the immediate needs of those experiencing homelessness within the San Diego Riverbed and Plaza Bonita Encampment areas.	—	7.8	7.8	—
Increase of \$5.6 million for the Regional Homeless Assistance Program.	—	5.6	5.6	—
Increase of \$2.8 million for the Local Rental Subsidy Program to provide rental assistance for persons transitioning out of emergency shelter programs.	—	2.8	2.8	—
Increase of \$0.5 million for the Inclement Weather Program which provides temporary shelter services.	—	0.5	0.5	—
Increase of \$4.3 million Additional Ukraine Supplemental Appropriations Act funding to assist individuals displaced due to the war in Ukraine.	—	4.3	4.3	—
Anticipate \$19.5 million in funding from FEMA for the FY 2024 Shelter & Services Program to establish the Migrant Transition Day Center.				

\*In millions

## HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

# Budget Mitigations



- Focus on core services
- Suspend growth in non-mandated areas
  - Live Well On Wheels
  - Homeless Prevention Unit
- Align Budget with Spending Trends
- Enhance efficiencies and reengineer programs
  - Medi-Cal billing for Community Health Workers

# Behavioral Health Services (BHS)

FISCAL YEARS  
2024-25 & 2025-26



CAO RECOMMENDED  
Operational Plan

## BEHAVIORAL HEALTH SERVICES

# What We Do

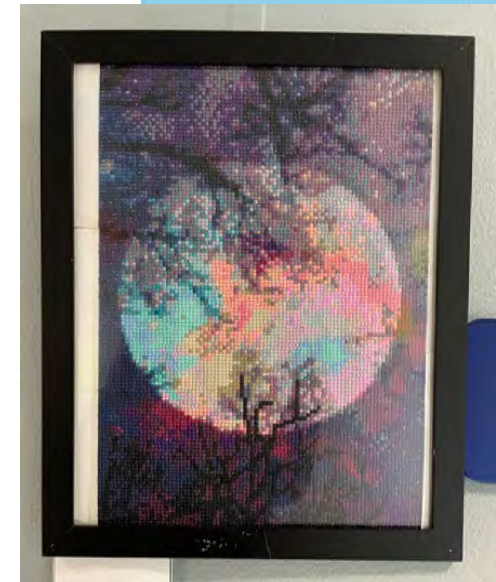


- Mental health and substance use services
- Over 100,000 children, youth, and adults receive care annually
- Four domains:
  - Specialty Mental Health Plan
  - Contractor
  - Direct service provider
  - Public health entity

## BEHAVIORAL HEALTH SERVICES

## Continuum of Services

- Prevention, Early Intervention, and Harm Reduction
- Community Outreach and Engagement
- Mental Health and Substance Use Outpatient and Residential Services
- Crisis Services
- Inpatient Services
- Long-Term Care
- Transitional and Permanent Supportive Housing
- Public Conservator's Office



## BEHAVIORAL HEALTH SERVICES

# Activities & Accomplishments



## Behavioral Health Continuum of Care Transformation:

- Advanced infrastructure projects:
  - Tri-City Psychiatric Health Facility
  - East Region Crisis Stabilization Unit
  - Edgemoor Psychiatric Acute Inpatient
  - Region Community-Based Care
- Enhanced board and care capacity
- Increased Mobile Crisis Response Teams (MCRT)

## BEHAVIORAL HEALTH SERVICES

# Activities & Accomplishments

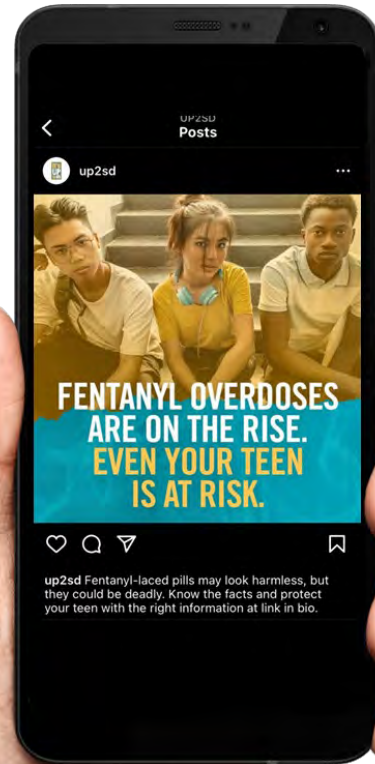


## Annual Behavioral Health Services Provided:

- Mental Health Outpatient Services
  - Nearly 133,000 adult encounters
  - Over 173,000 children and youth encounters
- Acute Inpatient Services
  - Over 81,500 adult inpatient bed days
  - Over 5,400 children and youth inpatient days
- Substance Use Outpatient Services
  - Over 24,300 encounters

## BEHAVIORAL HEALTH SERVICES

## Activities &amp; Accomplishments



## Behavioral Health Continuum of Care Transformation:

- Ramped up Opioid Settlement Framework activities, including public messaging
  - Nearly 300 million impressions via the Illicit Fentanyl Awareness campaign
  - Distributed 7,000 Naloxone Kits
- Screened almost 15,000 youth in Screening to Care program to date
- Pursued grants totaling over \$36 million

## BEHAVIORAL HEALTH SERVICES

# Activities & Accomplishments



- Implemented Community Assistance, Recovery & Empowerment (CARE) Act program
- Accelerated Planning for Senate Bill 43
- Transitioning under Behavioral Health Payment Reform

## BEHAVIORAL HEALTH SERVICES

# Looking Ahead



## State Initiatives and Mandates

- CARE Act Program
- Senate Bill 43 – Involuntary Behavioral Health Treatment
- Medi-Cal Transformation and Behavioral Health Payment Reform
- Incompetent to Stand Trial
- Proposition 1
  - Behavioral Health Services Act
  - \$6.38 billion Behavioral Health Infrastructure Bond

## BEHAVIORAL HEALTH SERVICES

# Alignment to Strategic Initiatives

Stronger & Healthier  
Communities

## SUSTAINABILITY

- Support contractors to implement sustainability goals
- Explore sustainable design and construction of new BHS capital projects with the Department of General Services



## EQUITY

- Enhance regionally distributed services



## EMPOWER

- Invest in our workforce and operations by providing support services and excellent customer service



## BEHAVIORAL HEALTH SERVICES

# Alignment to Strategic Initiatives

Stronger & Healthier  
Communities

## COMMUNITY

- Facilitate meaningful community engagement
  - Community Experience Partnership
  - Community Program Planning Process
  - Youth Suicide Crisis Response and Reporting Pilot



## JUSTICE

- Collaborate with Public Safety partners to enhance services for people with behavioral health conditions who have justice involvement.



## BEHAVIORAL HEALTH SERVICES

# Budget Equity

- Population Health Approach
- Community Experience Partnership
- Community Program Planning Process



GENERAL FUND

BEHAVIORAL HEALTH SERVICES

# Expenditure Summary

PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Alcohol and Other Drug Services	34.00	\$ 196.80	32.00	\$ 258.00	(2.00)	\$ 61.20
Mental Health Services	321.50	637.30	322.50	671.00	1.00	33.70
Inpatient Health Services	618.00	125.70	618.00	125.20	—	(0.50)
Behavioral Health Services Administration	359.00	61.30	360.00	102.40	1.00	41.10
<b>TOTAL</b>	<b>1,332.50</b>	<b>\$ 1,021.10</b>	<b>1,332.50</b>	<b>\$ 1,156.60</b>	<b>0.00</b>	<b>\$ 135.60**</b>

\*In millions

\*\*Figures above may not add up due to rounding

CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

# Significant Budget Adjustments

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES*	PROGRAM REVENUE*	GPR*
Negotiated labor agreements	—	\$ 16.3	\$ 16.3	—
Enhancements to prevention programs, including Early Intervention for Prevention of Psychosis, ACEs Prevention Parenting Program for Fathers, Native American Prevention and Early Intervention, and Youth Suicide Prevention Program	—	6.8	6.8	—
Enhancements to substance use services, including outpatient, residential, and opioid treatment programs	—	29.4	29.4	—
Established a partnership with Revive Pathway, owned by the Viejas Band of Kumeyaay Indians, for a new Opioid treatment program in East Region	—	35.8	35.8	—
Implementation of Involuntary Behavioral Health Treatment under Senate Bill 43	—	15.0	15.0	—

\*In millions

# Significant Budget Adjustments

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES*	PROGRAM REVENUE*	GPR*
In alignment with Optimal Care Pathways Model, expanded capacity for long-term care, inclusive of subacute care and board and care beds	—	\$ 6.0	\$ 6.0	—
Mental health inpatient services at the Tri-City Medical Center Psychiatric Health Facility and enhanced rates for acute inpatient psychiatric beds	—	10.6	10.6	—
Mental health outpatient treatment and support services for children, youth, and adults	—	1.7	1.7	—
Public behavioral health workforce development and retention program	—	25.0	25.0	—

\*In millions

## BEHAVIORAL HEALTH SERVICES

# Budget Mitigations



- Prioritize continuity of mandated and core services
- Emphasis on ensuring people have access to the level of care they need
- Align budgets with spending trends
- Delay budget and service enhancements, and new position requests
- Impact of behavioral health payment reform
- Utilize tobacco settlement funds
- Use one-time realignment



THANK YOU

# Public Safety Group

FISCAL YEARS

2024-25 & 2025-26



CAO RECOMMENDED

Operational Plan



## PUBLIC SAFETY GROUP

# What We Do

We support the public safety and well-being of all by providing equitable, sustainable, and community-oriented services.

PUBLIC SAFETY GROUP

# Departments

- District Attorney
- Sheriff
- Animal Services
- Child Support Services
- Emergency Services
- Medical Examiner
- Probation
- Public Defender
- SD County Fire



PUBLIC SAFETY GROUP

# Highlights



## Child Support Services

- 53,000 families served
- \$180 million in child support
- Justice Involved Parents & Children team
- Public Assistance program oversight
- Assist individuals impacted by Electronic Benefit Transfer (EBT) skimming
- Partnership to support clients earning high school diploma

## PUBLIC SAFETY GROUP

# Highlights



## Emergency Services

- Regional emergency response coordination
- 2024 Storm response & recovery
  - Alert and warning
  - Agency coordination
  - Emergency Temporary Lodging Program
- 1,700 Ready Disaster Service Workers
- Community-based partnerships

PUBLIC SAFETY GROUP

# Highlights



## Animal Services

- Services to support 7,000 animals a year
- 500 low cost spay and neuter surgeries
- Microchipping, licensing, and vaccination services
- New 20,000 square foot animal shelter to support East and South areas of county
- \$150,000 grant to provide 2,000 no-cost spay and neuter surgeries

## PUBLIC SAFETY GROUP

# Highlights



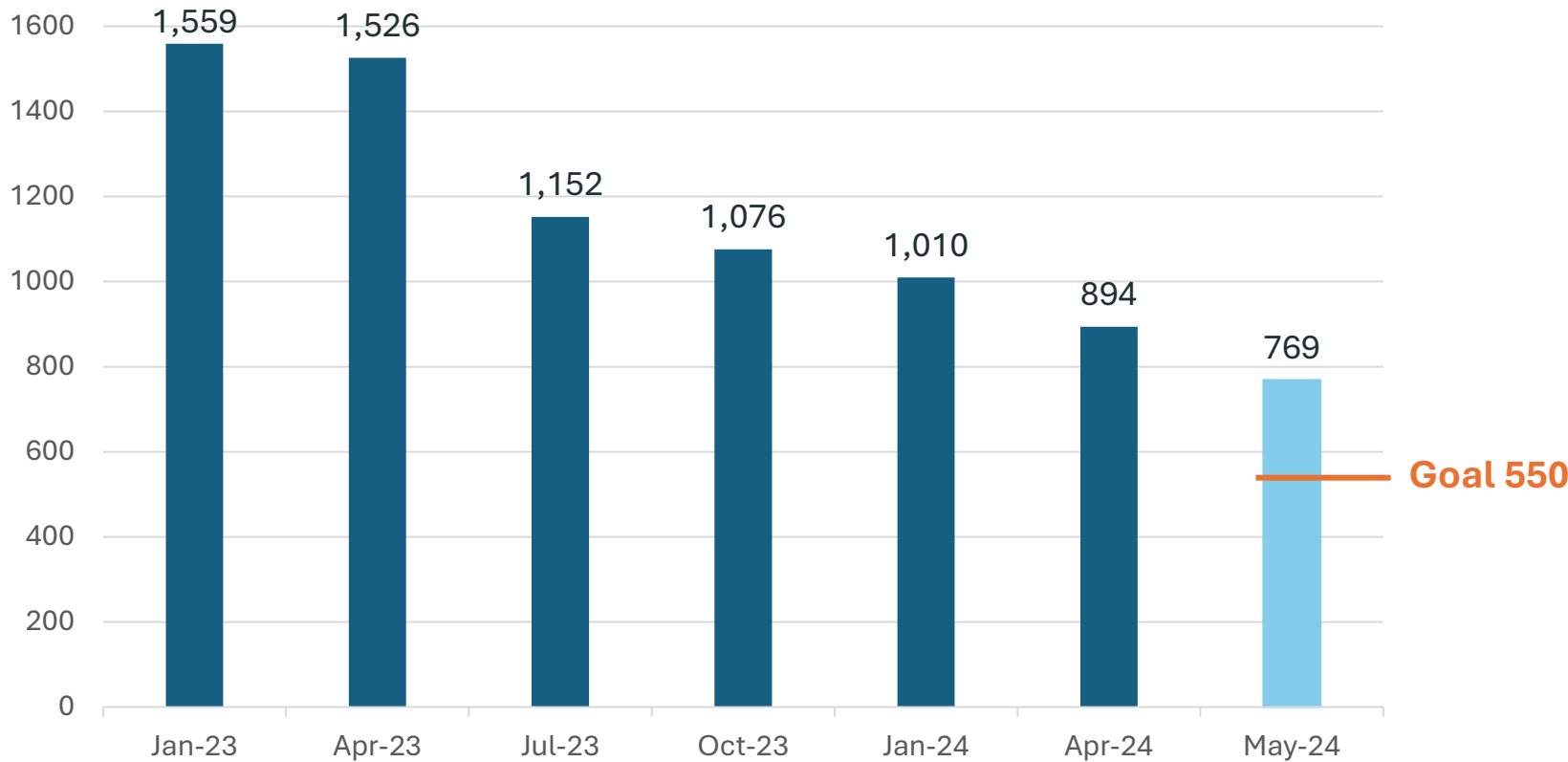
## Medical Examiner

- Independent investigations
- Over 4,100 deaths investigated in 2023
- 24% overall caseload increase in 5 years
- 2,300% increase in fentanyl-related overdose cases since 2016
- Dual public health and public safety function
- Information sharing & partnerships

## PUBLIC SAFETY GROUP

## Highlights

## Medical Examiner Workload Improvements



50% decrease in  
the number of  
open case  
reports since  
April 2023

## PUBLIC SAFETY GROUP

# Highlights



## County Fire

- Fire Protection & Emergency Medical Services across 1.73 million acres of unincorporated area
- New East Otay Mesa fire station
- Management of 23 ambulances
- \$4 million in ARPA funds to 14 fire districts
- 600 miles of roadside vegetation management
- Ramona Fire Station 80 improvements
- Fire Training Tower
- Fuels Crew Program partnership with Probation to support youth

## PUBLIC SAFETY GROUP

# Highlights



## Alternatives to Incarceration | \$230 Million

- Prevention, diversion, and re-entry programs
- Advisory Group
  - 8 Community Members
  - Public-sector health and justice partners
- Community listening sessions in 2024
  - 160 community members
  - 4 in-person and virtual sessions
- Consultants with lived experience

## PUBLIC SAFETY GROUP

# Highlights



## Alternatives to Incarceration Partnerships

- Transitions Clinic pilot program
- Reducing number of people incompetent to stand trial
- 3-year pilot program to support human-trafficking survivors
- Prop 47 grant funding to connect justice-involved people with care-based services
- Outcome-based decision making

## PUBLIC SAFETY GROUP

# Budget Equity

- Mobile veterinary unit for underserved areas
- Ambulance management to support equitable emergency services
- Supportive services for at-risk youth
- Medical Examiner caseload support
- Gun Violence Reduction Program

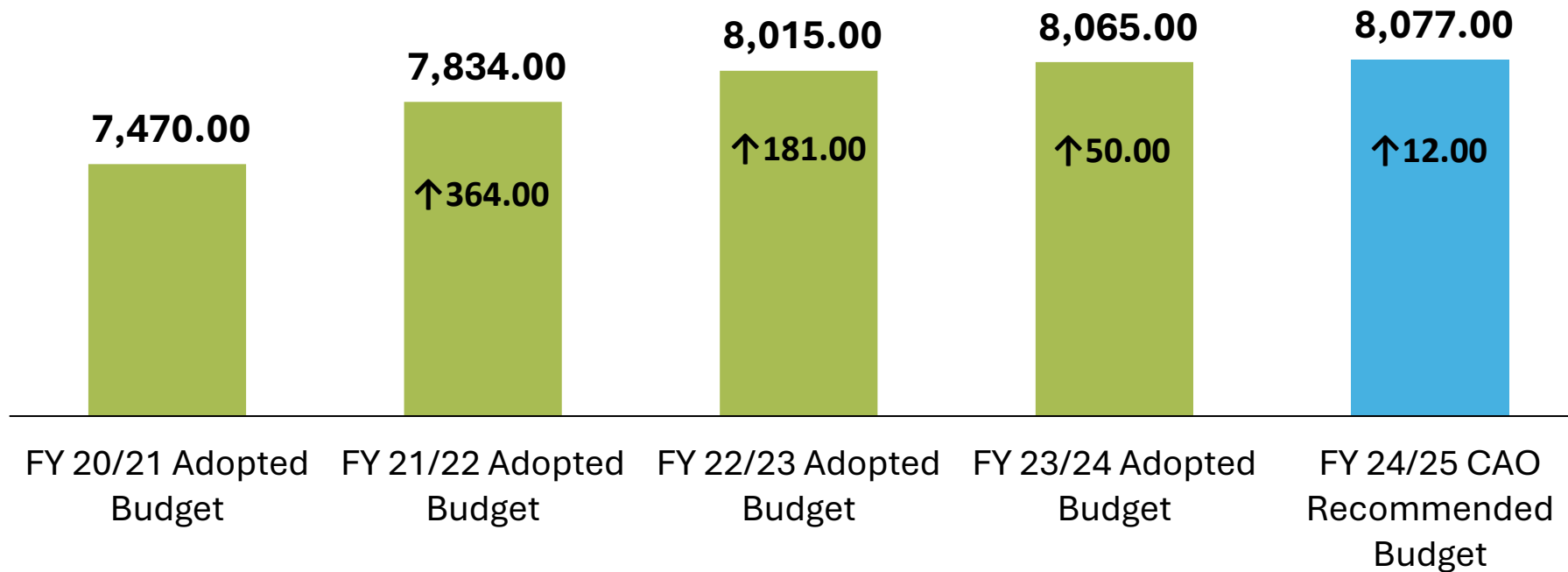


# A Look Back: 5 Year Trend

STAFF YEARS (FTES)

PUBLIC SAFETY GROUP

**8% Staff increase over 5 years**



CAO RECOMMENDED OPERATIONAL PLAN

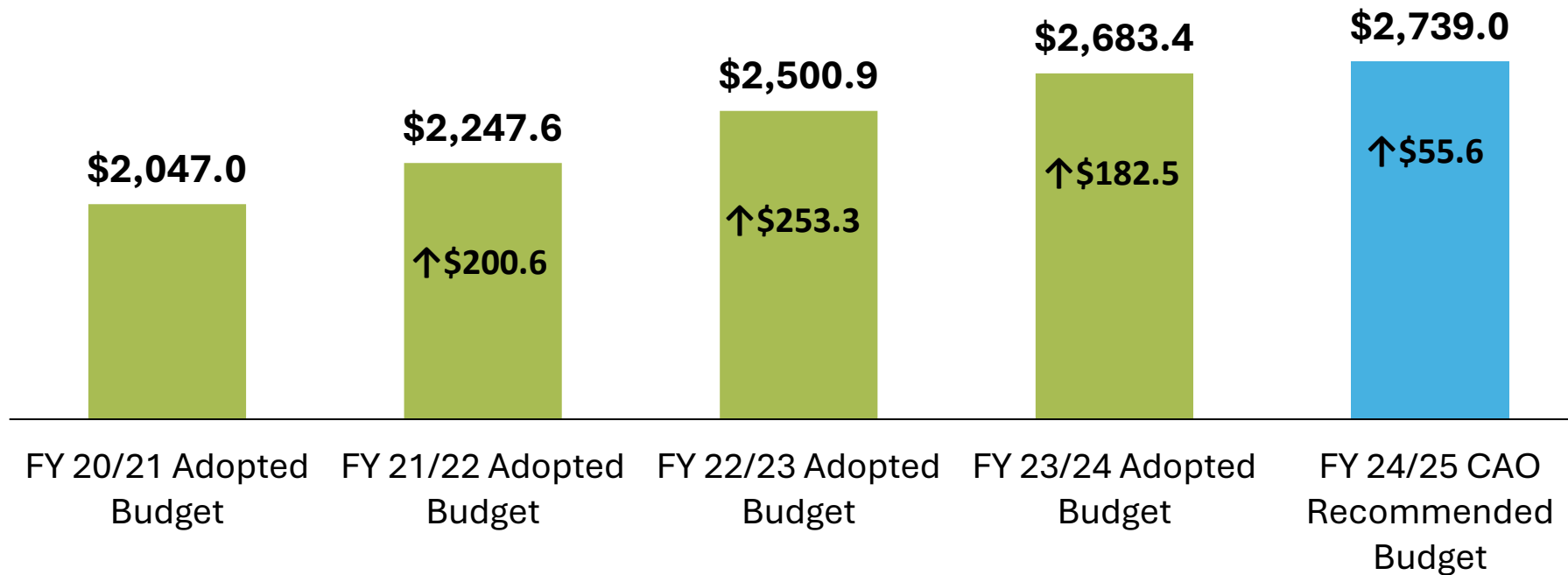
FISCAL YEARS 2024-25 & 2025-26

# A Look Back: 5 Year Trend

## EXPENDITURE APPROPRIATIONS

### PUBLIC SAFETY GROUP

**34% Expenditure appropriation increase over 5 years**



In millions

CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26



# Expenditure Summary

GENERAL FUND & NON-GENERAL FUND | PUBLIC SAFETY GROUP

DEPARTMENT	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET (in millions)	STAFF	BUDGET (in millions)	STAFF	BUDGET (in millions)
Animal Services	63.00	\$9.9	66.00	\$11.3	3.00	\$1.4
Child Support Services	424.00	57.2	424.00	57.2	—	—
Office of Emergency Services	36.00	10.5	36.00	12.0	—	1.5
Medical Examiner	77.00	17.5	78.00	21.2	1.00	3.7
San Diego County Fire	60.00	110.5	64.00	134.6	4.00	24.1
Public Safety Group Executive Office	20.00	552.1	21.00	491.1	1.00	(61.0) <sup>2</sup>
Sheriff*	4,748.00	1,222.1	4,702.00	1,286.8	(46.00) <sup>1</sup>	64.7
District Attorney*	1,050.00	295.0	1,052.00	266.1	2.00	(28.9) <sup>2</sup>
Public Defender*	547.00	129.6	547.00	137.2	—	7.6
Probation*	1,040.00	279.0	1,087.00	321.5	47.00	42.5
<b>TOTAL</b>	<b>8,065.00</b>	<b>\$2,683.4</b>	<b>8,077.00</b>	<b>\$2,739.0</b>	<b>12.00</b>	<b>\$55.6</b>

\*These departments will present individually

<sup>1</sup>Reduction of staffing

15 <sup>2</sup>Completion of one-time projects

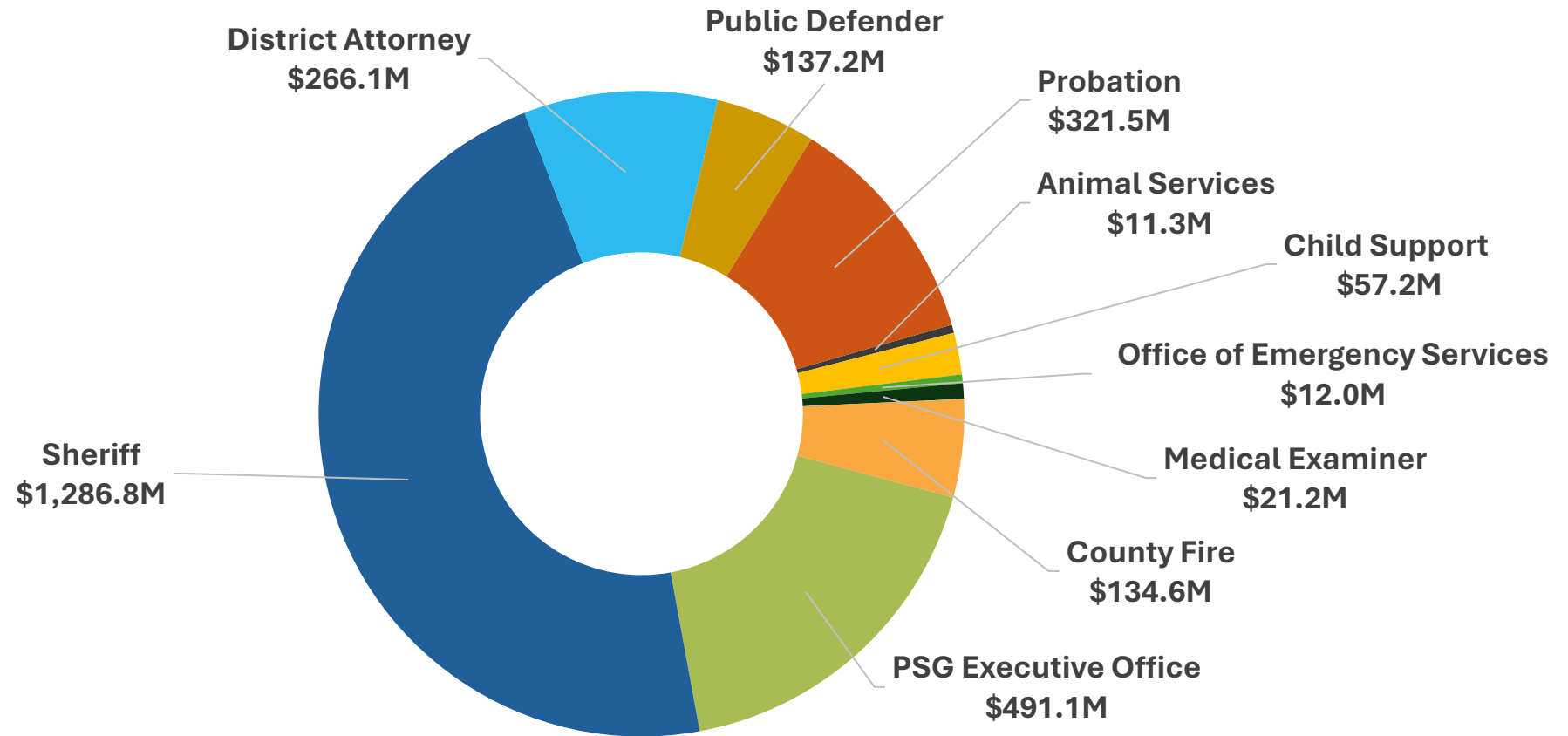
CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

# Budget Breakdown

## PUBLIC SAFETY GROUP

**Total Budget: \$2.7 billion with FY 24/25 increase of \$55.6 million**



CAO RECOMMENDED OPERATIONAL PLAN

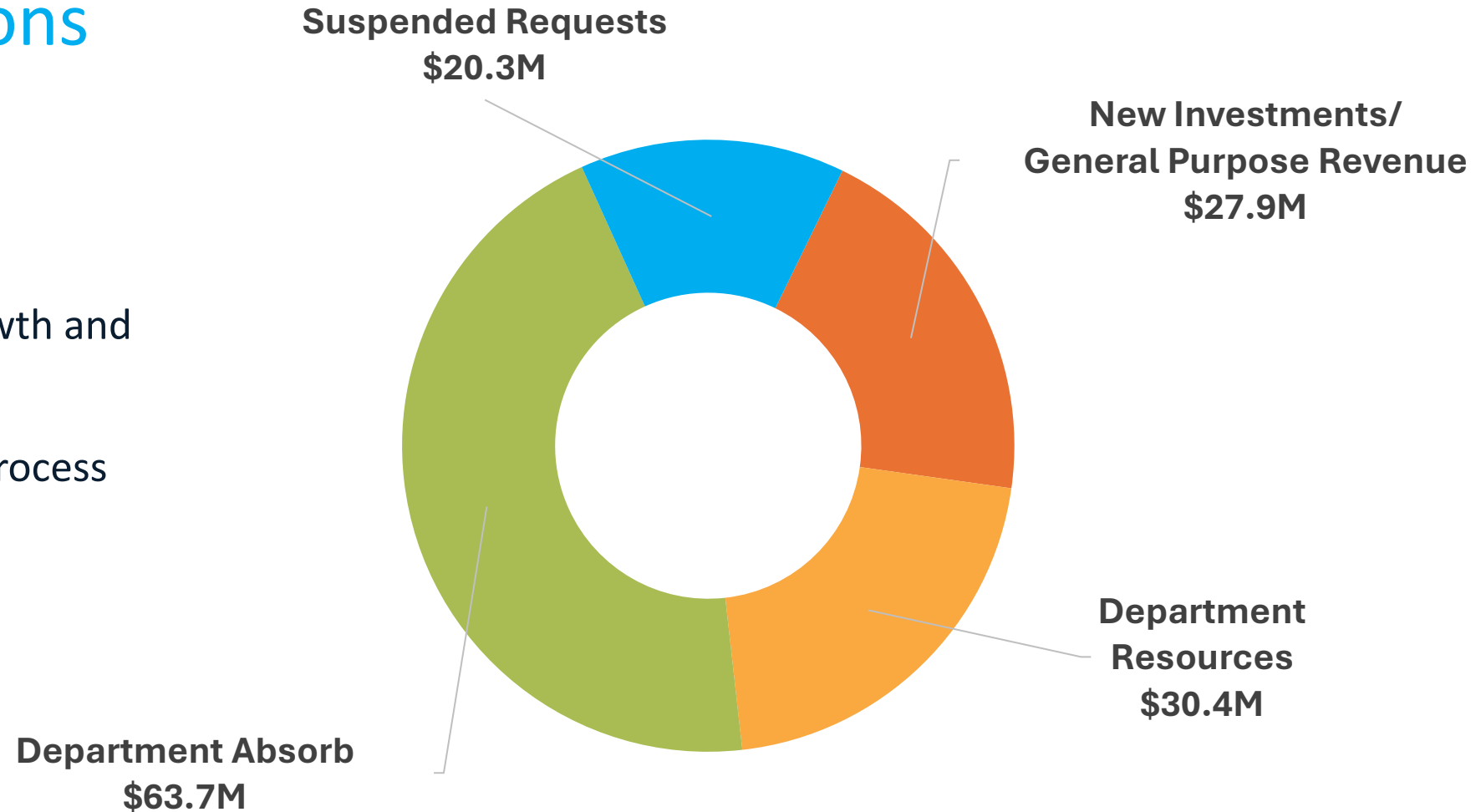
FISCAL YEARS 2024-25 & 2025-26

## PUBLIC SAFETY GROUP

## Budget Mitigations

- Focused on core services
- Utilized restricted funds
- Suspended program growth and adding new staff
- Implemented business process improvements

### Fiscal Year 2024-25 Mitigations: \$142.3 million



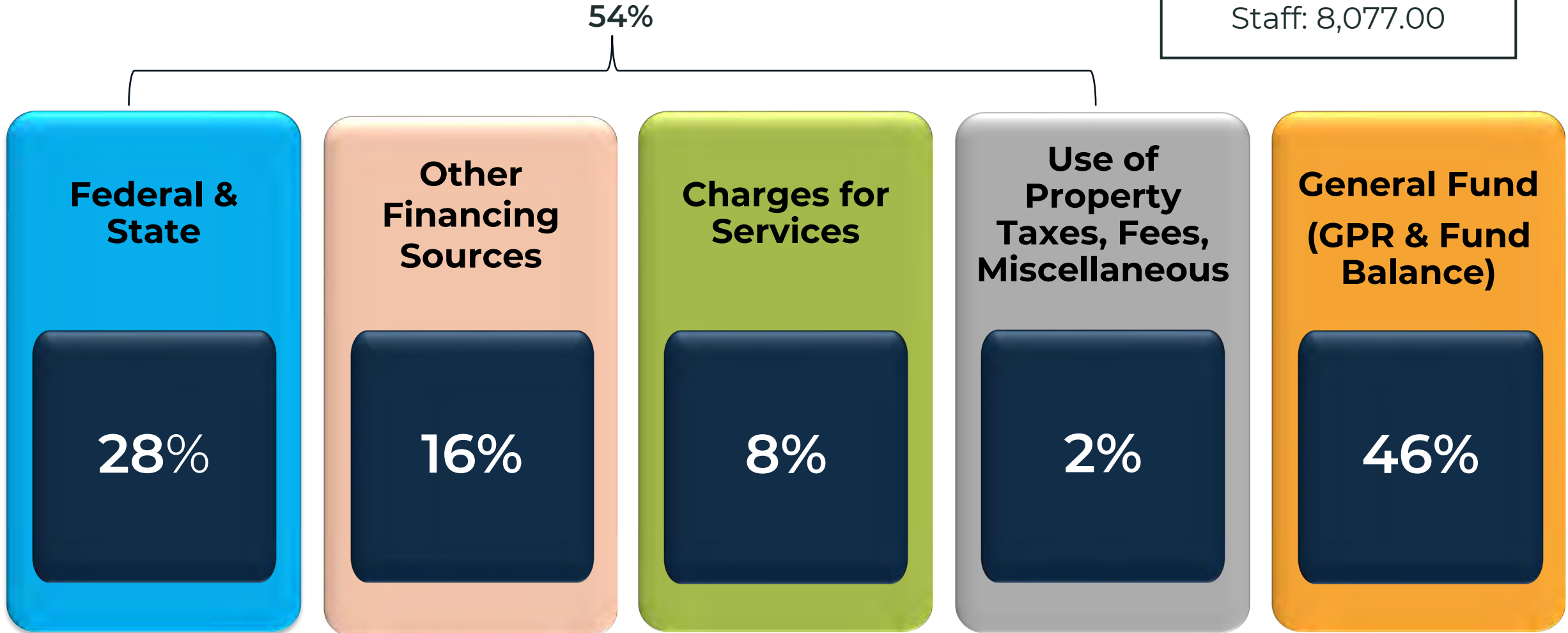
CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 &amp; 2025-26

PUBLIC SAFETY GROUP

# Revenue Summary

**FY 24/25 CAO  
Recommended**  
Budget: \$2,739.0M  
Staff: 8,077.00



CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26



# Sheriff's Department

FISCAL YEARS

2024-25 & 2025-26



CAO RECOMMENDED

Operational Plan

## SHERIFF'S DEPARTMENT

# Priorities Driving Budget Needs



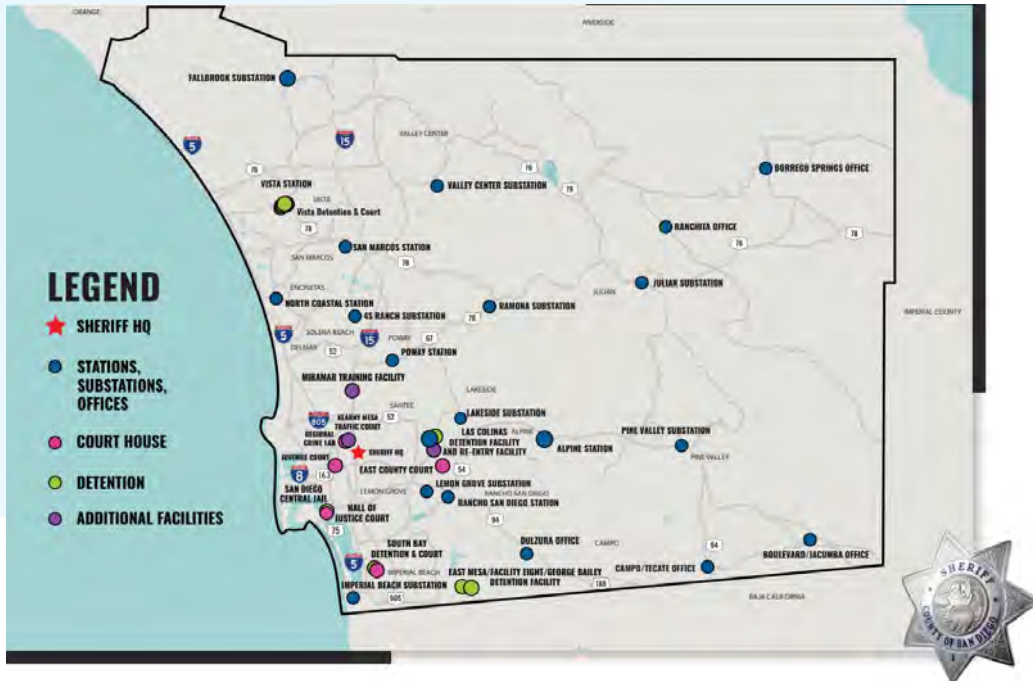
- Infrastructure:
  - Ramona Substation
  - Vista Detention Facility
  - New Station – North Inland Region (I-15 / I-76)
- Staffing:
  - Fully staffing our jails
  - Ending Mandatory Overtime



## SHERIFF'S DEPARTMENT

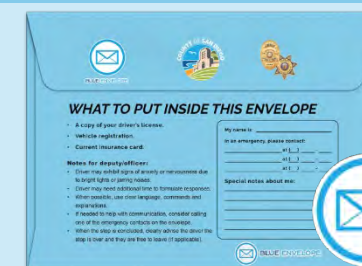
# What We Do

- Provides law enforcement services out of 18 patrol station covering 4,200 square miles
- Delivers police services to nearly 1 million county residents, including those in 9 contract cities, the Grossmont/Cuyamaca Community College District, 18 Indian reservations
- Supports regional investigations through its Crime Lab
- Deliver an array of support operations & tactical emergency response across San Diego County
- Operates 7 Detention Facilities
- Books arrestees and provides for daily care of average of about 4,000 incarcerated persons
- Delivers courthouse security services to the 3<sup>rd</sup> largest trial court system in the nation



# SHERIFF'S DEPARTMENT Services

- RESPECT Project
- Camp LEAD
- 'Academia de Alguacil' – Spanish Academy
- "What to Expect"... - Refugee Awareness
- Gun Safety Events
- Sheriff's LGBTQ+ Council
- Sheriff's Safe City initiative
- Search and Rescue
- Take Me Home
- YANA (You Are Not Alone)
- Neighborhood Watch
- Homeless Outreach
- Citizen's Academy
- Coffee with the Community
- Blue Envelope Program
- Harm Reduction Kits
- Chaplain Program
- Reentry Works
- Peer Reentry Leadership Academy



BLUE ENVELOPE

## SHERIFF'S DEPARTMENT

# Highlights



### Activities & Accomplishments

- Rock Mountain DF Renovation *Nearly Complete*
- George Bailey DF Renovations *Complete 2025*
- Americans with Disabilities Act (ADA) Compliance Unit *fully operational*
- Medication Assisted Treatment (MAT) Program has had *1,078 participants to date*
- Technology advancements deployed in our detention facilities
  - 350 facility cameras
  - Smart Communications phones

## SHERIFF'S DEPARTMENT

# Highlights



## Activities & Accomplishments

- The Blue Envelope Program *launched*
- Homeless Assistance Resource Team (HART)
  - First ever Law Enforcement Summit on Homelessness
- Spanish Academy
  - Fall 2023 first south county academy
  - 70 graduates on May 7, 2024
- Gun Safety Event with Pala Band of Mission Indians

## SHERIFF'S DEPARTMENT

# Alignment to Strategic Plan

Stronger, Healthier  
Communities**SUSTAINABILITY**

- Explore various opportunities for enhanced virtual delivery of services

**EQUITY**

- Pursue the recommendations of the Sheriff's Detention Facilities Strategic Plan to provide a safe environment for incarcerated individuals and the staff who work in the facilities
- Advance innovation in practice and technology to enhance the safety and health of incarcerated persons

**EMPOWER**

- Provide opportunities for career development, personal progress, and engagement for employees



## SHERIFF'S DEPARTMENT

# Alignment to Strategic Plan

Stronger, Healthier  
Communities**COMMUNITY**

- Expand programs and outreach with our diverse communities.
- Collaborate with our community partners to broaden and enrich department services.

**JUSTICE**

- Pursue a multitude of approaches to maximize retention and recruitment of sworn and professional personnel.





SHERIFF’S DEPARTMENT  
GENERAL & NON-GENERAL FUND

Significant Budget Adjustments

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES*	PROGRAM REVENUE*	ASSUMED UNDERSPENDING VACANCY/TURNOVER*	GPR/GENERAL FUND*
Required retirement contributions and negotiated labor agreements	—	\$56.1	\$11.2	\$25.7	\$19.2
Medical and mental health services contracts <sub>1</sub>	—	15.5	—	—	15.5
Detention facility improvements at George Bailey Detention Facility, San Diego Central Jail and modifications as required by the Americans with Disabilities Act <sup>1</sup>	—	38.0	—	—	38.0
Major Maintenance Improvement Plan <sup>1</sup>	—	12.9	—	—	12.9
Increased facilities, fleet, insurance and IT projects	—	6.0	—	6.0	—

\*In millions

2 8 <sup>1</sup> Bridge funding, One-time General Fund, or transfer to Finance Other



## SHERIFF'S DEPARTMENT GENERAL FUND

# Expenditure Summary

PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Detention Services	2,406.00	\$486.3	2,403.00	\$495.7	(3.00)	\$9.4
Law Enforcement Services	1,474.00	372.5	1,471.00	381.5	(3.00)	9.0
Sheriff's Court Services	378.00	77.8	458.00	89.7	80.00	11.9
Human Resource Services	141.00	40.8	140.00	40.6	(1.00)	(0.2) <sup>2</sup>
Management Services	300.00	63.1	181.00	43.0	(119.00)	(20.1) <sup>2</sup>
Sheriff's ISF/IT	17.00	154.7	18.00	203.3	1.00	48.6
Office of the Sheriff	32.00	10.4	31.00	9.9	(1.00)	(0.5) <sup>2</sup>
<b>TOTAL</b>	<b>4,748.00</b>	<b>\$1,205.6</b>	<b>4,702.00</b>	<b>\$1,263.8</b>	<b>(46.00)<sup>1</sup></b>	<b>\$58.1</b>

\*In millions

<sup>1</sup>Reduction of staffing

<sup>2</sup>Transfers between Bureaus and Divisions based on operational needs

CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

# SHERIFF’S DEPARTMENT

## NON-GENERAL FUND

### Expenditure Summary

FUND NAME/PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Sheriff’s Asset Forfeiture Program	—	\$2.6	—	\$6.5	—	\$3.9
Jail Commissary Enterprise Fund	—	7.3	—	8.9	—	1.6
Sheriff’s Incarcerated Peoples’ Welfare Fund	—	6.3	—	7.4	—	1.1
Countywide 800 MHZ CSA’s	—	0.3	—	0.3	—	—
<b>TOTAL</b>	<b>—</b>	<b>\$16.5</b>	<b>—</b>	<b>\$23.1</b>	<b>—</b>	<b>\$6.6</b>

\*In millions



SHERIFF'S DEPARTMENT

# Budget Mitigations

- Focused on core and mandated services
- Applied anticipated savings from vacancies
- Maximized department resources
- Delayed request for staffing
- Bridge-funded healthcare costs



# DISTRICT ATTORNEY

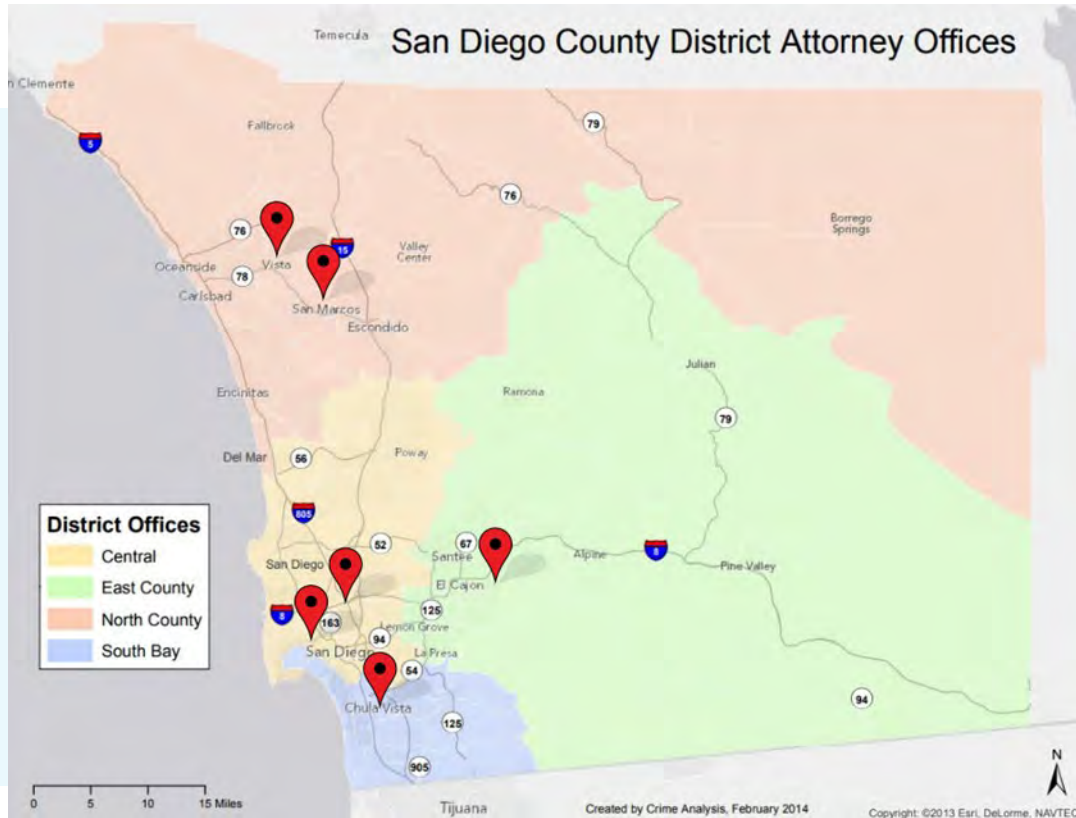
FISCAL YEARS

2024-25 & 2025-26



CAO RECOMMENDED

Operational Plan



## DISTRICT ATTORNEY

# What We Do

The Office of the District Attorney's mission is to serve the residents of San Diego County by seeking equal and fair justice for all and to building safe neighborhoods in partnership with all communities, by ethically prosecuting criminal violations of state law, protecting crime victims and preventing harm from crime in the 18 cities and 39 unincorporated areas of San Diego County.

The DA's Office has the second largest jurisdiction in the State of California and the fifth largest in the nation. Seven office locations serve more than 3.3 million residents and help keep San Diego one of the safest urban counties in the United States.

## DISTRICT ATTORNEY Services

- The Office of the District Attorney prosecutes felony and misdemeanor crimes and employs evidence-based crime prevention strategies to reduce crime.
- The office also assists over 15,000 victims of crime annually; and thousands more through the North County Family Justice Center offering comprehensive services and innovative programs that aid in addressing harm and promoting justice.
- Protection is also provided to communities through the investigation and prosecution of consumer and insurance fraud, and violations of environmental protection laws.



## DISTRICT ATTORNEY Highlights



### Activities & Accomplishments

- Implemented 4 Ps strategy to combat the deadly surge of fentanyl overdoses.
- Fully implemented the DA Juvenile Diversion Initiative, county-wide
- Embarked on implementation of county-wide Transitional Age Youth Diversion Initiative
- DA led school threats protocol, in partnership with 42 school districts, prevents harm
- Collaborated with the business community, small and large, to address the impacts of retail theft on businesses and public safety
- Expanded North County Family Justice Center and began South Bay Family Justice
- The Elder Justice Task Force became a national standard for protection of seniors
- Expanded reporting of hate crimes and wage theft

## DISTRICT ATTORNEY

# Alignment to Strategic Plan

Stronger, Healthier  
Communities**SUSTAINABILITY**

- Implement the District Attorney's Archive Project to digitize and archive stored paper case files, making them immediately accessible to staff.
- Continue to convert fleet to plug-in hybrid/electric vehicles.

**EQUITY**

- Implement the Transitional Age Youth Diversion Initiative, for adults 18 to 24 years, to foster accountability while addressing barriers and impacts of justice system involvement.

**EMPOWER**

- Initiate the modernization of the DA's case management system to improve data security and provide enhanced functionality and tools across the criminal justice system. The project incorporates the storage of digital evidence.



DISTRICT ATTORNEY

# Alignment to Strategic Plan | Stronger, Healthier Communities

## COMMUNITY

- Collaborate with community-based providers to establish a network of partners for the South County Family Justice Center.
- Continue to collaborate with the business community to address the impacts of retail theft on business, consumers, and public safety.



## JUSTICE

- Expanded and standardized post certified training to regional law enforcement officers on best practices of de-escalation tactics with a focus on crisis management with safe outcomes for all during mental health crises.



## DISTRICT ATTORNEY GENERAL & NON-GENERAL FUND

### Impact of Expenditure Increases FY 2021-22 to FY 2024-25

CUMULATIVE EXPENDITURES FY 2021-22 to FY 2024-25	TOTAL *	GENERAL PURPOSE REVENUE GROWTH*	PROGRAM REVENUE*	DEFICIT*
Negotiated Labor Increases	\$41.4	\$20.6	\$4.4	\$16.4
ISF Increases	2.3	—	—	2.3
<b>TOTAL</b>	<b>\$43.7</b>	<b>\$20.6</b>	<b>\$4.4</b>	<b>\$18.7</b>

\*In millions

- The \$16.4 million, which is more accurately an over \$20 million budget cut when previous two years of DA supplanting Board negotiated salaries and benefits will have an extremely negative and destructive impact on our team and the critical services we provide. The only way to partially mitigate against layoffs is to freeze about 100 DA positions, which is over 10 percent of our team. This freeze would require that an already overworked team that is dealing with often traumatic material to work harder. In the DA business of justice, not being able to carefully and thoroughly work on sensitive material is a recipe for disaster that can bring very costly lawsuits to the County.
- In addition, we've been notified of a \$1.6 million cut of VOCA federal funds for crime victims.
- Another risk from the budget cut is the pressing need for an updated case management system as the one we utilize is 25 years old and is no longer supported by modern technology. This also impacts the ability to fulfill the commitment to the South Bay Family Justice Center to protect a vulnerable victim population in the South county region.
- The \$2.3 million in ISF increases is addressed by reducing other expenses.

**CAO RECOMMENDED OPERATIONAL PLAN**

DISTRICT ATTORNEY  
GENERAL & NON-GENERAL FUND

## Significant Budget Adjustments

### FY 2024-25 Recommended Budget

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES *	PROGRAM REVENUE*	GPR*	DEFICIT**
Addition of 2.00 staff years to support Economic Crimes	2.00	\$0.4	\$0.4	\$0.0	\$0.0
Negotiated Salary and Benefit Increases	—	11.9	0.8	5.8	5.3

\*In millions

\*\*Does not reflect \$1.6 million potential reduction of Victim Services Grant funds

DISTRICT ATTORNEY  
GENERAL FUND

# Expenditure Summary

PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
General Criminal Prosecution	699.00	\$201.1	687.00	\$169.8	(12.00)	(\$31.3)
Specialized Criminal Prosecution	249.00	65.6	263.00	66.6	14.00	1.0
Juvenile Court	44.00	13.2	44.00	13.3	—	0.1
Administration	58.00	13.9	58.00	14.3	—	0.4
<b>TOTAL</b>	<b>1,050.00</b>	<b>\$293.8</b>	<b>1,052.00</b>	<b>\$264.0</b>	<b>2.00</b>	<b>(\$29.8)</b>

\*In millions



# Public Defender

FISCAL YEARS

2024-25 & 2025-26



CAO RECOMMENDED

Operational Plan



## PUBLIC DEFENDER

# What We Do

The Department of the Public Defender consists of four separate divisions: the Primary Public Defender, the Alternate Public Defender, the Multiple Conflicts Office and the Office of Assigned Counsel, all ethically walled to avoid conflicts.

## PUBLIC DEFENDER Services

- Represent clients facing criminal charges through all stages of representation from arrest, negotiations, jury trials and sentencing
- Pre-arraignment services and assistance
- Probation Violation representation
- Post-conviction relief



## PUBLIC DEFENDER Highlights



## Activities & Accomplishments

### Pre-Trial Advocacy and Community Connections

- Awarded Edward Byrne Memorial Justice Assistance grant
- Advocacy for pre-trial release from custody
- Alternatives to detention programs
- Early intervention practices
- Improved court appearance rates
- Additional \$2.5 million in funding from Judicial Council for countywide expansion

## PUBLIC DEFENDER Highlights



### Activities & Accomplishments

- Alternatives to Incarceration initiatives
  - Twice-monthly Homeless Court pop-up offerings
  - 2 Stand Down events to support military veterans
- Implemented CARE Court
  - Access to resources and supported decision-making
  - Partner collaboration
- Racial Justice Act unit created
- Immigrant Rights Legal Defense Program

## PUBLIC DEFENDER

# Alignment to Strategic Initiatives

Stronger, Healthier  
Communities**SUSTAINABILITY**

- Transition from paper flipboards to electronic files for Felony Transition Training, replacing approximately 12 flipboards per year.
- Promote and use the San Diego County Reutilization Program so that property can be reused by other County departments.

**EQUITY**

- Provide Fresh Start comprehensive criminal record relief assistance to 2,000 clients.

**EMPOWER**

- Ensure a workplace is one of belonging and inclusion for all staff.
- Create an action plan from the consultant's recommendations that allows the staff to feel seen and heard in a meaningful way.



## PUBLIC DEFENDER

# Alignment to Strategic Initiatives

Stronger, Healthier  
Communities**COMMUNITY**

- Host the 25 Most Remarkable Teens recognition event for local youth.
- Recruit and receive 60,000 hours of volunteer services.

**JUSTICE**

- Create a Competency Unit to assist most vulnerable adult clients.
- Holistic Services Unit to collaborate on assessing and assisting clients.





PUBLIC DEFENDER

# Budget Equity

- Deliver effective legal representation
- Develop and implement innovative programs
- Provide holistic services to support success
- Secure rights, liberties, and dignity of all persons

## PUBLIC DEFENDER

## GENERAL &amp; NON-GENERAL FUND

## Significant Budget Adjustments

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES*	PROGRAM REVENUE*	GPR*
Restore funding to Immigrant Rights Legal Defense Program (IRLDP)	—	\$5.0	—	\$5.0
Support for Indigent Defense and Legislative Changes	—	1.8	—	1.8

\*In millions

PUBLIC DEFENDER  
GENERAL FUND

## Expenditure Summary

PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Primary Public Defender	448.00	\$93.1	446.00	\$91.5	(2.00) <sup>1</sup>	(\$1.6) <sup>1,2</sup>
Office of Assigned Counsel	4.00	3.8	5.00	9.4	1.00	5.6
Alternative Public Defender	60.00	14.0	58.00	13.4	(2.00) <sup>1</sup>	(0.6) <sup>1,2</sup>
Multiple Conflicts Office	14.00	3.1	13.00	3.1	(1.00) <sup>1</sup>	—
Administration	21.00	15.6	25.00	19.8	4.00	4.2
<b>TOTAL</b>	<b>547.00</b>	<b>\$129.6</b>	<b>547.00</b>	<b>\$137.2</b>	<b>—</b>	<b>\$7.6</b>

\*In millions

<sup>1</sup>Staffing transfers between divisions for operational needs

<sup>2</sup>Costs transferred to another department

PUBLIC DEFENDER

# Budget Mitigations

- Focused on core and mandated services
- Suspended requests for staffing
- Applied anticipated savings from vacancies



# PROBATION

FISCAL YEARS

2024-25 & 2025-26



CAO RECOMMENDED

Operational Plan



## PROBATION

# What We Do

- Work with other agencies and community partners to protect public safety
- Support our adult and youth clients to restore their lives, families, and communities
- Assist individuals impacted by crime
- Balance support and accountability

## PROBATION Services

- Intervention services to youth and adult clients
- Mental health care and substance use treatment access
- Alternatives to Incarceration



## PROBATION Highlights

### Activities & Accomplishments

- 2 Mobile Probation Service Centers to support clients with limited transportation options
- East Mesa physical space design and furnishing improvements to support positive youth development
- Implemented youth offsite and extended visits with family



## PROBATION Highlights

### Activities & Accomplishments

- Canine Narcotic Detection team to enhance safety and security
- Opened a multisensory de-escalation room to support youth at the Youth Transition Campus



## PROBATION

# Alignment to Strategic Initiatives

Stronger, Healthier  
Communities**SUSTAINABILITY**

- Reduce carbon footprint by converting fleet vehicles to hybrid and electric replacements, as well as implementing recycled materials and sustainable landscapes throughout our facilities

**EQUITY**

- Provide interim housing and services that enhance the community through increasing the well-being of our residents and our environments
- Support youth prevention, diversion, and reentry programs and services

**EMPOWER**

- Promote staff engagement through open discussion and ensuring a workplace of diversity and inclusion



## PROBATION

# Alignment to Strategic Initiatives

Stronger, Healthier  
Communities**COMMUNITY**

- Engage with the community by providing information, services, and forums to address the needs of the community and opportunities for individuals

**JUSTICE**

- Operate the Pretrial Services program which provides an alternative to incarceration in a way which balances opportunity with accountability.
- Provide reentry services that prepare adult clients for reintegration into our communities.



## PROBATION

# Budget Equity

## Supportive Youth Services | \$1.2 Million

- Foster Youth Mentor Program
- Youth residential alcohol and drug treatment and recovery services
- Continuum of community-based and family-supported services

PROBATION DEPARTMENT  
GENERAL & NON-GENERAL FUND

## Significant Budget Adjustments

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES*	PROGRAM REVENUE*	GPR/GENERAL FUND*
Youth Development Academy	43.00	\$6.1	\$1.4	\$4.7
CalAIM Enhanced Care Management Planning	4.00	3.3	3.3	—
Contracted Services for Youth	—	3.2	—	3.2
Major Maintenance <sup>1</sup>	—	6.3	—	6.3

\*In millions

<sup>1</sup>One-time General Fund



PROBATION DEPARTMENT  
GENERAL FUND

Expenditure Summary

PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF*	BUDGET*
Adult Reintegration & Community Supervision	398.00	\$117.5	403.00	\$129.7	5.00	\$12.2
Youth Detention & Development	387.00	86.4	426.00	112.4	39.00	26.0
Youth Development & Community Support	144.00	51.0	145.00	53.5	1.00	2.5
Department Administration	111.00	24.0	113.00	25.8	2.00	1.8
TOTAL	1,040.00	\$278.9	1,087.00	\$321.4	47.00	\$42.5

\*In millions



PROBATION DEPARTMENT  
NON-GENERAL FUND

Expenditure Summary

FUND NAME/PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Asset Forfeiture Program	—	\$0.1	—	\$0.1	—	—
TOTAL	—	\$0.1	—	\$0.1	—	—

\*In millions

## PROBATION

# Budget Mitigations

- Focused on core and mandated services
- Business improvements
- Maximized department resources
- Applied anticipated savings from vacancies





CAO RECOMMENDED

# OPERATIONAL PLAN PRESENTATION

FISCAL YEARS 2024-25 & 2025-26

# FINANCE & GENERAL GOVERNMENT GROUP

FISCAL YEARS

2024-25 & 2025-26

CAO RECOMMENDED

Operational Plan



**COUNTY OF SAN DIEGO**

FINANCE AND GENERAL GOVERNMENT

## FINANCE & GENERAL GOVERNMENT GROUP



# What We Do

- Enterprise-wide operational infrastructure: legal, technology, capital, evaluation, personnel, community engagement, and strategic fiscal policy
- Manage the region's property tax collection and apportionment, used by local governments to fund schools, roads, public safety, and other critical services
- Manage a \$17 billion investment pool
- Build strong and healthy communities through infrastructure investments
- Conduct federal, state and local elections
- Investigate misconduct of sworn officers
- Support workers' rights and fair labor standards
- Promote economic prosperity, arts and culture
- Justice resiliency: championing equity and racial justice

## FINANCE & GENERAL GOVERNMENT GROUP

# Departments

- Board of Supervisors\*
- Assessor/Recorder/County Clerk\*
- Treasurer-Tax Collector\*
- Chief Administrative Office
  - Office of Equity & Racial Justice
  - Office of Ethics, Compliance & Labor Standards
  - Office of Evaluation, Performance & Analytics
- Auditor & Controller
- Citizens' Law Enforcement Review Board
- Civil Service Commission
- Clerk of the Board of Supervisors
- County Communications Office
- County Counsel
- County Technology Office
- Finance & General Government Group Executive Office
  - Office of Financial Planning
  - Office of Economic Development & Government Affairs
- General Services
- Grand Jury
- Human Resources
- Purchasing & Contracting
- Registrar of Voters

*\*Elected Official*



CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

# Activities & Accomplishments

## GROUP HIGHLIGHTS



## FINANCE & GENERAL GOVERNMENT GROUP



### • Equity

- Janitorial, landscaping, and security contracting standards
- Inaugural Regional Economic Summit
- Housing Blueprint



### • Sustainability

- 310 active EV charging stations
- Public Health Lab and County Operations Center Footprint Reduction, \$150 million cost avoidance

# Activities & Accomplishments

## GROUP HIGHLIGHTS



### • Community

- Budget community engagement
- Special and Presidential Primary Elections
- Arts and Culture Commission

# Activities & Accomplishments

## GROUP HIGHLIGHTS



## FINANCE & GENERAL GOVERNMENT GROUP



### • Empower

- Public Records Act Portal
- Annual Strategic Research Plan & Enterprise Integrated Data Platform
- Neurodivergent inclusion and excellence
- Employee engagement plans



### • Justice

- Workplace Justice Fund pilot

# Looking Ahead

## GROUP HIGHLIGHTS



## FINANCE & GENERAL GOVERNMENT GROUP

- Procurement Framework and Engagement
- Modernize IT Infrastructure
  - Integrated Property Tax System
  - Enterprise Resource Planning migration to cloud
- Zero Carbon Portfolio Plan
- Uplift the binational region through the Chief Binational Officer
- 2024 Presidential General Election
- Negotiate agreements with employee organizations

# Budget Equity

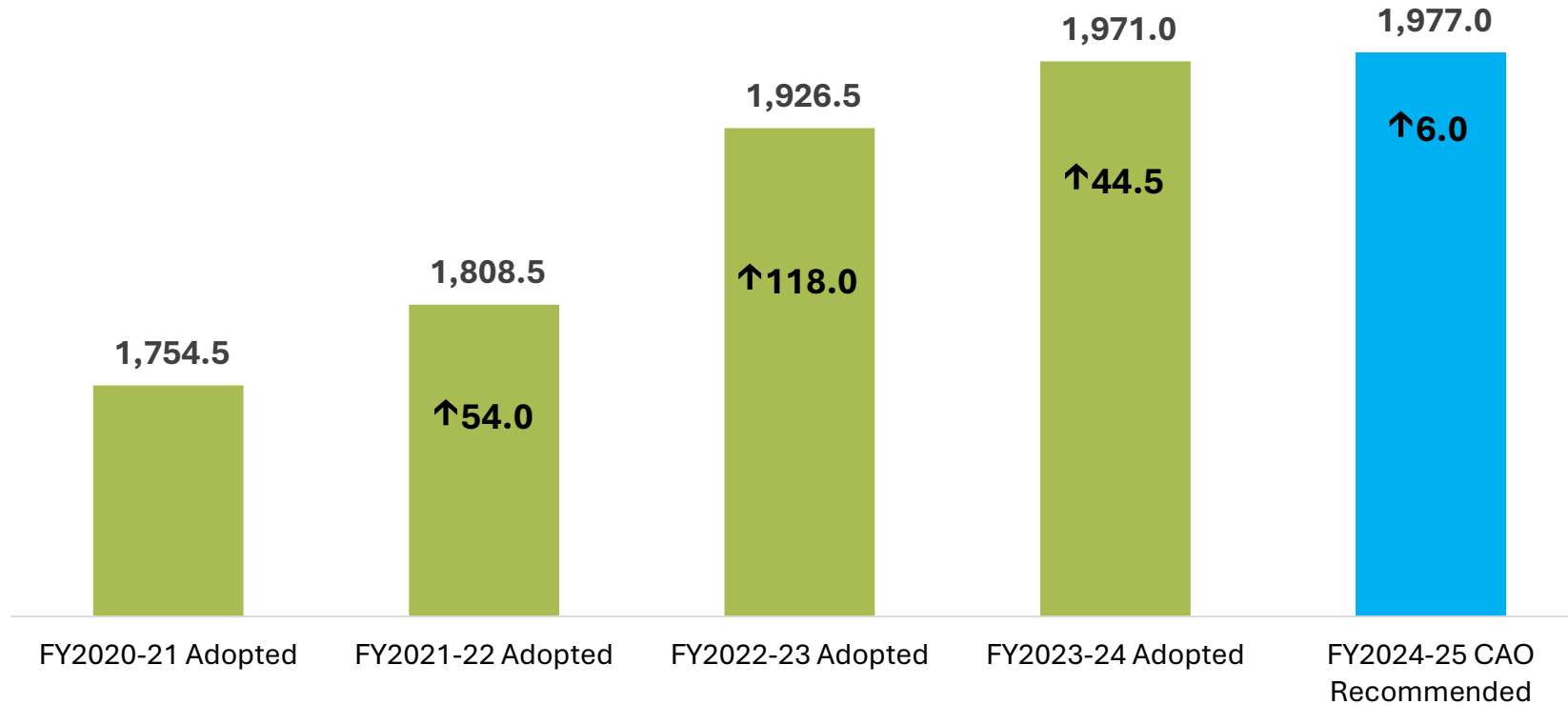
- Justice Resiliency
  - Social Equity Program for Commercial Cannabis
  - Uplifting Boys and Men of Color
- Digital Services Initiative



# A Look Back: 5 Year Trend

## STAFF YEARS

**12.7 % (222.5) increase in staff years over 5 years**

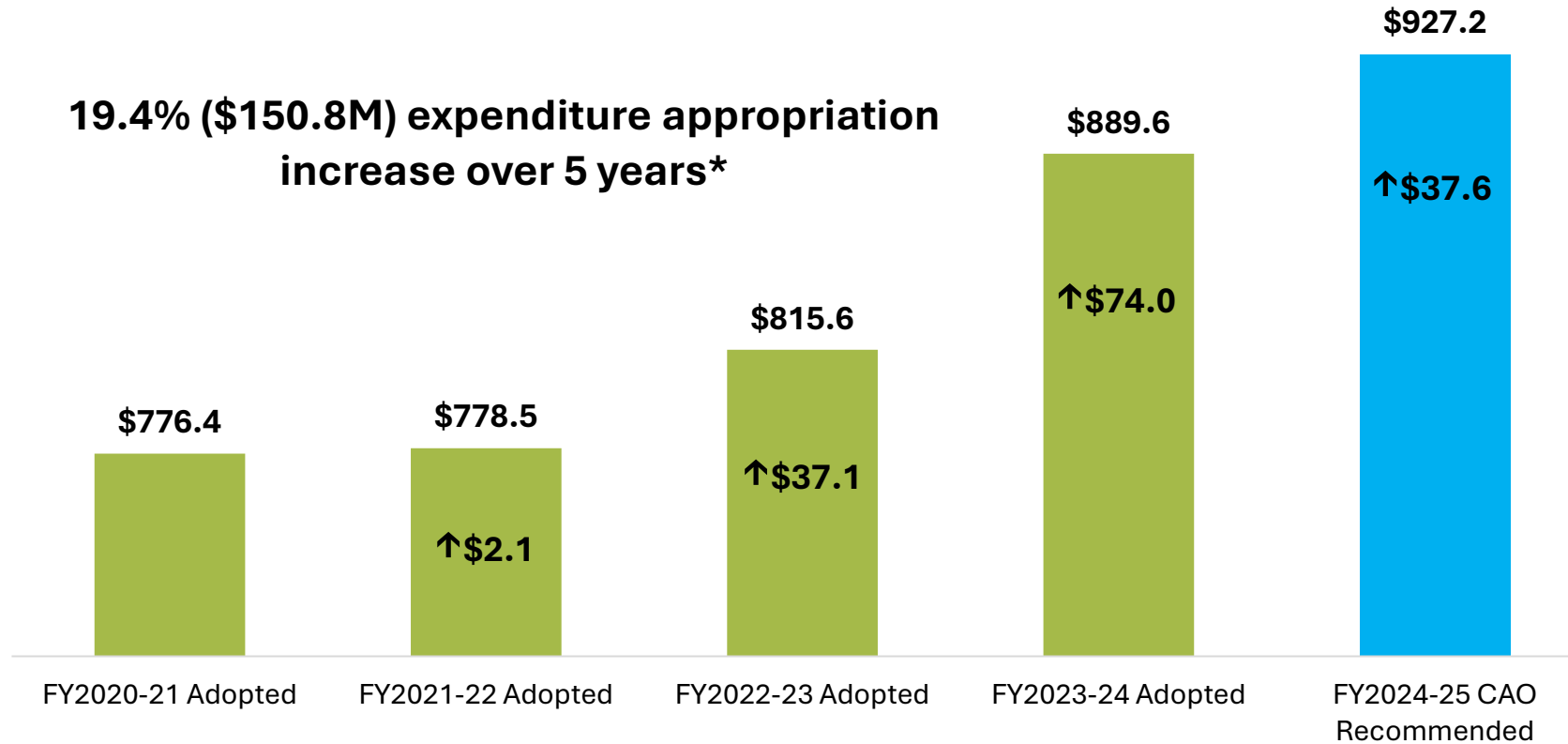


CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

# A Look Back: 5 Year Trend

## EXPENDITURE APPROPRIATIONS



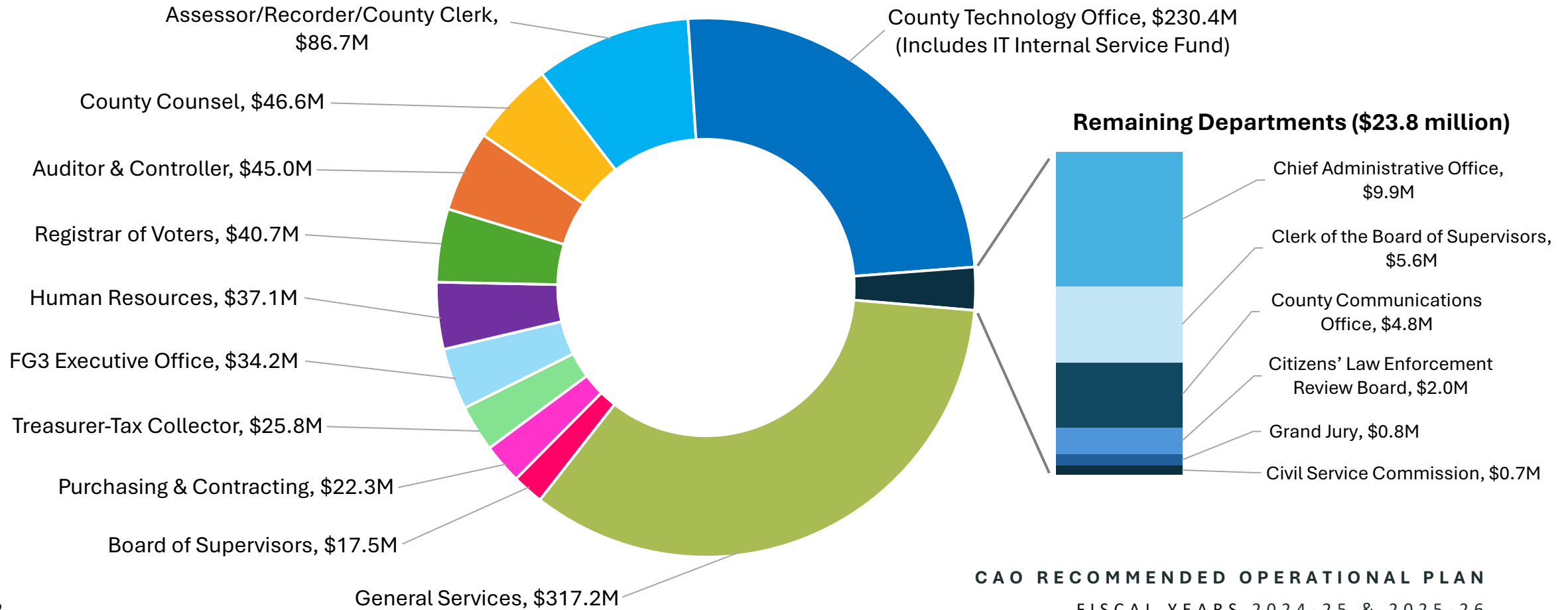
\*Millions

CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

# Budget Breakdown: All Funds

**Total Budget: \$927.2 million with FY24/25 increase of \$37.6 million**



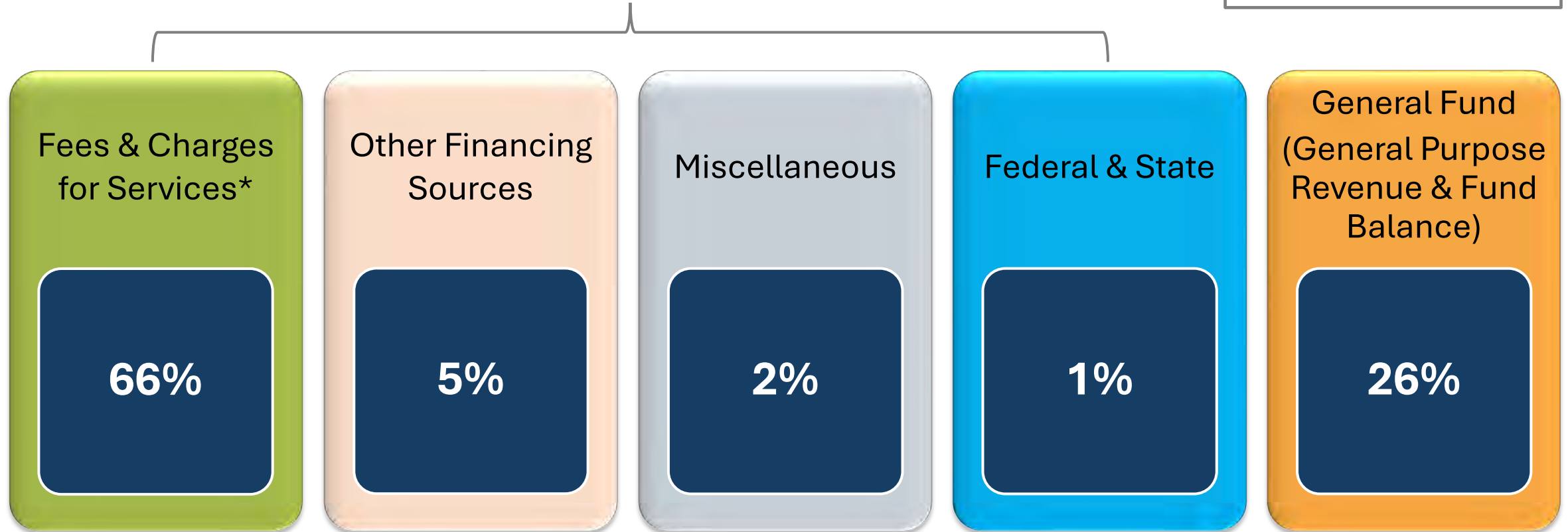
CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

# Revenue Sources: All Funds

**FY 24/25 CAO  
Recommended  
Budget: \$927.2M  
Staff: 1,977.00**

**74%**



*\*\$443.8 million or 73% of Charges for Services comes directly from General Fund departments*

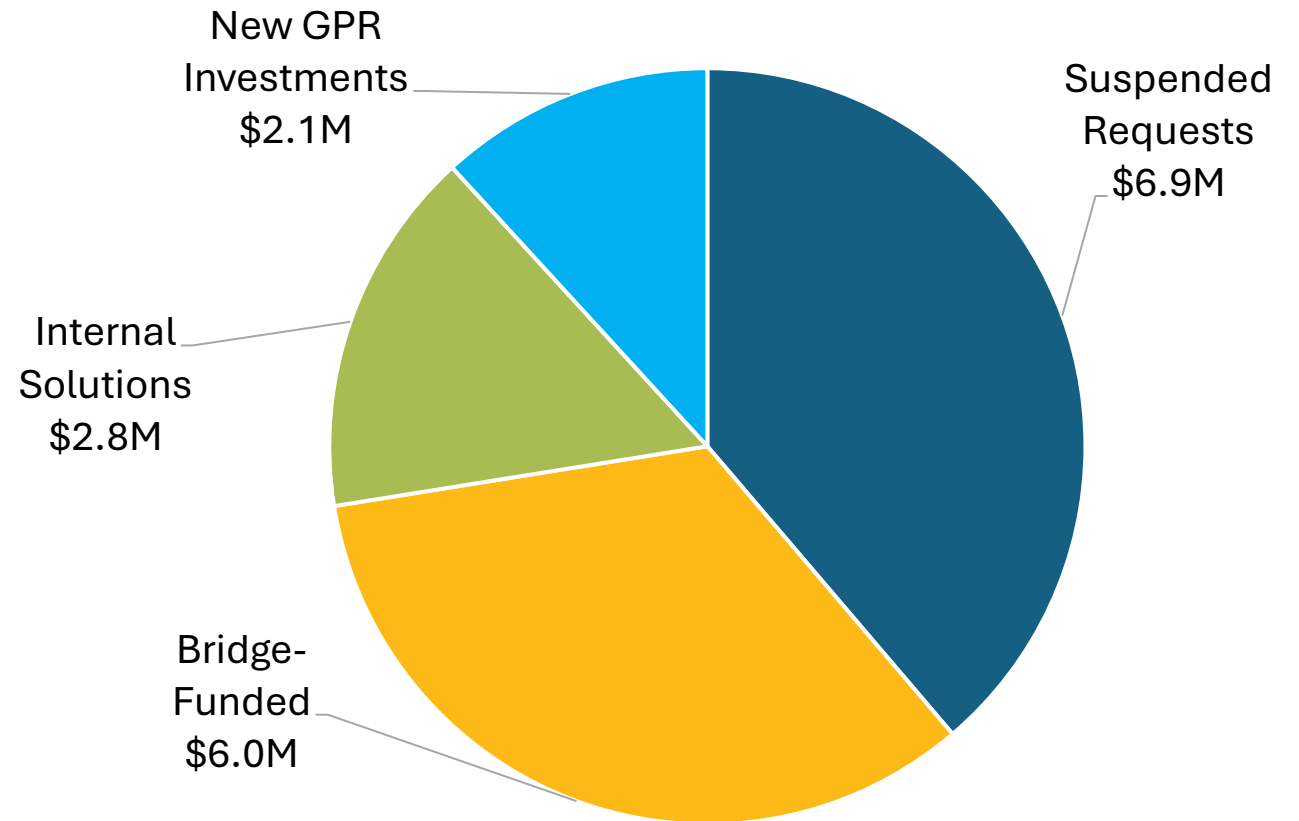
CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

# Budget Mitigations

- Strategic new investments
- Focus on mandated core services
- Strategic use of one-time resources bridge-fund and phase in new ongoing costs
- Identify efficiencies and align budgets with historical spending

## Fiscal Year 2024-25 Mitigation Strategy: \$17.8 million



CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 &amp; 2025-26



# General Fund

## EXPENDITURE SUMMARY

## FINANCE & GENERAL GOVERNMENT GROUP

DEPARTMENT	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Board of Supervisors	82.00	\$16.4	83.00	\$17.5	1.00	\$1.1
Assessor/Recorder/County Clerk	448.50	89.3	448.50	86.7	-	(2.6) <sup>3</sup>
Treasurer-Tax Collector	124.00	25.3	125.00	25.8	1.00	0.5
FG3 Group Executive Office <sup>1</sup>	43.00	32.6	43.00	34.2	-	1.6
Chief Administrative Office <sup>2</sup>	52.00	10.2	53.00	9.9	1.00	(0.3) <sup>4</sup>
Auditor & Controller	234.50	42.5	236.50	45.0	2.00	2.5
Citizens' Law Enforcement Review Board	10.00	2.0	10.00	2.0	-	-
Civil Service Commission	3.00	0.6	3.00	0.7	-	0.1
Clerk of the Board of Supervisors	30.00	5.3	30.00	5.6	-	0.3
County Communications Office	23.00	5.7	23.00	4.8	-	(0.9) <sup>3</sup>
County Counsel	185.00	43.9	185.00	46.6	-	2.7
County Technology Office	17.00	10.7	18.00	10.6	1.00	(0.1) <sup>5</sup>
General Services	-	2.6	-	2.6	-	-
Grand Jury	-	0.8	-	0.8	-	-
Human Resources	137.00	36.6	137.00	37.1	-	0.5
Registrar of Voters	75.00	40.2	75.00	40.7	-	0.5
<b>TOTAL</b>	<b>1,464.00</b>	<b>\$364.7</b>	<b>1,470.00</b>	<b>\$370.6</b>	<b>6.00</b>	<b>\$5.9</b>

\*Millions

<sup>1</sup>Includes the Office of Economic Development & Government Affairs and Office of Financial Planning

<sup>2</sup>Includes the Office of Equity & Racial Justice; Office of Ethics, Compliance & Labor Standards; and Office of Evaluation, Performance & Analytics

<sup>3</sup>Decrease due to removal of prior year one-time project costs

<sup>4</sup>Decrease due to use of one-time funding budgeted in Finance Other

<sup>5</sup>Decrease due to the transition of the Open Data Portal contract to the Office of Evaluation, Performance & Analytics

CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

# Internal Service Funds

## EXPENDITURE SUMMARY

DEPARTMENT	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
General Services Internal Service Funds	430.00	\$286.6	430.00	\$314.6	-	\$28.0
Information Technology Internal Service Fund	-	219.4	-	219.8	-	0.4
Purchasing & Contracting Internal Service Fund	77.00	19.1	77.00	22.3	-	3.2
Employee Benefits Internal Service Funds <sup>1</sup>	-	58.0	-	62.7	-	4.7
Insurance Internal Service Fund <sup>1</sup>	-	-	-	10.4	-	10.4
Public Liability Internal Service Fund <sup>1</sup>	-	76.4	-	70.8	-	(5.6) <sup>2</sup>
<b>TOTAL</b>	<b>507.00</b>	<b>\$659.5</b>	<b>507.00</b>	<b>\$700.6</b>	<b>-</b>	<b>\$41.1</b>

\*Millions

<sup>1</sup>Included in Finance Other

<sup>2</sup>Decrease primarily due to lower anticipated liability payments

CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

# Finance Other

## EXPENDITURE SUMMARY<sup>1</sup>

PROGRAM/ACTIVITY	FY 23/24 ADOPTED	FY 24/25 CAO RECOMMENDED	CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED
	BUDGET*	BUDGET*	BUDGET*
Community Enhancement	\$5.5	\$5.3	(\$0.2) <sup>2</sup>
Neighborhood Reinvestment Program	10.7	10.0	(0.7) <sup>3</sup>
Countywide General Expenses	132.6	128.1	(4.5) <sup>4</sup>
Contributions to Capital Program	45.9	50.3	4.4
Debt Service: Capital Projects	25.7	25.6	(0.1) <sup>5</sup>
Debt Service: Pension Obligation Bonds	81.5	81.5	-
Countywide Shared Major Maintenance	24.8	2.0	(22.8) <sup>6</sup>
Local Agency Formation Commission Administration	0.6	0.6	-
<b>TOTAL</b>	<b>\$327.3</b>	<b>\$303.4</b>	<b>(\$23.9)</b>

\*Millions

<sup>1</sup>Excludes amounts for Internal Service Funds detailed on a prior slide

<sup>2</sup>Funding level based on anticipated Transient Occupancy Tax revenues

<sup>3</sup>Decrease due to removal of one-time re-budgeted amounts in the prior year

<sup>4</sup>Amount varies year-to-year based on countywide projects and needs

<sup>5</sup>Amount based on scheduled principal and interest payments.

<sup>6</sup>Decrease due to removal of prior year one-time project costs

CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26



THANK YOU

# General Services

FISCAL YEARS

2024-25 & 2025-26

CAO RECOMMENDED

Operational Plan



## GENERAL SERVICES



## What We Do

Internal business type activities ensuring that other County departments have the necessary workspaces, services, and vehicles to accomplish their own business objectives.

# Department Highlights

## GENERAL SERVICES



- Implemented contracting standards for janitorial, landscaping and security services contracts
- Continued the Zero Carbon Portfolio Plan to eliminate 90% of carbon emissions from County buildings by 2030
- Enhanced community safety activities
- Provided facility services at three sites supporting asylum seeking migrants
- Built Affordable Housing and Homeless Solutions

# Department Highlights

## GENERAL SERVICES



- Constructed facilities for Behavioral Health and Public Health Services
  - Southeastern Live Well Center
  - Tri-City Medical Center Psychiatric Health Facility
  - Ramona Family Resource Live Well Center
  - Public Health Lab
- Delivered Capital Construction:
  - Otay Mesa Fire Station
  - Youth Transition Campus (Phase II)
  - Rancho San Diego Library Expansion
  - Julian Library Community Room

# Community Infrastructure: Stronger, Healthier Communities

Fiscal Year 2024-25 Capital Program: \$132.9M\*



\*The Department of Public Works manages a separate infrastructure program

CAO RECOMMENDED OPERATIONAL PLAN

FISCAL YEARS 2024-25 & 2025-26

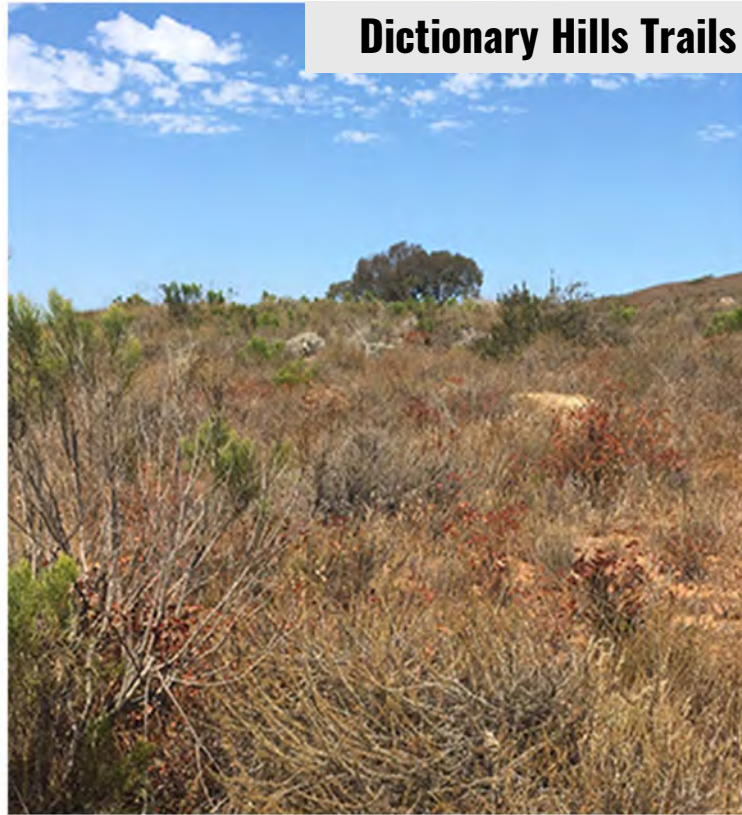
# Community Infrastructure: Stronger, Healthier Communities

Fiscal Year 2024-25 Capital Program: \$132.9M\*

**Butterfield Ranch / Star Valley Development**



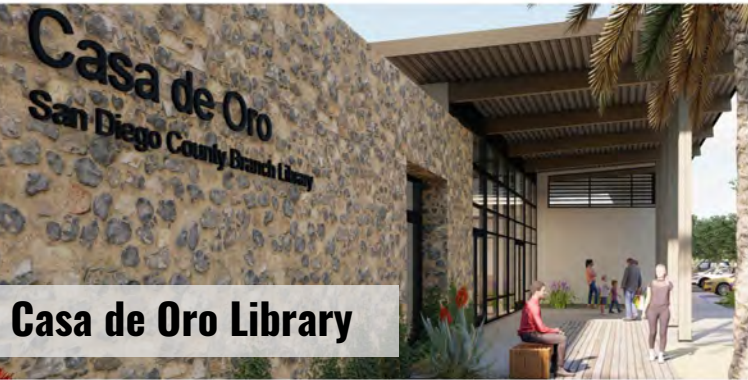
**Dictionary Hills Trails**



**Mira Mesa Epicentre**



\*The Department of Public Works manages a separate infrastructure program



**Casa de Oro Library**

CAO RECOMMENDED OPERATIONAL PLAN

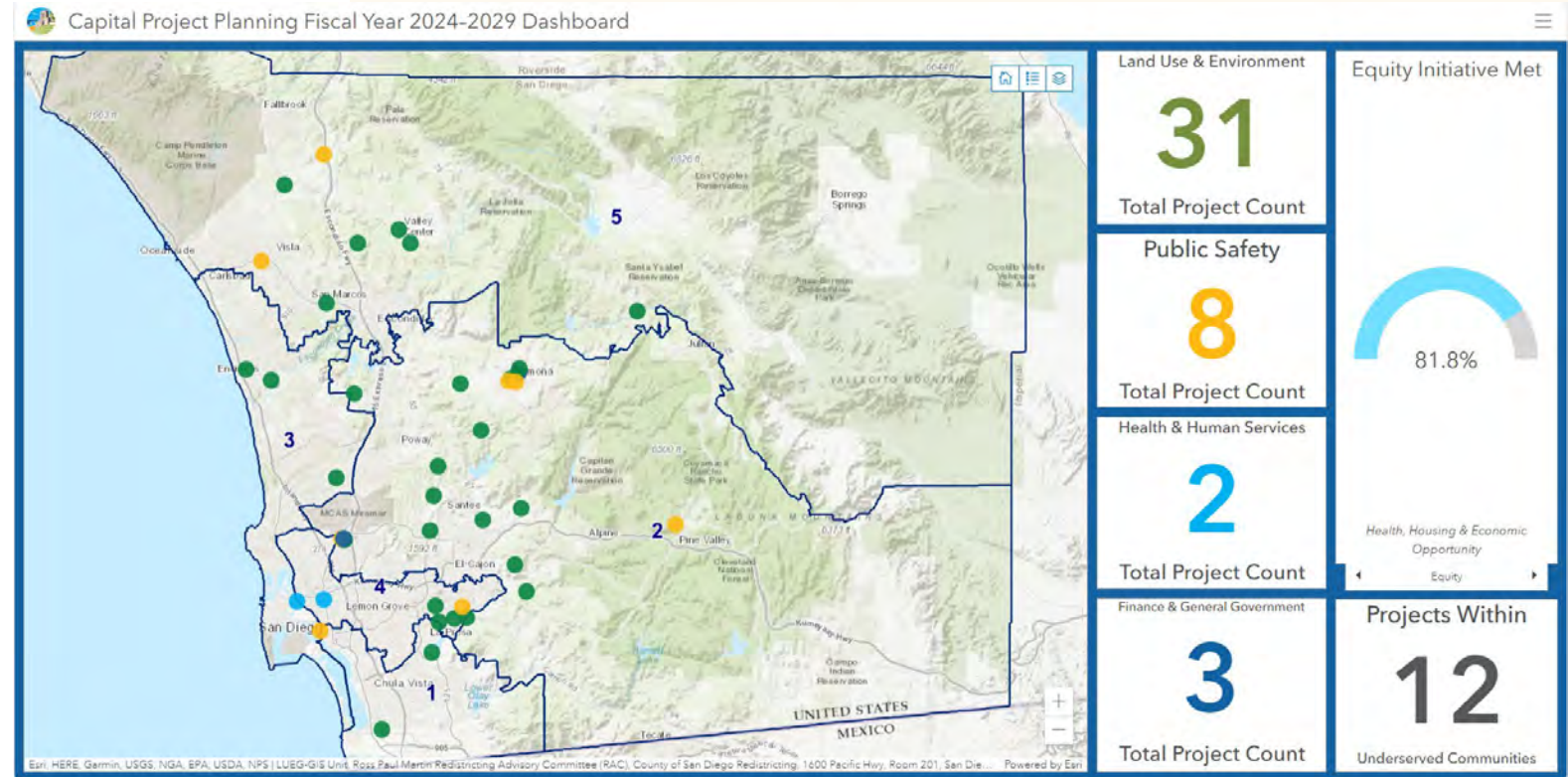
FISCAL YEARS 2024-25 & 2025-26

# Budget Equity

## GENERAL SERVICES

### Capital Improvement Needs Assessment

- Health equity for residents or employees
- Benefits an underserved community
- Fills a gap in service provision



# Alignment to Strategic Initiatives

Stronger, Healthier  
Communities

## SUSTAINABILITY

- Continue County Operations Center (COC) consolidation construction
- Incorporate contracting standards for remaining janitorial contracts
- Continue the Zero Carbon Portfolio Plan



## EQUITY

- Complete the Tri-City Medical Center Psychiatric Health Facility
- Build the Public Health Lab
- Complete the Ramona Family Resource Live Well Center



# Alignment to Strategic Initiatives

Stronger, Healthier  
Communities

## EMPOWER

- Engage the community in capital planning and implementation



## COMMUNITY

- Develop Affordable Housing
- Provide Homeless Solutions
- Construct the County Animal Shelter



## JUSTICE

- Renovate major systems at the Hall of Justice
- Upgrade systems at the George Bailey Detention Facility



## GENERAL &amp; NON-GENERAL FUND

# Significant Budget Adjustments

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES*	PROGRAM REVENUE*	GPR*
Increase of \$4.5 million due to negotiated labor agreements and lower anticipated vacancy rates	-	\$4.5	\$4.5	-
Increase of \$26.9 million for contracted services and maintenance at County facilities	-	26.9	26.9	-
Increase of \$6.3 million for utilities	-	6.3	6.3	-
Increase of \$2.9 million for fuel, parts, and commercial repair costs	-	2.9	2.9	-
Increase of \$5.2 million for cost of replacement vehicles and equipment	-	5.2	5.2	-

*\*Millions*

GENERAL FUND & NON-GENERAL FUND

# Expenditure Summary

PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Facilities Management Internal Service Fund	362.00	\$217.2	363.00	\$236.7	1.00	\$19.5
Fleet Management Internal Service Fund	68.00	69.4	67.00	77.9	(1.00)	8.6
General Fund Contribution to GS ISF's	-	2.6	-	2.6	-	-
<b>TOTAL</b>	<b>430.00</b>	<b>\$289.2</b>	<b>430.00</b>	<b>\$317.2</b>	<b>-</b>	<b>\$28.1</b>

\*Millions



THANK YOU

# Purchasing & Contracting

FISCAL YEARS

2024-25 & 2025-26

CAO RECOMMENDED

Operational Plan



## PURCHASING & CONTRACTING



## What We Do

- Procure goods and services for County departments through a decentralized contracting model
- Provide staff countywide with contract administration tools and resources
- Administer the enterprise surplus property and records management programs
- Engage with local businesses to diversify the County's supplier base, with a focus on small, minority, women, and veteran-owned businesses

# Department Highlights

## PURCHASING & CONTRACTING



- Increased local procurement spend over the past three years from \$1.63 billion to \$1.88 billion
- Hosted first-ever “Connecting with the County – Meet our Departments” event on October 2, 2023
- Implemented equity focused contracting tool
- Require disclosure of current investigations and unpaid wage judgements prior to contract award
- Streamlined surplus and reutilization process

# Department Highlights

## PURCHASING & CONTRACTING



- Successfully implemented a new electronic procurement portal
  - Streamlines user experience and accessibility
  - Allows collection of supplier business demographics for future analytics and data-driven insights
- Currently mapping newly registered suppliers to existing contract portfolio

# Looking Ahead

## PURCHASING & CONTRACTING

- Establish a County/DPC Supplier Diversity Program
- Partner with the Council for Supplier Diversity
- Evaluate current procurement policies and procedures to simplify processes and promote diversity
- Incorporate technology and innovation into procurement practices



# Budget Equity

## PURCHASING & CONTRACTING

- Benchmarking on supplier equity and diversity
- Procurement Technical Assistance Program
- Equity in Contracting and collaboration with the Office of Equity & Racial Justice



## PURCHASING &amp; CONTRACTING

# Alignment to Strategic Initiatives

Stronger, Healthier  
Communities**SUSTAINABILITY**

- Incorporate the six value categories of the local food system policy into the submittal requirements for the countywide food contract procurement

**EQUITY**

- Develop a community engagement model to improve outreach to small and diverse businesses
- Establish a County Supplier Diversity Program
- Partner with the Council for Supplier Diversity



## PURCHASING &amp; CONTRACTING

# Alignment to Strategic Initiatives

Stronger, Healthier  
Communities

**EMPOWER**

- Continue to offer and refine the Contracting Officer Representative training curriculum, including the Equity in Contracting module

**COMMUNITY**

- Host Connecting with the County and other outreach events in collaboration with departments across the County enterprise



## PURCHASING &amp; CONTRACTING

# Alignment to Strategic Initiatives

Stronger, Healthier  
Communities

## JUSTICE

- Conduct assessment of County procurement-related policies, processes and procedures
- Update the Environmentally Preferable Procurement Policy



## NON-GENERAL FUND

# Significant Budget Adjustments

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES*	PROGRAM REVENUE*	GPR*
Increase of \$1.5 million for a one-time project to implement a new Records Management System	-	\$1.5	\$1.5	-

*\*Millions*

## NON-GENERAL FUND

# Expenditure Summary

PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
ISF - Purchasing	77.00	\$19.1	77.00	\$22.3**	-	\$3.2**
<b>TOTAL</b>	<b>77.00</b>	<b>\$19.1</b>	<b>77.00</b>	<b>\$22.3</b>	<b>-</b>	<b>\$3.2</b>

*\*Millions**\*\*Includes \$1.5 million one-time funding for Records Management System*



THANK YOU

# Office of Equity and Racial Justice

FISCAL YEARS

2024-25 & 2025-26

CAO RECOMMENDED

Operational Plan



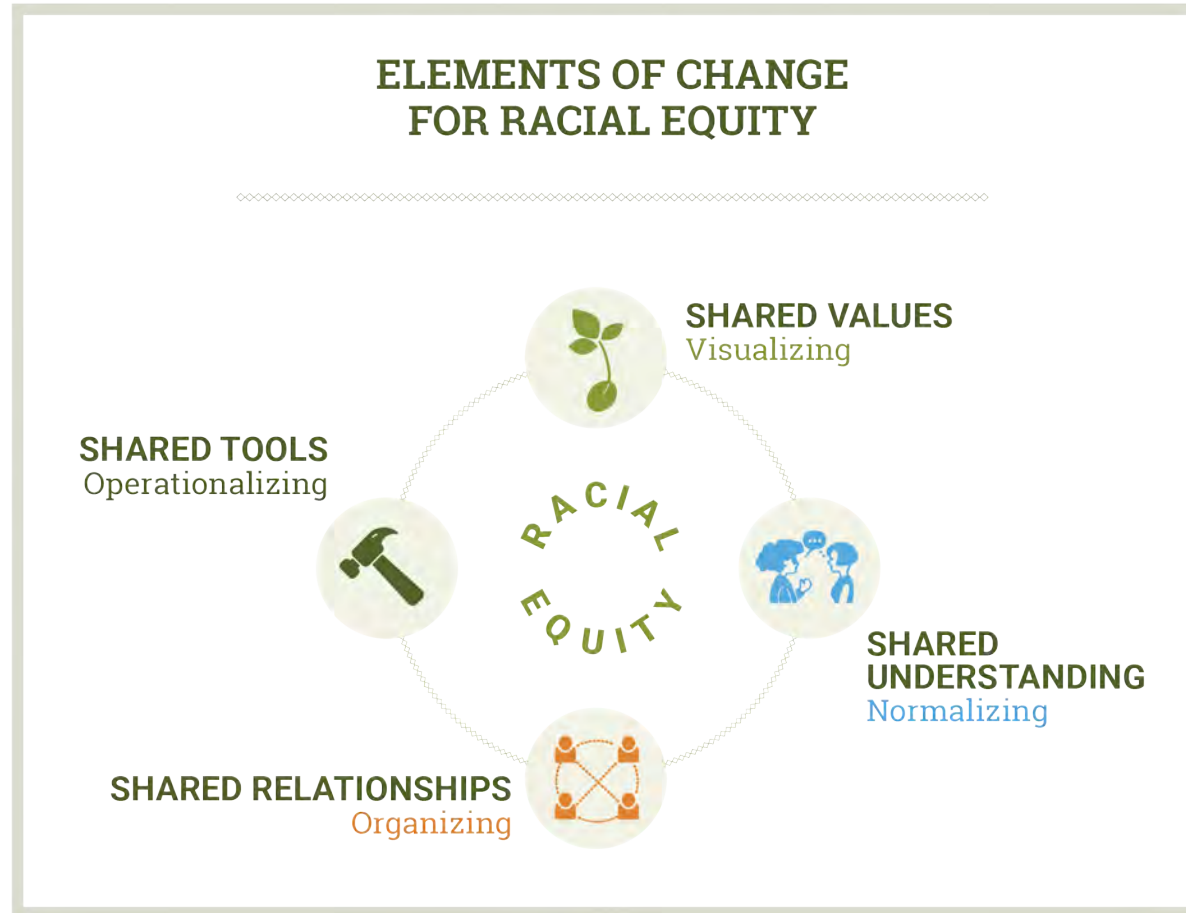
## OFFICE OF EQUITY AND RACIAL JUSTICE



# What We Do

- Partner with the community to **co-create** transformative, enduring, **structural and systemic change** in San Diego County government.
- Serve as a bridge for San Diego County departments and the community to **design bold policies and practices to advance equity**.
- Champion **belonging** for all and **advocate** for people suffering from structural and systemic racism and exclusion.

GOVERNMENT ALLIANCE ON RACE AND EQUITY (GARE)



## OFFICE OF EQUITY AND RACIAL JUSTICE

# Department Highlights



- Released County's Equity Indicator Report
- Awarded \$1,000,000 to 10 non-profit organizations for Equity Impact Grant
- Restarted Justice, Equity, Diversity, Inclusion and Belonging Teams
- Began Intersectional Gender Equity Analysis
- Continued implementation of the Equity in Contracting Tool and Trainings
- Implemented client advocate services training for public defenders

## OFFICE OF EQUITY AND RACIAL JUSTICE

# Looking Ahead

- Human Relations Commission Assessment
- Uplifting Boys and Men of Color
- Equity in Contracting and Supplier Diversity
- Social Equity Entrepreneur Program for Cannabis
- Gender Identity and Expression
- Countywide Equity Assessment and Department Equity Action Plans



# Alignment to Strategic Initiatives

Stronger, Healthier  
Communities

## SUSTAINABILITY

- Engagement and Goal Setting with Community on Data and Indicators in the Equity Indicator Report in Alignment with the Data Access Initiative



## EQUITY

- Countywide Anti-Racism Strategy, Strategic Plan and Goals



## EMPOWER

- Justice Equity Diversity Inclusion Belonging Teams Training Curriculum to Support Equity Action Plan Development



## OFFICE OF EQUITY AND RACIAL JUSTICE

# Alignment to Strategic Initiatives

Stronger, Healthier  
Communities

## COMMUNITY

- Partner Strategy Circle and Regional Equity Summit



## JUSTICE

- Boys and Men of Color Assessment and Partnership with State Alliance for Boys and Men of Color



## OFFICE OF EQUITY AND RACIAL JUSTICE

# Budget Equity

## Process

- 5yr Forecast and Operational Planning
- Advance equity for our impacted communities
- Mitigating negative unintended consequences
- Measurement, data and accountability

## Highlights

- Community Engagement for Social Equity Program for Commercial Cannabis
- Lived Experience for Uplifting Boys and Men of Color



## GENERAL FUND

# Significant Budget Adjustments

BUDGET ADJUSTMENTS	STAFF	EXPENDITURES*	PROGRAM REVENUE*	GPR*
Increase of \$0.4 million for the Social Equity Program for Commercial Cannabis	-	\$0.4	-	\$0.4
Increase of \$0.5 million one-time funds for Uplifting Boys and Men of Color	-	\$0.5**	-	\$0.5**

*\*Millions**\*\*One-time funds budgeted under Finance Other*

## GENERAL FUND

# Expenditure Summary

PROGRAM	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	STAFF	BUDGET*	STAFF	BUDGET*	STAFF	BUDGET*
Office of Equity & Racial Justice	8.00	\$2.1	8.00	\$2.6	-	\$0.5
<b>TOTAL</b>	<b>8.00</b>	<b>\$2.1</b>	<b>8.00</b>	<b>\$2.6</b>	<b>-</b>	<b>\$0.5</b>

*\*Millions*



THANK YOU



# **MONICA MONTGOMERY STEPPE**

**SUPERVISOR, FOURTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS**

## **AGENDA ITEM**

**DATE: Tuesday, May 21<sup>st</sup>, 2024**

**23**

**TO: Board of Supervisors**

### **SUBJECT**

**ESTABLISHING AN INNOVATIVE PARTNERSHIP WITH UNIVERSITY OF CALIFORNIA, SAN DIEGO HEALTH FOR ESSENTIAL BEHAVIORAL HEALTHCARE AT EAST MEDICAL CAMPUS (DISTRICTS: ALL)**

### **OVERVIEW**

The state of California is facing a mental health crisis and urgent action needs to be taken to help enhance our Behavioral Health continuum of care to best meet the needs of our most vulnerable residents in San Diego County. The state of California is facing a shortfall of approximately 1,971 beds at the acute level, which are necessary to treat patients suffering from severe psychiatric distress. In San Diego County, one in twenty people are currently living with a serious mental illness and that rate increases to one in thirteen people who live in low-income households. Patients enrolled in Medi-Cal face additional barriers to behavioral health treatment, reflecting socioeconomic disparities and increasing the importance of establishing treatment pathways for these vulnerable populations. Today's action presents an opportunity to improve the accessibility and quality of our behavioral health system continuum of care countywide, enhance opportunities for behavioral health providers and support staff to receive world-class education, further bolstering quality of care across the region, as well as establishing additional acute care treatment beds for our most vulnerable populations.

In California, counties are responsible for administering specialty mental health and substance use services to residents eligible for Medi-Cal. To optimize access to care and quality as a health plan, the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) is required to maintain a local network of mental health and substance use services and providers that meets the needs of Medi-Cal beneficiaries. In response to identified needs for patients, BHS has sought to rebalance Behavioral Health care systems using a more upstream approach that emphasizes prevention and connects people to the care they need, prioritizing least restrictive settings.

To further align behavioral health services with the needs of the community, the County has an opportunity to establish a partnership with University of California San Diego Health (UCSD

**SUBJECT: ESTABLISHING AN INNOVATIVE PARTNERSHIP WITH UNIVERSITY OF CALIFORNIA, SAN DIEGO HEALTH FOR ESSENTIAL BEHAVIORAL HEALTHCARE AT EAST MEDICAL CAMPUS (DISTRICTS: ALL)**

Health) for critical behavioral health crisis and inpatient services at the East Campus Medical Center (ECMC). Through this partnership, the County would make investments to establish approximately 30-45 new Medi-Cal Managed Care Psychiatric Inpatient Services, along with emergency psychiatric unit (EPU) and crisis stabilization unit (CSU) services at the ECMC.

The inpatient psychiatric setting offers a secure environment where adults can regain their functioning and establish an aftercare plan before transferring to a lower-acuity level of care. Medi-Cal Managed Care Psychiatric Inpatient Services provide inpatient care to adults with severe, acute symptoms of mental illness in need of 24-hour observation and intensive treatment. These services are available to residents who are either Medi-Cal enrolled or eligible countywide and includes diagnosis, care, and treatment of acute episodes. The actions requested will enable an increase in regional capacity with the addition of approximately 30-45 new psychiatric acute inpatient beds for individuals who are Medi-Cal eligible, and that staff will explore how capacity at UCSD East Campus could be leveraged to ensure alignment with community needs into the future.

Additionally, EPU/CSU services will be provided to improve access to critical inpatient and stabilization services for vulnerable adults countywide who are experiencing a behavioral health crisis. EPU and CSU services provide emergency psychiatric services to stabilize individuals who are experiencing a psychiatric crisis and connect them to ongoing services that meet their individual needs. Services typically last less than 24 hours and include crisis intervention, ongoing assessment and stabilization, medication administration, consultation with family and outpatient providers, and linkage and/or referral to follow-up community-based services and resources. EPU and CSU services reduce unnecessary hospitalizations by diverting individuals from emergency departments and inpatient care, stabilizing them, and connecting them to community-based behavioral health services for ongoing care.

This collaboration will also involve medical oversight and leverage academic leadership from UCSD Health and the UCSD Department of Psychiatry. It will offer an important opportunity to establish a center of academic excellence in Behavioral Health Treatment for the residents of San Diego County. The establishment of such a hub for behavioral health treatment, innovation, and research has the potential to enhance behavioral health access and quality far beyond simply adding to the County acute care bed count. The implementation of services at ECMC will also include clinical leadership and medical oversight within the acute inpatient units at ECMC. This partnership provides an important opportunity to enhance clinical training leading to new opportunities to optimally prepare future Behavioral Health providers to effectively care for the region's most vulnerable people. This clinical training programming will result in vital workforce development for the Behavioral Health system and opportunities for San Diegans to pursue rewarding careers in Behavioral Health as Psychiatrists, Psychologists, Psychiatric Nurse Practitioners, Social Workers, Pharmacists, Nurses, Healthcare Administrators, and various support staff positions. Such action will result in an influx of high-quality Behavioral Health providers and staff throughout San Diego County, elevating the quality of care across the region.

The passing of Proposition 1, the Behavioral Health Services Act, presents a significant opportunity for one-time investments in dedicated infrastructure that will enhance our behavioral health system for many decades. Proposition 1 reconfigured the Mental Health Services Act and

**SUBJECT: ESTABLISHING AN INNOVATIVE PARTNERSHIP WITH UNIVERSITY OF CALIFORNIA, SAN DIEGO HEALTH FOR ESSENTIAL BEHAVIORAL HEALTHCARE AT EAST MEDICAL CAMPUS (DISTRICTS: ALL)**

approved \$6.4 billion in bonds to build an estimated 11,150 new units including a combination of dedicated behavioral health treatment beds and supportive housing. Establishing a partnership with the ECMC at UCSD Health to establish more dedicated Medi-Cal Managed Care Inpatient Acute Psychiatric Services and EPU/CSU services puts the County in an ideal position to pursue one-time infrastructure funding under Proposition 1.

Today's action requests the Board find that the proposed program is necessary to meet the social needs of the County's population. In addition, today's action requests the Board authorize the Chief Administrative Officer, or designee, to enter into negotiations with UC San Diego Health for Medi-Cal Managed Care inpatient acute psychiatric services, Emergency Psychiatric Unit, and Crisis Stabilization Services, and return to the San Diego County Board of Supervisors with an update within 120 days to seek further authority to execute an agreement and establish appropriations, as needed.

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

**RECOMMENDATION(S)**

**SUPERVISOR MONICA MONTGOMERY STEPPE**

1. Pursuant to California Government Code section 26227, find that the proposed program is necessary to meet the social needs of the County's population.
2. Authorize the Chief Administrative Officer, or designee, to enter into negotiations with UC San Diego Health for Medi-Cal Managed Care inpatient acute psychiatric services, emergency psychiatric, and crisis stabilization services and return to the San Diego County Board of Supervisors with an update within 120 days to seek further authority to execute an agreement and establish appropriations, as needed.

**EQUITY IMPACT STATEMENT**

BHS functions as the specialty mental health plan for Medi-Cal eligible residents within San Diego County with serious mental illness as well as the service delivery system for Medi-Cal eligible residents with substance use disorder care needs. Medi-Cal patients have long experienced health inequities spanning all aspects of healthcare from access to outcomes. Patients enrolled in Medi-Cal face more barriers to accessing care, receive lower quality care, and ultimately experience worse health outcomes than patients enrolled in Medicare or private insurance plans. These negative sequelae are felt most intensely by the black community and other communities of color throughout the County. As a regional steward of public health, BHS must ensure that services address the social determinants of health by being accessible, equitably distributed, capable of meeting the needs of a diverse population, and prioritizing communities most in need.

**SUBJECT: ESTABLISHING AN INNOVATIVE PARTNERSHIP WITH UNIVERSITY OF CALIFORNIA, SAN DIEGO HEALTH FOR ESSENTIAL BEHAVIORAL HEALTHCARE AT EAST MEDICAL CAMPUS (DISTRICTS: ALL)**

If approved, today's action is an important step in increasing capacity of inpatient acute psychiatric services along with emergency psychiatric unit (EPU) and crisis stabilization unit (CSU) services at ECMC for Medi-Cal eligible adults countywide through collaboration with UCSD Health.

**SUSTAINABILITY IMPACT STATEMENT**

The adoption of this recommendation, finding that the proposed program is necessary to meet the social needs of the County's population and authorizing the Chief Administrative Officer, or designee, to enter into negotiations with UC San Diego Health for Medi-Cal Managed Care inpatient acute psychiatric services, emergency psychiatric, and crisis stabilization services will enhance the health and social wellbeing of San Diego County residents. In establishing these services, the County of San Diego will improve access to critical behavioral health inpatient and crisis care for vulnerable adults, improve overall health for local populations, and establish more efficient health care resourcing.

**FISCAL IMPACT**

There are no immediate fiscal impacts associated with today's item. There would be future fiscal impacts to establish additional capacity for psychiatric services which would depend on outcomes of negotiations with UC San Diego Health. Any recommendations resulting from negotiations would be brought back to the Board for approval and funding. At this time, there will be no change in net General Fund cost and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

The state of California is facing a mental health crises and urgent action needs to be taken to help enhance our Behavioral Health continuum of care to best meet the needs of our most vulnerable residents in San Diego County. The state of California is facing a shortfall of approximately 1,971 beds at the acute level, which are necessary to treat patients suffering from severe psychiatric distress. In San Diego County, one in twenty San Diegans are currently living with a serious mental illness and that rate increases to one in thirteen San Diegans who live in low-income households. Patients enrolled in Medi-Cal face additional barriers to behavioral health treatment, reflecting socioeconomic disparities and increasing the importance of establishing treatment pathways for these vulnerable populations. Furthermore, recent changes to State involuntary behavioral healthcare policy, with Senate Bill 43, will increase pressure on the county's inpatient psychiatric care capacity.

Today's action presents an opportunity to improve the accessibility and quality of our behavioral health system continuum of care countywide, enhance opportunities for behavioral health providers and support staff to receive world-class education further bolstering quality of care across the region, as well as establishing additional acute care treatment beds for our most vulnerable populations.

**SUBJECT: ESTABLISHING AN INNOVATIVE PARTNERSHIP WITH UNIVERSITY OF CALIFORNIA, SAN DIEGO HEALTH FOR ESSENTIAL BEHAVIORAL HEALTHCARE AT EAST MEDICAL CAMPUS (DISTRICTS: ALL)**

In California, counties are responsible for administering specialty mental health and substance use services to residents eligible for Medi-Cal. To optimize access to care and quality as a health plan, the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) is required to maintain a local network of mental health and substance use services and providers that meets the needs of Medi-Cal beneficiaries. In response to identified needs for patients, BHS has sought to rebalance Behavioral Health care systems using a more upstream approach that emphasizes prevention and connects people to the care they need, prioritizing least restrictive settings.

To further align behavioral health services with the needs of the community, the County has an opportunity to establish a partnership with University of California San Diego Health (UCSD Health) for critical behavioral health crisis and inpatient services at the East Campus Medical Center (ECMC). Through this partnership, the County would establish new Medi-Cal Managed Care Psychiatric inpatient services, along with emergency psychiatric unit (EPU) and crisis stabilization unit (CSU) services at the ECMC.

The inpatient psychiatric setting offers a secure environment where adults can regain their functioning and establish an aftercare plan before transferring to a lower-acuity level of care. Medi-Cal Managed Care Psychiatric Inpatient Services provide inpatient care to adults with severe, acute symptoms of mental illness in need of 24-hour observation and intensive treatment. These services are available to residents who are either Medi-Cal enrolled or eligible countywide and includes diagnosis, care, and treatment of acute episodes. Acute inpatient psychiatric care is a critical component of the overall continuum of behavioral health services. Establishing this partnership with UCSD Health offers a valuable, timely opportunity to advance the behavioral health continuum of care.

EPU and CSU services provide emergency psychiatric services to stabilize individuals who are experiencing a psychiatric crisis and connect them to ongoing services that meet their individual needs. Services typically last less than 24 hours and include crisis intervention, ongoing assessment and stabilization, medication administration, consultation with family and outpatient providers, and linkage and/or referral to follow-up community-based services and resources. EPU and CSU services reduce unnecessary hospitalizations by diverting individuals from emergency departments and inpatient care, stabilizing them, and connecting them to community-based behavioral health services for ongoing care.

The new EPU/CSU within ECMC will improve access to behavioral health services, enhance the quality of care, and provide more effective care coordination aligned with upstream prevention and continuous care, and is expected to result in the following outcomes:

- reductions in emergency department admissions,
- reductions in discharges to inpatient care,
- increased connection of individuals discharged from the EPU/CSU to family, community resources, and other support systems to strengthen engagement and maintain stability,
- enhanced care coordination, including connections to ongoing, community-based care and follow-up, to ensure individuals remain connected to treatment,

**SUBJECT: ESTABLISHING AN INNOVATIVE PARTNERSHIP WITH UNIVERSITY OF CALIFORNIA, SAN DIEGO HEALTH FOR ESSENTIAL BEHAVIORAL HEALTHCARE AT EAST MEDICAL CAMPUS (DISTRICTS: ALL)**

- reductions in the rates of inpatient and EPU/CSU readmissions,
- increased enrollment of eligible individuals to Medi-Cal, and
- reductions in much more expensive inpatient hospitalizations.

The partnership with UCSD has the potential to significantly expedite the timeline for launching behavioral health care at ECMC by repurposing existing facilities. Completion of these facility improvements will establish new acute inpatient bed capacity and a new EPU/CSU adjacent to the East region of San Diego County expanding services to this highly dense Medi-Cal population. It will also ensure improved access for patients by allowing them to receive treatment in close proximity to where they reside instead of being transported to other areas of the county.

This unique opportunity to collaborate with UCSD Health to add new capacity at ECMC builds upon previous Board actions to partner with UCSD and will enhance the behavioral health continuum of care by increasing the number of dedicated Medi-Cal acute inpatient psychiatric beds and EPU/CSU services and aligns with the principles of ongoing behavioral health continuum work across the region.

Advancing these collaborative efforts can result in an increase in the capacity of regional acute inpatient services for individuals who are Medi-Cal eligible and establish new crisis services, improving access to critical behavioral health inpatient and crisis care for vulnerable adults countywide. Psychiatric Inpatient Services and CSU/EPU services offered at ECMC, a General Acute Care Hospital, will be Medi-Cal billable allowing for the drawdown federal funding to optimize revenues.

This partnership with UCSD will also offer an important opportunity to establish a center of academic excellence in Behavioral Health Treatment for the residents of San Diego County. The establishment of such a hub for behavioral health treatment, innovation, and research has the potential to enhance behavioral health access and quality far beyond simply adding to the County acute care bed count. The implementation of services at ECMC will also include clinical leadership and medical oversight within the acute inpatient units at ECMC. This partnership provides an important opportunity to enhance clinical training leading to new opportunities to optimally prepare future Behavioral Health providers to effectively care for the region's most vulnerable people. This clinical training programming will also result in vital workforce development for the Behavioral Health system and opportunities for San Diegans to pursue rewarding careers in Behavioral Health as Psychiatrists, Psychologists, Psychiatric Nurse Practitioners, Social Workers, Pharmacists, Nurses, Healthcare Administrators, and various support staff positions. Such action will result in an influx of high-quality Behavioral Health providers and staff throughout San Diego County, elevating the quality of care across the region.

*Opportunities Under Proposition 1*

Proposition 1 is a two-part measure, that will amend the California Mental Health Services Act (MHSA) and create a \$6.38 billion general obligation bond. On April 9, 2024 (4), the Board took action on an item brought forward by Chairwoman Nora Vargas, directing staff to create a process for seeking and investing Proposition 1 bond funding, informed by data; community advocates; and stakeholders, and return to the board within 120 days with a set of priorities to inform County

**SUBJECT: ESTABLISHING AN INNOVATIVE PARTNERSHIP WITH UNIVERSITY OF CALIFORNIA, SAN DIEGO HEALTH FOR ESSENTIAL BEHAVIORAL HEALTHCARE AT EAST MEDICAL CAMPUS (DISTRICTS: ALL)**

planning efforts in areas such as mental health, substance abuse and housing services that would be eligible for these funds.

The passage of Proposition 1 presents an opportunity to make investments in dedicated infrastructure that will impact our behavioral health system for decades to come. The Behavioral Health Services Act reconfigures the existing Mental Health Services Act (MHSA) and will result in a 5 percent overall funding reduction to the County. Proposition 1 will also expand the flexibility to utilize BHSA funds for services that support people with substance use conditions, a strong emphasis on housing and housing interventions for individuals who are experiencing homelessness, and much more substantial requirements around data and health outcome reporting, including all funding and services within the behavioral health continuum of care.

Proposition 1 also approved \$6.4 billion in bonds to build an estimated 11,150 new dedicated behavioral health treatment beds and supportive housing units. Further breakdown of funds include:

- \$2.9 billion for grants for behavioral health treatment and residential settings
- \$1.5 billion for counties, cities, and tribal entities for grants treatment and residential settings.
- \$1.1 billion for housing veterans at risk of homelessness with BHS needs.
- \$0.9 billion for others at risk of homeless with BH needs.

Guidance regarding implementation will be issued by the State by July 1, 2025. Within the behavioral health treatment and residential settings, the infrastructure funding will establish new dedicated capacity across the continuum of care, including:

- Short-Term Crisis Stabilization
- Acute and Subacute care
- Crisis Residential
- Recovery housing
- Substance Use Disorder Residential
- Short-term Residential Therapeutic Programs
- Social Rehabilitation Programs
- Community-Based Mental Health Residential
- Peer Respite
- Outpatient Services
- Other clinically enriched longer-term treatment and rehabilitation services.

Establishing a partnership with the ECMC at UCSD Health to explore establishing dedicated Medi-Cal Managed Care Inpatient Acute Psychiatric Services and EPU/CSU services situates the County ideally with a potential opportunity to pursue one-time infrastructure funding under Proposition 1.

Today's action requests the Board find that the proposed program is necessary to meet the social needs of the County's population. In addition, today's action requests the Board authorize the Chief Administrative Officer, or designee, to enter into negotiations with UC San Diego Health

**SUBJECT: ESTABLISHING AN INNOVATIVE PARTNERSHIP WITH UNIVERSITY OF CALIFORNIA, SAN DIEGO HEALTH FOR ESSENTIAL BEHAVIORAL HEALTHCARE AT EAST MEDICAL CAMPUS (DISTRICTS: ALL)**

for Medi-Cal Managed Care inpatient acute psychiatric services, emergency psychiatric unit, and crisis stabilization services, and return to the San Diego County Board of Supervisors with an update within 120 days to seek further authority to execute an agreement and establish appropriations, as needed.

These actions will advance the County ongoing work across systems to support better care of individuals, better health for local populations, and more efficient health care resourcing in alignment with the Board's Framework for Our Future priorities, while maintaining prudent fiscal management of the County's resources. In doing so, today's item supports our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities.

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

Today's proposed actions support the County of San Diego's 2024-2029 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision, by reducing disparities and disproportionality of individuals with mental illness and substance use disorders and ensuring access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs and providing programs and services that enhance the community through increasing the well-being of residents and local environments.

Respectfully submitted,



MONICA MONTGOMERY STEPPE  
Supervisor, Fourth District

**ATTACHMENT(S)**

None



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

MONICA MONTGOMERY STEPPE  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** June 4, 2024

**03**

**TO:** Board of Supervisors

### SUBJECT

**AUTHORIZE A SINGLE SOURCE CONTRACT WITH EXODUS RECOVERY, INC. TO PROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE TRI-CITY PSYCHIATRIC HEALTH FACILITY (DISTRICTS: ALL)**

### OVERVIEW

In California, counties are responsible for administering specialty mental health and substance use services for residents eligible for Medi-Cal. In this capacity, the County of San Diego (County) Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) serves as the Specialty Mental Health Plan. To ensure access to quality care that meets the needs of Medi-Cal beneficiaries in San Diego County, BHS is required to maintain a local network of behavioral health services and providers.

In 2018, Tri-City Healthcare District (Tri-City) suspended its behavioral health unit (BHU) and crisis stabilization unit (CSU). Through a series of actions since 2018, the San Diego County Board of Supervisors (Board) supported the development of a 16-bed psychiatric health facility (PHF) to be jointly funded by the County and Tri-City on vacant land located at the Tri-City Medical Center in Oceanside, California. It is anticipated that Tri-City PHF will alleviate pressure on local hospital emergency departments by referring clients with psychiatric needs to the optimal treatment setting and will complement the three CSUs providing crisis care in the North County. Today's action requests the Board authorize a single source contract with Exodus Recovery, Inc. to provide services within the Tri-City PHF.

Today's action supports the County vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished through further strengthening the continuum of behavioral health services in San Diego County.

### RECOMMENDATION(S)

#### CHIEF ADMINISTRATIVE OFFICER

1. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, approve and authorize the Director, Department of Purchasing and Contracting, to enter into negotiations with Exodus Recovery, Inc. and subject to

**SUBJECT:** AUTHORIZE A SINGLE SOURCE CONTRACT WITH EXODUS RECOVERY, INC. TO PROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE TRI-CITY PSYCHIATRIC HEALTH FACILITY (DISTRICTS: ALL)

successful negotiations and determination of a fair and reasonable price, award a contract for clinical behavioral health services within the Tri-City Psychiatric Health Facility, for an Initial Term of up to five years, with five 5-year Options for a total of thirty years in alignment with Exodus sublease agreement with Tri-City Healthcare District, and up to an additional six months, if needed, and to amend the contract as needed to reflect changes to requirements and funding, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.

### **EQUITY IMPACT STATEMENT**

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

Establishing inpatient behavioral health services within the newly constructed Tri-City Psychiatric Health Facility (PHF) in Oceanside will increase capacity of critical behavioral health care in North County. These new PHF services will provide inpatient care to Medi-Cal eligible adults and others, improving access to critical crisis care for vulnerable adults who are experiencing a behavioral health crisis.

### **SUSTAINABILITY IMPACT STATEMENT**

Today's proposed action aligns with the County of San Diego (County) Sustainability Goal #2, to ensure equitable access to County services. Establishing inpatient care services within North County prioritizes equitable access to essential behavioral health inpatient services for Medi-Cal eligible adults, enabling those in need of higher levels of care to be connected to care in close proximity to where they reside.

### **FISCAL IMPACT**

Funds for this request are included in the Fiscal Year (FY) 2024-26 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs and revenue of approximately \$9.3 million in FY 2024-25 and \$9.3 million in FY 2025-26 for behavioral health services within Tri-City Psychiatric Health Facility. The funding sources are Realignment and Short-Doyle Medi-Cal. There will be no change in net County General Fund cost and no additional staff years.

### **BUSINESS IMPACT STATEMENT**

N/A

**SUBJECT:** AUTHORIZE A SINGLE SOURCE CONTRACT WITH EXODUS RECOVERY, INC. TO PROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE TRI-CITY PSYCHIATRIC HEALTH FACILITY (DISTRICTS: ALL)

### **ADVISORY BOARD STATEMENT**

This item will be presented to the Behavioral Health Advisory Board on June 6, 2024, for review and comment.

### **BACKGROUND**

In California, counties are responsible for administering specialty mental health and substance use services for residents eligible for Medi-Cal. In this capacity, the County of San Diego (County) Health and Human Services Agency (HHS), Behavioral Health Services (BHS) serves as the Specialty Mental Health Plan. To ensure access to quality care that meets the needs of Medi-Cal beneficiaries in San Diego County, BHS is required to maintain a local network of behavioral health services and providers. Over the past years and with the goal of optimizing the local behavioral health system of care, the San Diego County Board of Supervisors (Board) has been making key investments to enhance community-based behavioral health services, and developing critical behavioral health infrastructure that is regionally distributed in alignment with population health needs.

In 2018, Tri-City Healthcare District (Tri-City) suspended its behavioral health unit (BHU), which provided adult inpatient psychiatric services, and its crisis stabilization unit (CSU), which provided adult crisis stabilization services. To address the need for crisis and inpatient behavioral health care in North County, on June 25, 2019 (23), the Board directed an agreement be negotiated with Tri-City and provided funding for the development and construction of a psychiatric health facility (PHF) on vacant land located at the Tri-City Medical Center in Oceanside, California. A PHF is a 24-hour facility that provides short-term inpatient care for adults 18 years and older with psychiatric needs. PHFs provide recovery services beyond the level of care offered in outpatient, emergency, or other crisis care settings. The PHF service model provides client-centered care and emphasizes continuous assessment of client progress with the goal of stabilization and improvement in overall client wellness. PHFs are designed to proactively transition clients to the next appropriate level of care and to provide referrals to other services upon discharge. Care is provided by a multidisciplinary team of psychiatrists, mental health therapists, nurses, mental health workers, and other supportive providers.

On September 10, 2019 (6), the Board authorized execution of a Memorandum of Understanding (MOU) between the County and Tri-City, which outlined an arrangement to develop a 16-bed PHF to be jointly funded by the County and Tri-City. Subsequently, on January 14, 2020 (10), the Board authorized multiple actions, including establishing additional appropriations for development and construction of the PHF, awarding a construction manager at risk contract to develop and construct the PHF, and negotiating with Tri-City for services within the PHF.

The County funded the initial development and construction costs for the Tri-City PHF totaling \$27.6 million. Tri-City agreed to repay half of the costs through a devotion of land for the project and in-kind services within the new facility. In 2021, the County entered into a sublease agreement to lease the building to Tri-City and established an operating agreement that will govern the services provided within the PHF during the term of the sublease. The operating agreement required Tri-City to repay the County's no-interest loan to Tri-City for one-half share

**SUBJECT:** AUTHORIZE A SINGLE SOURCE CONTRACT WITH EXODUS RECOVERY, INC. TO PROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE TRI-CITY PSYCHIATRIC HEALTH FACILITY (DISTRICTS: ALL)

of the construction costs. Development and construction of the Tri-City PHF have progressed, with the facility ground-breaking in October 2022 and construction anticipated for completion in Summer 2024. Services are anticipated to commence shortly following the completion of construction and licensing of the facility.

Tri-City recently executed a letter of intent to sublease the PHF to a community-based provider of PHF services, Exodus Recovery, Inc. (Exodus). Exodus is an experienced provider of behavioral health services in multiple regions throughout Southern California for 35 years in over 25 locations. They were the first contracted provider of Mobile Crisis Response Team (MCRT) services in North County and currently operate two of the three CSUs located in Oceanside and Vista. Their proven experience in providing exceptional care to the residents in North County positions Exodus to be a strong partner in launching these essential services.

In alignment with the sublease agreement to be executed between Tri-City and Exodus, Board authority is requested to enter into a single source contract with Exodus for the provision of clinical services in the PHF. This procurement qualifies for an exception to Board Policy A-87 pursuant to Section D (3), as the services are from a provider with unique knowledge, skill, or ability not available from other sources. Exodus is uniquely positioned as the only service provider for this facility. Directly contracting with Exodus will align with the partnership between Tri-City and Exodus. Additionally, this will support BHS in providing direct oversight of clinical services provided by Exodus to ensure quality care and outcomes and align with the department's role as the payor for specialty mental health services for Medi-Cal beneficiaries. The award of a contract to Exodus will be contingent upon the execution of the sublease between Tri-City and Exodus.

Today's action requests the Board authorize a single source contract with Exodus to provide services within the Tri-City PHF. This action advances work to commence operations of the Tri-City PHF, which is anticipated to alleviate pressure on local hospital emergency departments, by referring clients with psychiatric needs to the optimal treatment setting. The PHF will also bolster access to crisis services in North County, designed to provide a positive experience of care and support individuals in stepping up or down based on the appropriate level of care, meeting their needs and being in close proximity to where they reside.

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

Today's proposed actions support the County of San Diego 2024-2029 Strategic Plan initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision. This is accomplished by reducing disparities and disproportionality of individuals with mental illness and substance use disorders and ensuring access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

**SUBJECT:** AUTHORIZE A SINGLE SOURCE CONTRACT WITH EXODUS RECOVERY, INC. TO PROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE TRI-CITY PSYCHIATRIC HEALTH FACILITY (DISTRICTS: ALL)

Respectfully submitted,



SARAH E. AGHASSI  
Interim Chief Administrative Officer

**ATTACHMENT(S)**  
N/A



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

MONICA MONTGOMERY STEPPE  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** June 4, 2024

**15**

**TO:** Board of Supervisors

### SUBJECT

**RECEIVE AND APPROVE AN AMENDMENT TO THE FISCAL YEARS 2023-2026 MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN AND ESTABLISH APPROPRIATIONS TIED TO THE EAST REGION CRISIS STABILIZATION UNIT (DISTRICTS: ALL)**

### OVERVIEW

The Mental Health Services Act (MHSA) provides ongoing dedicated funding for critical mental health programs that serve people with serious mental illness or serious emotional disturbance. MHSA has five distinct components including Prevention and Early Intervention, Community Services and Supports, Innovation, Workforce Education and Training, and Capital Facilities and Technological Needs.

As required by the California Welfare and Institutions Code, counties must complete a three-year plan and subsequent annual updates for MHSA-funded programs inclusive of all programs and expenditures. The most recent MHSA Three-Year Plan for Fiscal Years (FY) 2023-24 through 2025-26 was approved by the San Diego County Board of Supervisors (Board) on June 13, 2023 (22) and was subsequently submitted to the Mental Health Oversight and Accountability Commission (MHOAC) and the Department of Health Care Services (DHCS).

Today's action requests the Board receive and approve an amendment to the MHSA Three-Year Plan, which would transfer \$10,000,000 of Community Services and Supports funds to the Capital Facilities and Technological Needs component in FY 2023-24 for the development and construction of the East Region Crisis Stabilization Unit (CSU), and to submit the amendment to the MHOAC and DHCS, if approved by the Board. Additionally, today's action would also establish appropriations of \$23,300,000 tied to the East Region CSU based on the use of MHSA, resulting from the proposed amendment to the MHSA Three-Year Plan, and various other funding sources. This increase of appropriations would be offset by cancelling existing appropriations of \$22,550,000 tied to the CSU, based on Other State and Health Grant Funding due to a grant award not received. The balance of the proposed appropriations would be funded by Opioid Settlement

**SUBJECT:** RECEIVE AND APPROVE AN AMENDMENT TO THE FISCAL YEARS 2023-2026 MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN AND ESTABLISH APPROPRIATIONS TIED TO THE EAST REGION CRISIS STABILIZATION UNIT (DISTRICTS: ALL)

Funds and Institutional Care Hospital Revenue. If approved, the East County CSU total project budget will be \$28,750,000.

## **RECOMMENDATION(S)**

### **CHIEF ADMINISTRATIVE OFFICER**

1. Receive and approve the Amendment to the Fiscal Years 2023-26 Mental Health Services Act Three-Year Plan and authorize the Agency Director, Health and Human Services Agency, to submit the Amendment to the Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services.
2. Establish appropriations of \$23,300,000 in the County Health Complex Fund, for Capital Project 1024603, East Region Crisis Stabilization Unit based on Opioid Settlement Funds (\$9,800,000), Mental Health Services Act Capital Facilities funds (\$10,000,000), and Institutional Care Hospital Revenue (\$3,500,000); and cancel appropriations of \$22,550,000 of Other State and Health Grant Funding. **(4 VOTES)**

## **EQUITY IMPACT STATEMENT**

The proposed amendment to the Mental Health Services Act (MHSA) Three-Year Plan advances the County of San Diego (County) vision of building a mental health system where services are equitable and accessible to all individuals and families in need across the region, including people with co-occurring substance use disorders. Utilizing MHSA funds to further support construction of a new Crisis Stabilization Unit (CSU) will provide accessible mental health services and substance use services to meet the needs in East Region. In 2022, the Healthy Places Index identified El Cajon as an area of high need where additional health and social resources might positively impact the community. Additionally, Department of Health Care Services data from June 2023 indicates El Cajon has a relatively high volume of Medi-Cal customers and a high density of current County Behavioral Health Services (BHS) clients who would qualify for and can directly benefit from this type of facility in the East Region.

The new CSU will be responsive to the unmet need for crisis services in the region, where some zip codes have experienced rates of mental health emergency calls in excess of 400 encounters per 10,000 population annually, filling a critical gap in the care continuum. The lack of local behavioral health crisis services disproportionately impacts San Diego County's Black and Hispanic clients with serious mental illness. Demographic data collected by County Health and Human Services Agency, Public Health Services and BHS indicate that, while individuals self-identifying as Black and Hispanic represent only 5.9% and 27% of the East Region, they account for 14% and 30% of crisis and emergency service utilization among East County residents. Providing regional access to crisis stabilization services will allow Black and Hispanic residents within the East Region to access the care they need more quickly and within their own communities.

Moreover, a stakeholder engagement Community Program Planning process is required by MHSA funding, through which counties gather input from a diverse range of stakeholders regarding the

**SUBJECT:** RECEIVE AND APPROVE AN AMENDMENT TO THE FISCAL YEARS 2023-2026 MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN AND ESTABLISH APPROPRIATIONS TIED TO THE EAST REGION CRISIS STABILIZATION UNIT (DISTRICTS: ALL)

needs of unserved and underserved populations. BHS maintains regular contact with the public through interactive councils and advisory boards to inform program planning and form recommendations for the utilization of MHSA funds. As required by statute, a public review and comment period and subsequent public hearing are required for amendments to the MHSA plan. From March 5 and through April 4, 2024, the draft amendment was sent to stakeholders and posted for public comment on the BHS website; and on April 4, 2024, a public hearing took place at the County Behavioral Health Advisory Board meeting.

### **SUSTAINABILITY IMPACT STATEMENT**

Today's proposed action aligns with the County of San Diego (County) Sustainability Goal #2, which seeks to ensure equitable access to County services. Amending the Mental Health Services Act Three-Year Plan supports the County priority of improving access to crisis care specifically within the East Region of San Diego County.

### **FISCAL IMPACT**

#### *Recommendation 1*

There is no fiscal impact associated with this recommendation. This action will result in an amendment to transfer Community Services and Supports funds of \$10,000,000 to the Capital Facilities and Technological Needs within the existing Mental Health Services Act (MHSA) plan for Fiscal Year (FY) 2023-24, with no net financial impact to overall plan. There will be no change in net General Fund cost and no additional staff years.

#### *Recommendation 2*

Funds for this request are partially included in the FY 2023-24 Operational Plan for the County Health Complex Fund, for Capital Project 1024603. If approved, this request will cancel appropriations of \$22,550,000 based on previously planned grant funds that were not awarded and will establish new appropriations resulting in one-time estimated costs and revenues of \$23,300,000 in the County Health Complex Fund, for Capital Project 1024603, East Region Crisis Stabilization Unit (CSU). The funding sources include Mental Health Services Act Capital Facilities funds (\$10,000,000), Opioid Settlement Funds (\$9,800,000), and Institutional Care Hospital Revenue (\$3,500,000). As part of this recommendation, Opioid Settlement Funds will be utilized to fund the CSU based on October 10, 2023 (13) Board action that allocated a one-time investment of \$7,500,000 to support the East Region Recovery Bridge Center (RBC) which will now be redirected to the East Region CSU. Current year projected Opioid Settlement Framework activities savings of \$2,300,000 will also be redirected, for a total of \$9,800,000 in Opioid Settlement Funds allocated to the East Region CSU. Estimated total project costs for the approximately 14,000 square foot crisis stabilization unit is \$28,750,000. There will be no change in net General Fund cost and no additional staff years.

### **BUSINESS IMPACT STATEMENT**

N/A

**SUBJECT:** RECEIVE AND APPROVE AN AMENDMENT TO THE FISCAL YEARS 2023-2026 MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN AND ESTABLISH APPROPRIATIONS TIED TO THE EAST REGION CRISIS STABILIZATION UNIT (DISTRICTS: ALL)

## **ADVISORY BOARD STATEMENT**

On April 4, 2024, the Behavioral Health Advisory Board voted to approve the recommendation.

## **BACKGROUND**

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) continues to make strides to create a behavioral health system with regionally distributed services that are accessible to all people and families in need. The Mental Health Services Act (MHSA) provides dedicated, ongoing funding to counties for critical mental health programs that serve individuals with serious mental illness or serious emotional disturbance. This funding supports some of San Diego County's most vulnerable and unserved populations through services that are responsive to cultural and linguistic needs.

MHSA is comprised of five components 1) Community Services and Supports 2) Prevention and Early Intervention; 3) Innovation; 4) Workforce Education and Training; and 5) Capital Facilities and Technological Needs. Through these five components, MHSA funding supports an array of prevention, outreach, treatment, housing, and support services for people of all ages. Services are offered through a network of County-operated and contracted community-based behavioral health programs. BHS utilizes a population health approach, along with evidence-based practices and data analysis to identify needs and design services that are impactful, equitable, and yield meaningful outcomes for clients. Community engagement forums are utilized to solicit input from stakeholders, consumers, family members, community-based providers, and healthcare organizations through formal and informal convenings to determine priorities for MHSA investments.

As required by the California Welfare and Institutions Code, counties must complete a three-year plan that includes priorities from the community engagement forums, with subsequent annual updates for MHSA-funded programs. The most recent MHSA Three-Year Plan for Fiscal Years (FY) 2023-24 through 2025-26 (MHSA Three-Year Plan) was approved by the San Diego County Board of Supervisors (Board) on June 13, 2023 (22) and was subsequently submitted to the Mental Health Oversight and Accountability Commission and the Department of Health Care Services.

MHSA provides funding for Crisis Stabilization Units (CSUs) that serve as a critical service line providing immediate mental health support and treatment services in a therapeutic setting to people with serious behavioral health needs who require urgent care beyond what an outpatient clinical service can provide. CSUs can help to deescalate a person's level of distress, prevent or treat a behavioral health crisis, and reduce acute symptoms of a mental health condition. CSUs also support people with co-occurring substance use disorder, including those with opioid use disorder.

CSU services are:

- Tailored to each person and are provided on a short-term basis, up to 24 hours, and include crisis intervention, mental health assessment, medication assistance, therapy, and peer support.

**SUBJECT:** RECEIVE AND APPROVE AN AMENDMENT TO THE FISCAL YEARS 2023-2026 MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN AND ESTABLISH APPROPRIATIONS TIED TO THE EAST REGION CRISIS STABILIZATION UNIT (DISTRICTS: ALL)

- Designed to be relaxing and quiet, with a calm environment to support mental wellness.
- Intended to connect people to ongoing care and divert from higher levels of treatment.

To improve access to crisis care within the East Region of San Diego County, a new community-based CSU is being developed and constructed on a County-owned parcel of land located at 200 S Magnolia Avenue in El Cajon which is centrally located and in proximity to public transit to support more accessibility. Demolition for the East Region CSU has been completed, construction is estimated to begin this summer, and operations are anticipated to begin Fall 2025.

There are currently six County-funded CSUs in San Diego County. Planning for the development and construction of the East Region CSU has been underway since early 2022, and has received support from community groups, service providers, law enforcement, and city officials since engagement efforts began in March 2023. Upon completion of this project, all regions will have at least one CSU.

To support construction of this new CSU and help replace \$22,550,000 in previous appropriations that were initially planned to be covered with grant funding, today's action requests the Board receive and approve the recommended amendment to the MHSA Three-Year Plan (FY 2023-26). This amendment transfers Community Services and Supports funds of \$10,000,000 to the Capital Facilities and Technological Needs component under MHSA to be used for the East CSU. Once the \$10,000,000 is transferred, there will be a remaining balance of \$12,550,000 for the East CSU project previously tied to grant funding not awarded, and another \$750,000 to fund increased project costs, for a total remaining balance of \$13,300,000. This amount is proposed to be funded by Opioid Settlement Funds and Institutional Care Hospital revenue through the funding transactions described below.

#### *East Region Crisis Stabilization Unit Project Costs and Funding History*

On June 29, 2021 (7), the Board established \$1,000,000 in Institutional Care Hospital Revenue to fund the design of the East Region CSU. The Board approved additional funding of \$3,000,000 on March 14, 2023 (24) based on Behavioral Health Realignment. The Fiscal Year 2023-24 Adopted Operational Plan established additional funding of \$24,000,000 based on Other State and Health Grant funding, for a total project cost of \$28,000,000.

Once the County learned that the \$24,000,000 in grant funds would not be awarded, additional actions were taken to begin to identify other funding. During the second quarter status letter on March 12, 2024 (16), \$1,450,000 of appropriations previously based on grant funding were cancelled and reestablished based on Institutional Care Hospital revenue to ensure the project could continue to move forward timely. This left a balance of \$22,550,000 previously based on grant funds. Since that time, total project costs have increased by \$750,000, bringing the total remaining to fund to \$23,300,000. Recommended actions today appropriate funding for this balance utilizing MHSA revenue, Opioid Settlement Funds revenue, and additional Institutional Care Hospital revenue.

**SUBJECT:** RECEIVE AND APPROVE AN AMENDMENT TO THE FISCAL YEARS 2023-2026 MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN AND ESTABLISH APPROPRIATIONS TIED TO THE EAST REGION CRISIS STABILIZATION UNIT (DISTRICTS: ALL)

On October 10, 2023 (13), the Board approved a one-time investment of \$7,500,000 in Opioid Settlement Funds to support the East Region Recovery Bridge Center (RBC). The RBC was to be part of the CSU project with a sobering center and outpatient substance use disorder (SUD) services. It is anticipated a high volume of SUD and intoxication-related care will be driven by reforms to Lanterman-Petris-Short (LPS) law, therefore it is staff's recommendation that the most strategic way forward is to establish care for these conditions in an LPS-designated facility such as a crisis stabilization unit, rather than a recovery bridge center. Roughly half of the clients undergoing treatment in crisis stabilization centers present with both substance use disorders and mental health conditions concurrently.

As outlined in the California Opioid Settlements Allowable Expenditures guidance document, the establishment of infrastructure tailored to address individuals with such co-occurring conditions is deemed an allowable use of Opioid Settlement funds. Additionally, the guidance document highlights that funds can be allocated to support crisis stabilization centers, and the County is working with the State to optimize access for crisis stabilization services for those with SUD. Today's actions would appropriate the \$7,500,000 initially approved for the RBC and an additional \$2,300,000 projected to be available this fiscal year, for a total of \$9,800,00 in Opioid Settlement Funds for the East CSU.

In total, actions today will establish appropriations of \$23,300,000 based on Opioid Settlement Funds (\$9,800,000), Mental Health Services Act Capital Facilities funds (\$10,000,000), and Institutional Care Hospital Revenue (\$3,500,000); and cancel appropriations of \$22,550,000 of Other State and Health Grant Funding based on a grant award not received. If approved, the East Region CSU total project budget will be \$28,750,000, based on Institutional Care Hospital Revenue (\$5,950,000), Behavioral Health Realignment (\$3,000,000), Opioid Settlement Funds (\$9,800,000), and Mental Health Services Act Capital Facilities funds (\$10,000,000).

**SUBJECT:** RECEIVE AND APPROVE AN AMENDMENT TO THE FISCAL YEARS 2023-2026 MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN AND ESTABLISH APPROPRIATIONS TIED TO THE EAST REGION CRISIS STABILIZATION UNIT (DISTRICTS: ALL)

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

Today's proposed action supports the County of San Diego's (County) 2024-2029 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by reducing disparities and disproportionality and ensuring access for all through a fully optimized mental health and social service delivery system that provides programs and services for all individuals with behavioral health needs. These efforts will enhance the community by supporting the well-being of our residents.

Respectfully submitted,



SARAH E. AGHASSI  
Interim Chief Administrative Officer

**ATTACHMENT(S)**

Attachment A - Amendment to Mental Health Services Act (MHSA) Three-Year Plan for Fiscal Years 2023-24 through 2025-26



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

MONICA MONTGOMERY STEEPE  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** June 4, 2024

**16**

**TO:** Board of Supervisors

### SUBJECT

**RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FOR FISCAL YEAR 2024-25 (DISTRICTS: ALL)**

### OVERVIEW

The Mental Health Services Act (MHSA) provides ongoing dedicated funding to counties to address a broad continuum of mental health service needs, including prevention, early intervention, system development, technology, and training to effectively support the public mental health system. MHSA programs provide services for children and their families, transition age youth, adults, and older adults, with an emphasis on individuals who are unserved or underserved. MHSA is comprised of five components, including 1) Community Services and Supports; 2) Prevention and Early Intervention; 3) Innovation; 4) Workforce Education and Training; and 5) Capital Facilities and Technological Needs.

County of San Diego, Behavioral Health Services is in the second year of implementing the MHSA Three-Year Program and Expenditure Plan for Fiscal Years (FY) 2023-24 through 2025-26 (Three-Year Plan), previously approved by the San Diego County Board of Supervisors (Board) on June 13, 2023 (22). The MHSA FY 2024-25 Annual Update (Annual Update) includes budget and programmatic changes to the Three-Year Plan. The Annual Update includes MHSA funding of \$299.7 million in FY 2024-25. It also includes \$400,000, dedicated to the California Mental Health Services Authority, to continue participation in statewide prevention and early intervention campaigns and local initiatives. A majority of services outlined in the Annual Update are a continuation of programs previously approved by the Board in the Three-Year Plan. As mandated by the MHSA, the Three-Year Plan and Annual Update require Board approval prior to submission to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS).

Today's action requests the Board receive and approve the Annual Update and to submit to the MHSOAC and the DHCS, if approved. Today's action also supports the County vision of a just, sustainable, and resilient future for all, specifically for communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities.

**SUBJECT:** RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FOR FISCAL YEAR 2024-25 (DISTRICTS: ALL)

**RECOMMENDATION(S)**

**CHIEF ADMINISTRATIVE OFFICER**

1. Receive and approve the Mental Health Services Act Annual Update for Fiscal Year 2024-25 and authorize the Agency Director, Health and Human Services Agency, to submit the Annual Update to the California Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services.

**EQUITY IMPACT STATEMENT**

The vision of the Mental Health Services Act (MHSA) is to build a system in which mental health services are equitable and accessible to all individuals and families within the region who are in need. According to 2021 data from the California Department of Healthcare Access and Information, Black or African American residents experienced higher emergency department rates of serious mental illness, self-inflicted injury/suicide attempt, and substance related disorders, compared to others. Additionally, according to the California Health Interview Survey, conducted by University of California Los Angeles in 2022, nine percent of San Diegans reported experiencing serious psychological distress in the past month. However, higher percentages of serious psychological distress were reported by residents who live below 200% of the federal poverty level, had a history of incarceration, or identified as Black or African American, Hispanic/Latino, Asian, or multiracial, compared to others.

MHSA funding provides individuals, who are experiencing serious mental illness, serious emotional disturbance, or have co-occurring substance use disorders, including those with opioid use disorder, with timely access to quality behavioral health care that is responsive to their cultural and linguistic needs. County of San Diego (County), Behavioral Health Services (BHS) serves a diverse range of vulnerable, unserved, and underserved low-income populations who include, but are not limited to, all age groups, individuals experiencing homelessness, LGBTQ+, Black or African American, Indigenous, and People of Color. Behavioral health services offered through County-operated and contracted programs address the social determinants of health by being accessible, capable of meeting the needs of a diverse population, and with the intent to equitably distribute services to those most in need.

In support of these efforts, BHS utilizes a population health approach, along with evidence-based practices and robust data analysis to identify needs and design services that are impactful, equitable, and yield meaningful outcomes for clients. This includes facilitating community engagement forums to solicit input from the community, stakeholders, consumers, family members, community-based providers, and healthcare organizations through formal and informal convenings, along with cross-collaboration with other County departments and community partners.

**SUSTAINABILITY IMPACT STATEMENT**

Mental Health Services Act (MHSA) programs support the County of San Diego (County) Sustainability Goal #1 to engage the community in meaningful ways and seek stakeholder input to foster inclusive and sustainable communities. County, Behavioral Health Services engages the community through the Community Planning Process, advisory boards, and stakeholder engagements to collaborate and encourage community and diverse range of stakeholders to partner and participate in decisions that impact their lives and communities.

**SUBJECT: RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FOR FISCAL YEAR 2024-25 (DISTRICTS: ALL)**

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

**FISCAL IMPACT**

Funds for this request are included in the Fiscal Year (FY) 2024-26 CAO Recommended Operational Plan for the Health and Human Services Agency. If approved, this request will result in estimated Mental Health Services Act (MHSA) costs and revenues of approximately \$299.7 million in FY 2024-25, inclusive of \$400,000 dedicated to the California Mental Health Services Authority, to continue participation in statewide prevention and early intervention campaigns and local initiatives. The funding source is MHSA. There will be no change in net General Fund cost and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

On May 2, 2024, the Behavioral Health Advisory Board voted to approve the recommendation.

**BACKGROUND**

On June 13, 2023 (22), the San Diego County Board of Supervisors (Board) approved the MHSA Three-Year Program and Expenditure Plan: Fiscal Years (FY) 2023-24 through 2025-26 (Three-Year Plan). Section 5847 of the California Welfare and Institutions Code requires that county mental health programs prepare and submit a three-year plan and annual updates for programs and expenditures funded by the Mental Health Services Act (MHSA). The Three-Year Plan and MHSA FY 2024-25 Annual Update (Annual Update) must be adopted by the San Diego County Board of Supervisors (Board) and submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS) within 30 days of adoption.

The MHSA provides funding to counties to address a broad continuum of mental health service needs, including prevention, early intervention, system development, technology, and training to effectively support the public mental health system. In addition, MHSA provides funding to address co-occurring substance use disorders, including those with opioid use disorder. MHSA programs provide services for children and their families, transition age youth, adults, and older adults, with an emphasis on individuals who are unserved or underserved. MHSA is comprised of five components, including 1) Community Services and Supports; 2) Prevention and Early Intervention; 3) Innovation; 4) Workforce Education and Training; and 5) Capital Facilities and Technological Needs.

Since the establishment of the MHSA, the County of San Diego (County) will have invested approximately over \$3 billion in MHSA programs by the end of FY 2025-26 to expand and enhance critical mental health programs for San Diego County residents. The County continues to

**SUBJECT: RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FOR FISCAL YEAR 2024-25 (DISTRICTS: ALL)**

make MHSA investments in prevention, treatment, and support services through the continued development of a regionally distributed model of care focused on prevention and continuous care, rather than perpetual crisis. Additionally, MHSA-funded programs are evaluated across several categories which include, but are not limited to, access, quality, cost, integration, utilization, and client satisfaction. The evaluation of MHSA-funded programs demonstrates a positive impact for programs that treat mental health symptoms but also proactively address unmet social needs and connection to education, employment, housing, and physical healthcare.

Community engagement is at the center of the County, and a stakeholder engagement Community Program Planning process is required by MHSA funding. County, Behavioral Health Services (BHS) continuously engages in ongoing open dialogue with the Behavioral Health Advisory Board (BHAB), System of Care Councils, various stakeholders and stakeholder-led councils, organizations, and individuals in multiple settings to gather input and form recommendations for the utilization of MHSA funds. A 30-day public review and comment period of the draft Annual Update began on April 2, 2024, and concluded with final comments heard at the regular BHAB meeting on May 2, 2024.

BHS is in the second year of implementing the Three-Year Plan, and the Annual Update includes budget and programmatic changes to the Three-Year Plan. A majority of services outlined in the Annual Update are a continuation of programs that was previously approved by the Board in the Three-Year Plan.

BHS continues to assess the system impacts of Proposition 1, the Behavioral Health Services Program and Bond Measure, referred to as the Behavioral Health Services Act (BHSA). The BHSA was passed by California voters in March 2024 and transforms the MHSA by shifting the scope of some services from those with serious mental illness to an emphasis on housing to support individuals experiencing homelessness or chronic homelessness. It also dedicates resources for full-service partnerships, early intervention services, and support programming for individuals with substance use disorders, regardless of a co-occurring mental health disorder. Included in the BHSA is a bond measure, which allows counties to finance loans or grants for capital assets for permanent supportive housing for veterans and others who are homeless with behavioral health conditions. While efforts are underway to assess BHSA and its impact to the use of funds and scope of services, it is anticipated that the BHSA will impact existing services that are outlined in the Annual Update and currently funded by the MHSA.

Today's action requests the Board receive and approve the Annual Update, and to submit to the MHSAOAC and the DHCS, if approved. The Annual Update includes MHSA funding of \$299.7 million in FY 2024-25. It also includes \$400,000 dedicated to the California Mental Health Services Authority to continue participation in statewide prevention and early intervention campaigns and local initiatives.

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

Today's proposed action supports the County of San Diego (County) 2024-2029 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision. This is accomplished by addressing the social determinants of health by providing accessible behavioral health services and meeting the needs of a diverse population

**SUBJECT:** RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT  
ANNUAL UPDATE FOR FISCAL YEAR 2024-25 (DISTRICTS: ALL)

through a fully optimized mental health and social service delivery system. These efforts reduce disparities and strengthen the well-being of all San Diegans.

Respectfully submitted,



SARAH E. AGHASSI  
INTERIM CHIEF ADMINISTRATIVE OFFICER

**ATTACHMENT(S)**

Attachment A - Mental Health Services Act (MHSA) Fiscal Year 2024-25 Annual Update

## **Item #15: Receive and Approve an Amendment to the Fiscal Years 2023-26 Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan**

## **Item #16: The MHSA Annual Update for Fiscal Year 2024-25 (Districts: All)**

Eric C. McDonald, MD, Interim Agency Director, Health and Human Services Agency

Luke Bergmann, PhD, Director, Behavioral Health Services

Nadia Privara, MPA, Assistant Director, Behavioral Health Services

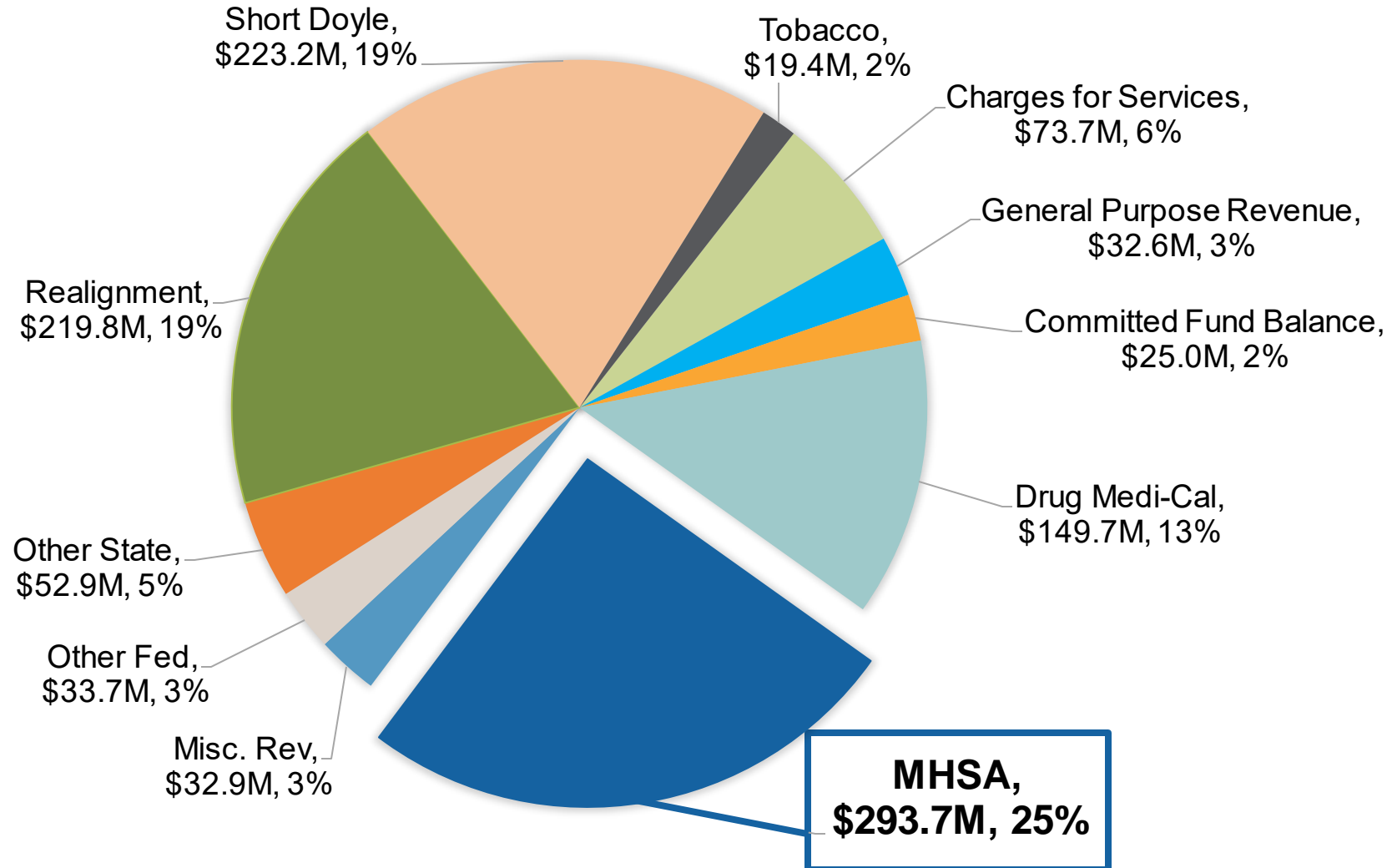
Cecily Thornton-Stearns, MFT, Assistant Director, Behavioral Health Services

June 4, 2024

# Mental Health Services Act (MHSA)

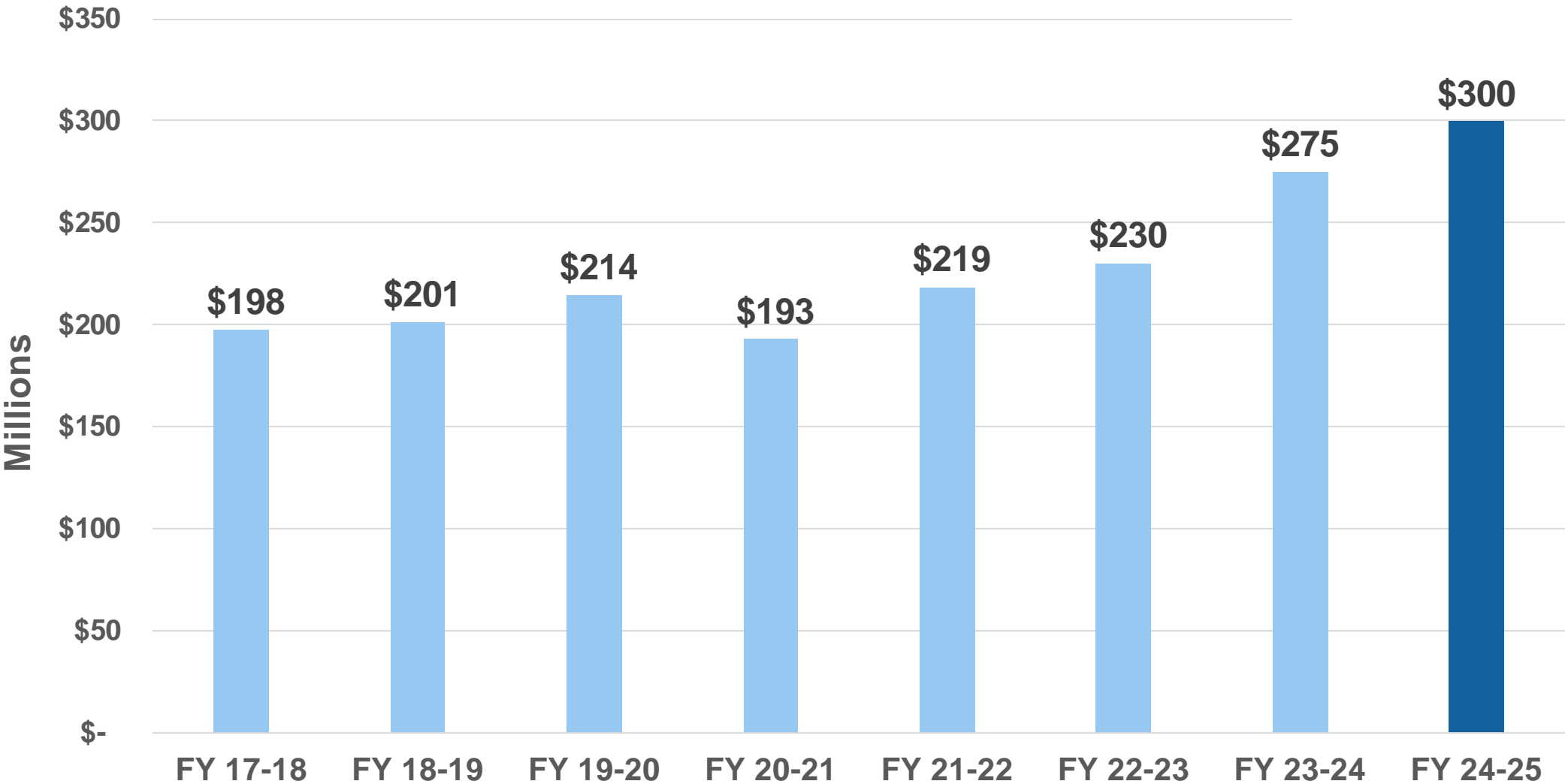
- California ballot initiative passed by voters in 2004
  - 1% tax on personal incomes over \$1M
- Addresses broad continuum of prevention, early intervention, treatment needs
- Serves all ages, focus on unserved and underserved communities
- Requires MHSA Three-Year Plan and Annual Updates
- Extensive community engagement and input
- MHSA Annual Update approved by Board of Supervisors
- Plans submitted to:
  - Mental Health Oversight and Accountability Commission
  - Department of Healthcare Services

# Total BHS Revenue – FY 2024-25



**Total BHS Recommended Budget: \$1,156.6 Million**

# MHSA Budget



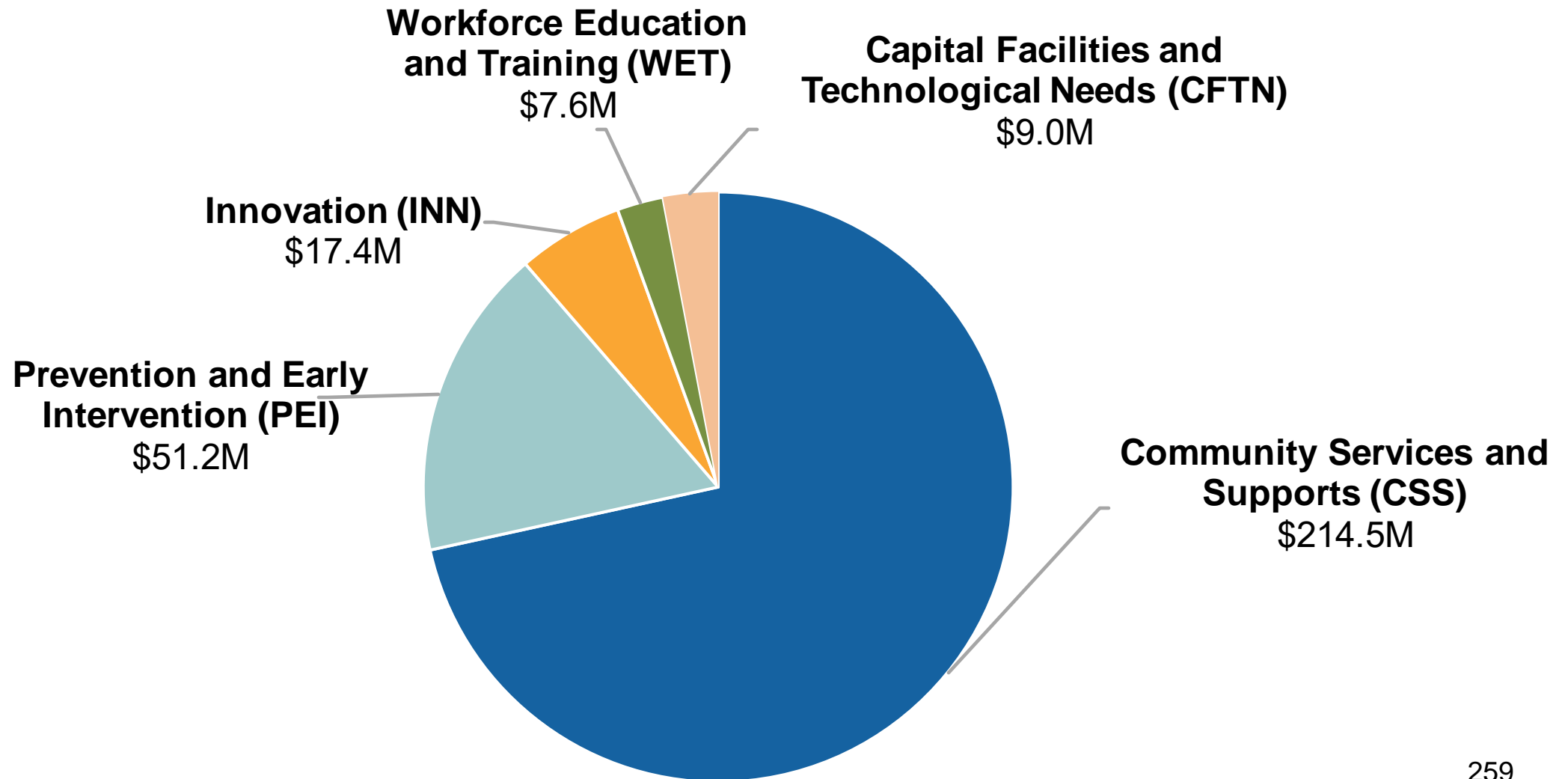
\$ amount in Millions

# Five Components of MHSA



- **Community Services and Supports (CSS)**
- **Prevention and Early Intervention (PEI)**
- **Workforce Education and Training (WET)**
- **Innovation (INN)**
- **Capital Facilities and Technological Needs (CF/TN)**

# FY 2024-25 MHSA Budget – \$299.7 Million



# Community-Informed MHSA Annual Update



## Community feedback and priorities through:

- Councils, coalitions, Behavioral Health Advisory Board, other convenings
- Listening sessions, focus groups, interviews, and online input forms
- 30-day MHSA public comment period
- Community Experience Partnership Initiative

# MHSA Amendment



- Transfer of **\$10 million** from Community Services & Supports component to Capital Funds & Technological Needs component (CFTN)
- CFTN funds will support the construction of East Region Crisis Stabilization Unit (CSU)
- Establish appropriations for **\$23.3 million** for East Region CSU
  - \$10M MHSA + \$9.8M Opioid Settlement + \$3.5M Institutional Care Hospital Revenue



# Capital Facilities and Technological Needs



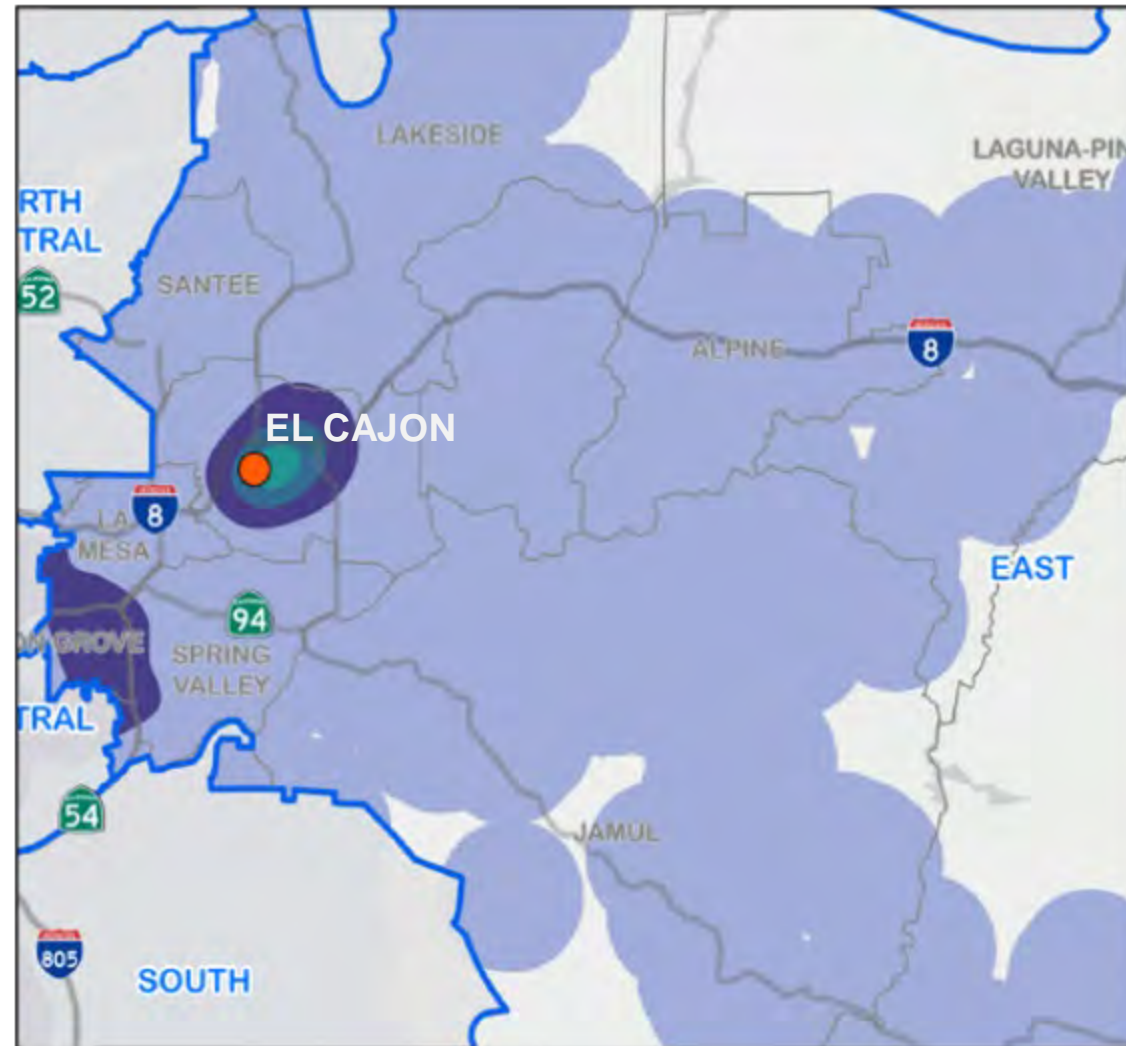
## Developing New Crisis Stabilization Capacity



- East Region CSU
  - Transferring funding from Community Services and Supports to Capital Facilities/Technological Needs
  - CSU anticipated to open mid-2025
  - Establishes short-term crisis capacity in the East Region

# Community Need in East Region

## BHS Client Density Map



# Community Services and Supports



## Enhancing Mental Health Services for All Ages

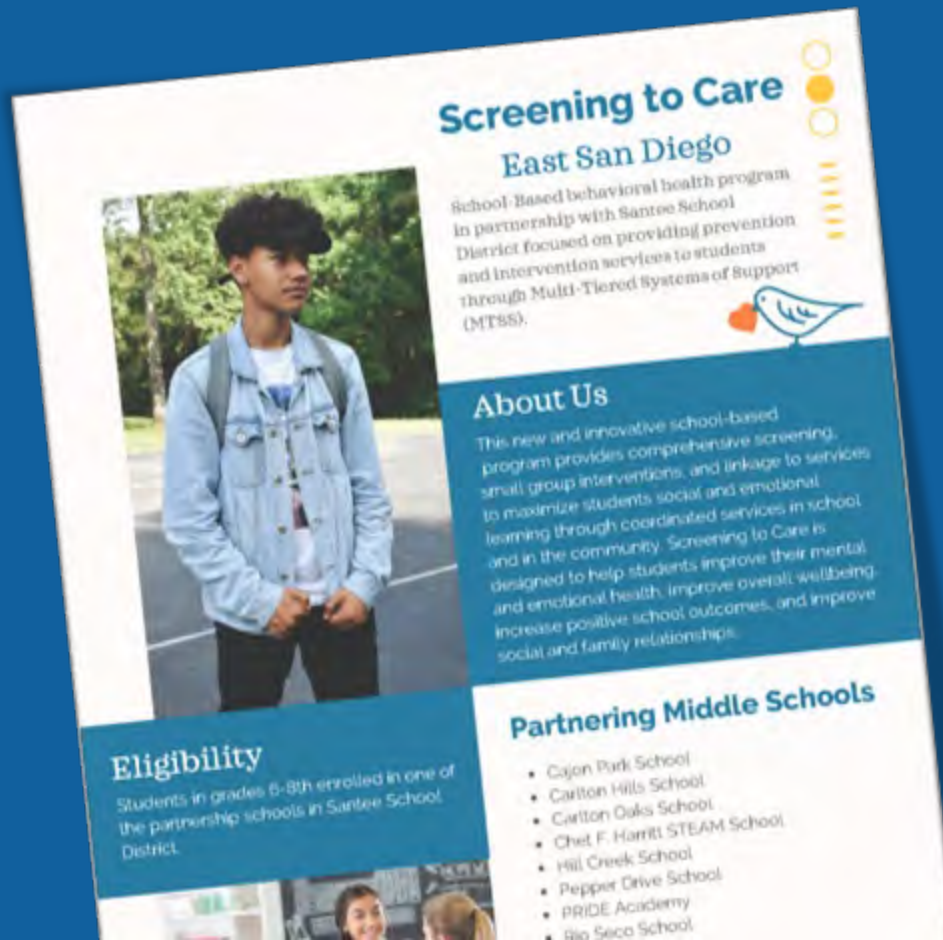
- Full-Service Partnership/Assertive Community Treatment - \$551K increase
- Strengths-Based Case Management Housing - \$500K increase
- Mental Health Outpatient Services - \$500K increase

***32% of MHSA CSS Funds budgeted to serve those under 25 years old***



# Prevention and Early Intervention

## Addressing Behavioral Health Needs Early



- Recuperative Services and Support Program for Transitional Age Youth - \$1.4M increase
- SchoolLink - \$2.0M increase
- Screening to Care shifting to PEI - \$6.4M

***60% of MHSA PEI Funds budgeted to serve those under 25 years old***

# Workforce Education and Training



## Supporting a Diverse Mental Healthcare Workforce



- Community Psychiatry Fellowship - \$474K increase
- Cultural Competency Academy - \$45K increase

## Investing in the Public Behavioral Health Workforce

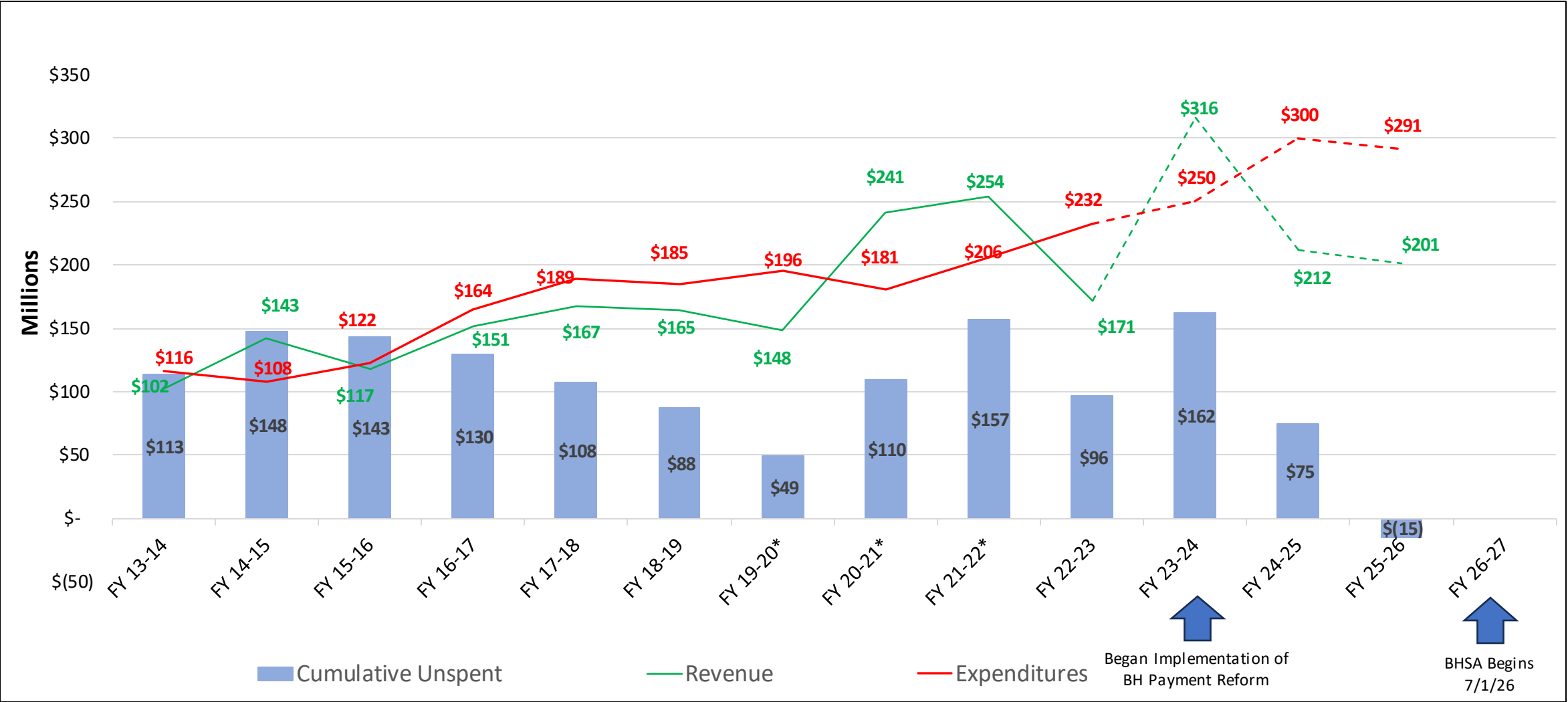


*By 2027, the region will need to recruit 18,500 behavioral health professionals to the field — more than the entire current workforce of 17,000.*

Public Behavioral Health Workforce Development and Retention Program - \$15.0M increase

- Outcomes-Based Renewable Training and Tuition Fund
- Upskilling to Meet Professional Need

# MHSA Flow of Funds - San Diego County



# The Future of MHSA

## Proposition 1: Behavioral Health Services Act (BHSA)

- Prevention funds shifting to State
- Emphasis on housing
- Flexibility to utilize funds for substance use services
- Extensive new reporting and outcome requirements
- Infrastructure Bond: \$6.38 billion

# Recommendations for MHSA Amendment



## Item #15:

1. Receive and approve the Amendment and authorize the Agency Director, Health and Human Services Agency, to submit the amendment to the Mental Health Services Oversight and Accountability Commission.
2. Establish appropriations of \$23,300,000 in the County Health Complex Fund, for Capital Project 1024603, East County Crisis Stabilization Unit (CSU) based on Opioid Settlement Funds (\$9,800,000), Mental Health Services Act Capital Facilities funds (\$10,000,000), and Institutional Care Hospital Revenue (\$3,500,000); and cancel appropriations of \$22,550,000 of Other State and Health Grant Funding.  
(4 VOTES)

# Recommendation for MHSA Annual Update



## Item #16:

1. Receive and approve the Mental Health Services Act Annual Update for Fiscal Year 2024-25 and authorize the Agency Director, Health and Human Services Agency, to submit the Annual Update to the California Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services.

## **Item #15: Receive and Approve an Amendment to the Fiscal Years 2023-26 Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan**

## **Item #16: The MHSA Annual Update for Fiscal Year 2024-25 (Districts: All)**

Eric C. McDonald, MD, Interim Agency Director, Health and Human Services Agency

Luke Bergmann, PhD, Director, Behavioral Health Services

Nadia Privara, MPA, Assistant Director, Behavioral Health Services

Cecily Thornton-Stearns, MFT, Assistant Director, Behavioral Health Services

June 4, 2024



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

MONICA MONTGOMERY STEPPE  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** June 25, 2024

**12**

**TO:** Board of Supervisors

### SUBJECT

**AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, RESIDENTIAL OUTPATIENT CHILDREN'S MENTAL HEALTH SERVICES CONTRACTS FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND APPROVE THE SELECTION OF THE MENTAL HEALTH SYSTEMS, INC. DBA TURN APPLICATION FOR A DRIVING UNDER THE INFLUENCE PROGRAM IN THE NORTH INLAND REGION AND AUTHORIZE SUBMISSION OF THE SELECTED APPLICATION TO THE DEPARTMENT OF HEALTH CARE SERVICES (DISTRICTS: ALL)**

### OVERVIEW

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

Today's actions recommend the San Diego County Board of Supervisors (Board) authorize competitive solicitations, single source contracts, residential outpatient children's mental health services contracts for Short-Term Residential Therapeutic Programs, amendments to extend existing contracts, and approve the selection of the application from Mental Health Systems, Inc. doing business as (dba) TURN. These actions aim to sustain critical behavioral health services, with the goal of building a better behavioral health service delivery system for San Diego County communities. Today's actions support the continuation of critical work to advance the behavioral health continuum of care throughout San Diego County.

Today's actions support the County vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by upholding practices that align with community priorities and improving transparency and trust while maintaining good fiscal management.

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, RESIDENTIAL OUTPATIENT CHILDREN’S MENTAL HEALTH SERVICES CONTRACTS FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND APPROVE THE SELECTION OF THE MENTAL HEALTH SYSTEMS, INC. DBA TURN APPLICATION FOR A DRIVING UNDER THE INFLUENCE PROGRAM IN THE NORTH INLAND REGION AND AUTHORIZE SUBMISSION OF THE SELECTED APPLICATION TO THE DEPARTMENT OF HEALTH CARE SERVICES (DISTRICTS: ALL)

**RECOMMENDATION(S)**

**CHIEF ADMINISTRATIVE OFFICER**

1. In accordance with Board Policy A-87, Competitive Procurement, and Section 401, Article XXIII of the County Administrative Code, approve and authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for each of the behavioral health services listed below, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
  - a. Assertive Community Treatment Services
  - b. Safe Haven Housing Program
  - c. Inpatient and Residential Patient Advocacy Services
2. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, approve and authorize the Director, Department of Purchasing and Contracting, to enter into negotiations with the Regents of the University of California San Diego and subject to successful negotiations and a determination of a fair and reasonable price, award a contract for each of the behavioral health services listed in “a-b” below, for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
  - a. Medical and Consultation Services
  - b. Data Analysis, Performance Monitoring, and Evaluation Services
3. Waive Board Policy A-87, Competitive Procurement, and, authorize the Director, Department of Purchasing and Contracting, (Director) to enter into negotiations with Milestone House, Center for Positive Changes, Amali, and Rite of Passage Adolescent Treatment Centers and Schools, Inc., for residential outpatient children’s mental health services contracts. Further, authorize Director to award contracts for residential outpatient children’s mental health services with these Qualified Contractors, subject to successful negotiations and determinations of a fair and reasonable price, for initial terms of up to one year, with four one-year options, and up to an additional six months, if needed. Finally, grant authority to Director to amend the contracts with Qualified Contractors to reflect changes in program, funding, or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
4. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and determination of a fair and reasonable price, to

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, RESIDENTIAL OUTPATIENT CHILDREN'S MENTAL HEALTH SERVICES CONTRACTS FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND APPROVE THE SELECTION OF THE MENTAL HEALTH SYSTEMS, INC. DBA TURN APPLICATION FOR A DRIVING UNDER THE INFLUENCE PROGRAM IN THE NORTH INLAND REGION AND AUTHORIZE SUBMISSION OF THE SELECTED APPLICATION TO THE DEPARTMENT OF HEALTH CARE SERVICES (DISTRICTS: ALL)

amend the contracts listed below to extend the contract term up to June 30, 2025, and up to an additional six months, if needed; expand services, subject to the availability of funds; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

- a. Mental Health Systems, Inc. dba TURN (Contract #560601)
  - b. San Diego Workforce Partnership, Inc. (Contract #560730)
5. Approve the selection of the application from Mental Health Systems, Inc. dba TURN to seek Department of Health Care Services licensure to operate a Driving Under the Influence Program in the North Inland region identified through a competitive selection as previously approved by the Board of Supervisors and authorize the submission of the selected application to the Department of Health Care Services.

#### **EQUITY IMPACT STATEMENT**

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) serves as the specialty mental health plan for Medi-Cal eligible residents within San Diego County who are experiencing serious mental illness (SMI) or serious emotional disturbance. County BHS is also the service delivery system for Medi-Cal eligible residents with substance use care needs. In 2022, nearly one in three San Diegans were eligible for Medi-Cal, with Hispanic/Latino residents having the highest percentage of Medi-Cal eligibility at 38%. For these Medi-Cal eligible residents who experience SMI or have a substance use care need, BHS offers County-operated and BHS-contracted programs that address the social determinants of health by being accessible, capable of meeting the needs of diverse populations, and culturally responsive, with the intent to equitably distribute services to those most in need. In doing so, BHS strives to reduce behavioral health inequities, identifying needs and designing services in a manner most impactful and equitable, and will yield meaningful outcomes for those served. A comprehensive array of behavioral health services is vital for BHS to continue providing access to treatment and care for populations who are underserved by social and behavioral health resources.

#### **SUSTAINABILITY IMPACT STATEMENT**

Today's actions support the County of San Diego Sustainability Goal #2 to provide just and equitable access to County services and Sustainability Goal #4 to protect the health and well-being of everyone in the region. These goals will be accomplished by providing a wider availability and range of supportive, inclusive, and stigma-free options to those in need of behavioral health services. Access to a comprehensive continuum of behavioral health services will improve the overall health of communities.

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, RESIDENTIAL OUTPATIENT CHILDREN'S MENTAL HEALTH SERVICES CONTRACTS FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND APPROVE THE SELECTION OF THE MENTAL HEALTH SYSTEMS, INC. DBA TURN APPLICATION FOR A DRIVING UNDER THE INFLUENCE PROGRAM IN THE NORTH INLAND REGION AND AUTHORIZE SUBMISSION OF THE SELECTED APPLICATION TO THE DEPARTMENT OF HEALTH CARE SERVICES (DISTRICTS: ALL)

## **FISCAL IMPACT**

Funds for these requests are included in the Fiscal Years 2024-26 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, today's recommendations will result in approximate costs and revenue of \$4.6 million in Fiscal Year (FY) 2024-25 and \$22.9 million in FY 2025-26. There will be no change in net General Fund cost and no additional staff years.

### ***Recommendation #1: Authorize Competitive Solicitations***

If approved, this request will result in no costs and revenue in FY 2024-25 and estimated costs and revenue of \$13.2 million in FY 2025-26. The funding sources are Mental Health Services Act (MHSA), Realignment, Short Doyle Medi-Cal, Drug Medi-Cal (DMC), and other applicable federal or State funds that may become available. There will be no change in net General Fund cost and no additional staff years.

### ***Recommendation #2: Authorize Single Source Contracts***

If approved, this request will result in no costs and revenue in FY 2024-25 and estimated costs and revenue of \$5.9 million in FY 2025-26. The funding sources are MHSA, Realignment, Short-Doyle Medi-Cal, DMC, and Community Assistance, Recovery, and Empowerment Act funding. There will be no change in net General Fund cost and no additional staff years.

### ***Recommendation #3: Authorize Residential Outpatient Children's Mental Health Services Contracts for Short-Term Residential Therapeutic Programs***

If approved, this request will result in estimated costs and revenue of \$3.4 million in FY 2024-25 and \$3.5 million in FY 2025-26. The funding sources are Realignment and Short-Doyle Medi-Cal. There will be no change in net General Fund cost and no additional staff years.

### ***Recommendation #4: Authorize Amendments to Extend Existing Contracts***

If approved, this request will result in estimated costs and revenue of \$0.9 million in FY 2024-25. The funding source is MHSA. There will be no change in net General Fund cost and no additional staff years.

### ***Recommendation #5: Approve the Selection of the Application from Mental Health Systems, Inc. dba TURN to seek Department of Health Care Services Licensure to Operate a Driving Under the Influence Program in the North Inland Region and Authorize Submission of the Selected Application to the Department of Health Care Services***

If approved, this request will result in estimated costs and revenue of \$0.3 million in FY 2024-25 and estimated costs and revenue of \$0.3 million in FY 2025-26. The funding source is Driving Under the Influence program participant fees collected by the providers. There will be no change in net General Fund cost and no additional staff years.

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, RESIDENTIAL OUTPATIENT CHILDREN’S MENTAL HEALTH SERVICES CONTRACTS FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND APPROVE THE SELECTION OF THE MENTAL HEALTH SYSTEMS, INC. DBA TURN APPLICATION FOR A DRIVING UNDER THE INFLUENCE PROGRAM IN THE NORTH INLAND REGION AND AUTHORIZE SUBMISSION OF THE SELECTED APPLICATION TO THE DEPARTMENT OF HEALTH CARE SERVICES (DISTRICTS: ALL)

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

At their meeting on June 6, 2024, the Behavioral Health Advisory Board voted to approve these recommendations.

**BACKGROUND**

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) provides a comprehensive array of behavioral health services to vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions. Services are provided through County-operated programs and contracts with local public and private agencies. If approved, today’s actions would authorize competitive solicitations, single source contracts, residential outpatient children’s mental health services contracts for Short-Term Residential Therapeutic Programs, amendments to extend existing contracts, and approve the selection of the application from Mental Health Systems, Inc. dba TURN to seek Department of Health Care Services licensure to operate a Driving Under the Influence Program in the North Inland region and authorize submission of the selected application to the Department of Health Care Services. These recommended actions support the continuation of critical work to advance the ongoing transformation of the behavioral health continuum of care throughout San Diego County. Most of the contracts included are expiring in Fiscal Year (FY) 2024-25. All contracts are contingent upon the availability of funding, successful negotiations, and determination of a fair and reasonable price.

***Recommendation #1: Authorize Competitive Solicitations***

***a. Assertive Community Treatment Services***

Assertive Community Treatment (ACT) programs provide intensive multidisciplinary treatment services for clients who are experiencing homelessness, have a serious mental illness (SMI), and whose needs cannot be adequately met through a lower level of care and are deemed in the highest need based on severity of impairment. On June 21, 2016 (9), the San Diego County Board of Supervisors (Board) authorized the procurements of ACT Services, countywide, for adults stepping down from long term and acute care. Subsequently, on November 14, 2017 (10), the Board authorized the procurement of ACT Services, countywide, for adults involved in the justice system. More recently, on November 7, 2023 (31), the Board authorized a contract term extension of these ACT programs up to June 30, 2025, and up to an additional six months, if needed.

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, RESIDENTIAL OUTPATIENT CHILDREN'S MENTAL HEALTH SERVICES CONTRACTS FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND APPROVE THE SELECTION OF THE MENTAL HEALTH SYSTEMS, INC. DBA TURN APPLICATION FOR A DRIVING UNDER THE INFLUENCE PROGRAM IN THE NORTH INLAND REGION AND AUTHORIZE SUBMISSION OF THE SELECTED APPLICATION TO THE DEPARTMENT OF HEALTH CARE SERVICES (DISTRICTS: ALL)

Currently, BHS has 18 ACT programs, three of which are planned to be reprocured in FY 2025-26, and the rest are planned to be reprocured in the next five years. Services are provided by a multidisciplinary team to include psychiatry, medication management, case management, rehabilitation and support, peer support, co-occurring treatment, supportive employment, and housing support services. ACT services offset costs through a reduction in emergency utilization when assessing client contacts six months after a sustained connection to these services. In FY 2022-23, ACT programs served a total of 3,430 unduplicated clients. Of these clients, 76% maintained or improved their functional status, and 72% maintained or improved their clinical status. Functional status measures how much a client's symptoms hinder them from completing tasks they would like or need to do, while clinical status measures the last time a client had a relapse of symptoms or when their symptoms worsened. Additionally, in 2023, there was a 77% reduction in the utilization of emergency services following ACT participation, from 96 to 22 total contacts, compared to the previous calendar year.

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

*b. Safe Haven Housing Program*

On November 27, 2019, under Administrative Code section 401, the Department of Purchasing and Contracting issued a competitive solicitation for Safe Haven Housing services. Subsequently, on July 13, 2021 (7), the Board authorized an amendment to increase the Safe Haven transitional housing capacity with the City of San Diego. The program design includes key harm reduction principles. The Safe Haven Housing program provides transitional housing services for adults experiencing homelessness and who have SMI, or substance use disorder (SUD). Services include individual case management, substance use support, psychiatric services, ACT, outreach services, rehabilitation services, clinical support, employment linkage services, crisis intervention, and recreational activities.

Research shows that providing a stable, consistent housing environment to individuals with SMI or SUD results in positive outcomes, such as the stabilization of symptoms and the ability to acquire employment. Services are provided in the Central and North Central regions in collaboration with the San Diego Housing Commission and the City of San Diego. From October 2022 to September 2023, the Safe Haven Housing program served 67 unduplicated clients and reported a total of 3,239 occupied bed days. At discharge, 80% of the clients served reported an improvement in their stages of change assessment. Stages

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of change assessment involves assessing an individual's readiness to change a particular behavior and promote staff's assessment of client's behavior to target interventions.

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

*c. Inpatient and Residential Patient Advocacy Services*

On September 25, 2012 (6), the Board authorized the procurement of Inpatient and Residential Patient Advocacy Services program. Subsequently, on March 27, 2018 (2), the Board authorized a contract term extension of this program to implement the Drug-Medical Organized Delivery System (DMC-ODS) to enhance SUD treatment programs and bolster the County's continuum of care. The Inpatient and Residential Patient Advocacy Services program provides countywide patient advocacy and education on beneficiary rights through grievance and appeal procedures, required through Title 42 of the Code of Federal Regulations Part 438 Subpart F, and coordinates Lanterman-Petris-Short (LPS) related trainings, hearings, and individual LPS 5150 certifications. The LPS Act is California legislation pertaining to the involuntary civil commitment of persons to a mental health institution. This program resolves grievances, appeals, and State Fair Hearings for Medical beneficiaries.

In FY 2022-23, the program provided education and/or advocacy services to 3,600 unduplicated clients. Additionally, the program responded to 1) 504 grievances and 45 appeals; 2) attended 549 LPS-related hearings for minors and 3,543 LPS-related hearings for adults; and 3) provided trainings about beneficiary rights, grievance and appeal processes, and LPS to over 3,000 clients and stakeholders. To ensure client and provider satisfaction, clients completed a satisfaction survey about their experience. Of the 3,600 clients served, 576 completed the satisfaction survey, of which 97% indicated satisfaction with the patient advocacy services. Similarly, of the 527 providers surveyed, 97% indicated satisfaction with the patient advocacy services.

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

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, RESIDENTIAL OUTPATIENT CHILDREN'S MENTAL HEALTH SERVICES CONTRACTS FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND APPROVE THE SELECTION OF THE MENTAL HEALTH SYSTEMS, INC. DBA TURN APPLICATION FOR A DRIVING UNDER THE INFLUENCE PROGRAM IN THE NORTH INLAND REGION AND AUTHORIZE SUBMISSION OF THE SELECTED APPLICATION TO THE DEPARTMENT OF HEALTH CARE SERVICES (DISTRICTS: ALL)

***Recommendation #2: Authorize Single Source Contracts***

*a. Medical and Consultation Services*

On April 21, 2021, under Board Policy A-87, Competitive Procurement, the Department of Purchasing and Contracting issued a contract for Medical and Consultation Services with Regents of the University of California San Diego (UCSD). This program provides emergency and inpatient treatment services to adult residents with SMI at the San Diego County Psychiatric Hospital. Services include crisis stabilization and psychiatric consultation. The care provided at the San Diego County Psychiatric Hospital is a critical component of San Diego County's behavioral health continuum of care.

This program qualifies for a single source contract to provide these services based on the following section of Board Policy A-87 Competitive Procurement, Section 1-D3: The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources. UCSD provides medical consultation services in the acute psychiatric inpatient setting to adults to stabilize and ensure their safety and the safety of others. UCSD is the primary teaching hospital in the region and a local institution that trains future psychiatrists. UCSD's Vice Chair of their Psychiatric Department and Director of the Clinical Psychiatry Division provide medical and strategic consultation under this contract. Because of the unique medical education position of UCSD in the San Diego County region and the specialized psychiatric knowledge and skills, UCSD is uniquely qualified to provide these services.

Today's action requests the Board authorize a single source contract with UCSD for Medical and Consultation Services for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

*b. Data Analysis, Performance Monitoring, and Evaluation Services*

On January 7, 2014 (9), the Board authorized the procurement of Data Analysis, Performance Monitoring, and Evaluation Services. Subsequently, on March 27, 2018 (2), the Board authorized the implementation of the DMC-ODS to improve care for those who struggle with substance use conditions, to aid the expanded SUD provider network capacity and its local oversight, and to enhance the system-wide care coordination available to San Diego County residents. The existing contract with UCSD was amended to extend the contract term through June 30, 2025 and continue providing data analysis and performance monitoring for BHS and BHS-contracted programs.

UCSD provides client and system outcome measures, evaluates all BHS-contracted programs, conducts research and literature reviews, and oversees state mandated quality

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, RESIDENTIAL OUTPATIENT CHILDREN'S MENTAL HEALTH SERVICES CONTRACTS FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND APPROVE THE SELECTION OF THE MENTAL HEALTH SYSTEMS, INC. DBA TURN APPLICATION FOR A DRIVING UNDER THE INFLUENCE PROGRAM IN THE NORTH INLAND REGION AND AUTHORIZE SUBMISSION OF THE SELECTED APPLICATION TO THE DEPARTMENT OF HEALTH CARE SERVICES (DISTRICTS: ALL)

improvement projects. UCSD is also responsible for the development and management of the Mental Health Outcomes Measurement System (mHOMS), a specialized proprietary data management system widely used by most BHS-contracted programs to track client outcomes effectively. UCSD will also provide program evaluation services for the new Mental Health Services Act (MHSA) Innovation Public Behavioral Health Workforce Development and Retention Program, approved by the Board on May 2, 2023 (5), as required by MHSA Innovation funding.

This program qualifies for a single source contract to provide these services based on the following section of Board Policy A-87 Competitive Procurement, Section 1-D6: The procurement is for services where continuity of providers will provide efficiency or critical knowledge, and other providers of the services cannot provide similar efficiencies or critical knowledge. UCSD has specialized behavioral health services research departments, such as the Child and Adolescent Services Research Center and the Health Services Research Center, that have world-class experts in behavioral health, program evaluation, population health, epidemiology, implementation science, clinical care, and service-based research. This expertise, coupled with long-standing partnerships in the field, make UCSD uniquely qualified to provide these services. Additionally, UCSD possesses the knowledge of the BHS system and expertise with the development and continued management of mHOMS. Although there are other providers that have experience with establishing data collection systems, none of them are similar to the complexity of mHOMS. Also, the County has already allocated resources to enhance mHOMS to meet new State mandates for client reporting. Having a new provider develop a similar system of this size and depth would be costly and time consuming. Therefore, continuity of services with UCSD is integral to ensure State regulations are met and seamless evaluation is conducted.

Today's action requests the Board authorize a single source contract with UCSD for Data Analysis, Performance Monitoring, and Evaluation Services for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

***Recommendation #3: Authorize Residential Outpatient Children's Mental Health Services Contracts for Short-Term Residential Therapeutic Programs***

On January 24, 2017 (2), the Board authorized the implementation of residential-single source contracts that serve as companion contracts to the STRTP contracts for the provision of residential outpatient children's mental health services. Due to the Continuum of Care Reform Act, which addresses the provision of intensive mental health services to children in California who are in foster care or imminent risk, and the most current DHCS Interim STRTP regulations, clients in STRTPs are required to receive short-term intensive treatment on site. On August 7, 2023, the

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Department of Purchasing and Contracting issued a Request for Statement of Qualifications (RFSQ) 12698 where STRTP contracts for care and supervision were established with Milestone House, Center for Positive Changes, and Amali. On February 7, 2024, the Department of Purchasing of Contracting issued RFSQ 710 to establish an STRTP with Rite of Passage Adolescent Treatment Centers and Schools, Inc. on the San Pasqual Academy campus.

In FY 2022-23, the County contracted with 10 STRTPs for 148 beds and served 346 unduplicated clients. Among clients who were discharged in FY 2022-23, 76% avoided psychiatric hospitalization or rehospitalization, and 75% were discharged or transitioned to a lower level of care.

In order to provide required short-term intensive treatment to the children in San Diego County STRTPs, today's action requests the Board waive Board Policy A-87 in accordance with Administrative Code Section 401, and enter into negotiations with Milestone House, Center for Positive Changes, Amali, and Rite of Passage Adolescent Treatment Centers and Schools, Inc. for the provision of residential outpatient children's mental health services, for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

***Recommendation #4: Authorize Amendments to Extend Existing Contracts***

***a. Mental Health Systems, Inc. dba TURN (Contract #560601)***

On November 13, 2018 (12), the Board authorized the procurement of the Behavioral Health Continuum of Supported Employment program. This program provides access to an array of job opportunities to help adults with SMI, as well as those experiencing homelessness, obtain competitive employment. The services include three levels of employment support, which include individualized placement and support (IPS), apprenticeships, and consumer-owned businesses. The program engages adult clients in contracted mental health programs, who are interested in becoming competitively employed. Services are provided utilizing a comprehensive approach that is community-based, client and family-driven, and culturally competent.

Supported employment has been demonstrated to increase recovery for individuals with SMI. Since the implementation of the Supported Employment Initiative in FY 2014-15 to FY 2022-23, there were 2,433 more individuals in competitive employment, and 1,016 more individuals seeking employment in San Diego County, which is a 53% and 19% increase, respectively. Services are provided countywide. In FY 2022-23, the program served a total of 147 unduplicated clients. Of the 147 clients served, 107 competitive employment placements and three apprenticeships were secured. Additionally, 16 job

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seekers were assisted in starting their own business, including application development, game creation, and pet grooming.

Today's action requests the Board authorize an extension of the current contract with Mental Health Systems, Inc. dba TURN for the Behavioral Health Continuum of Supported Employment program up to June 30, 2025, and up to an additional six months, if needed.

*b. San Diego Workforce Partnership, Inc. (Contract #560730)*

On November 13, 2018 (12), the Board authorized the procurement of the Supported Employment Technical Assistance Services program. This program provides technical assistance and consultation for countywide employment development, partnership engagement, and funding opportunities to increase employment opportunities for adults with SMI receiving services through BHS-contracted programs. The program facilitates Supported Employment IPS fidelity reviews for contracted providers performing to the IPS model. Services include training and technical assistance for BHS-contracted programs including, but are not limited to, ACT Teams, Clubhouses, and County-operated Behavioral Health Clinics.

San Diego Workforce Partnership, Inc. serves as a supported employment technical consultant to 38 BHS-contracted programs offering supported employment services. In FY 2022-23, San Diego Workforce Partnership, Inc. completed 14 IPS fidelity reviews of BHS-contracted programs. Additionally, they facilitated 10 Work Well meetings to develop and increase opportunities for employment and four technical trainings for employment specialists and job developers. San Diego Workforce Partnership, Inc. also hosted two employer socials to connect job seekers with employers.

Today's action requests the Board authorize an extension of the current contract with San Diego Workforce Partnership, Inc. for Supported Employment Technical Assistance Services up to June 30, 2025, and up to an additional six months, if needed.

***Recommendation #5: Approve the Selection of the Application from Mental Health Systems, Inc. dba TURN to seek Department of Health Care Services Licensure to Operate a Driving Under the Influence Program in the North Inland Region and Authorize Submission of the Selected Application to the Department of Health Care Services***

On October 19, 1999 (4), the Board authorized the extension of revenue agreements with the existing Driving Under the Influence (DUI) providers to continue each revenue agreement for as long as the contracted provider is licensed by the Department of Health Care Services (DHCS) to provide DUI program services. The DUI programs are alcohol and other drug education and counseling programs for convicted first and multiple offenders. The programs are State regulated

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and licensed, and legislatively mandated for persons convicted of driving under the influence of alcohol or drugs. The program goals are to reduce the incidence of DUI, DUI recidivism, and DUI-related crashes, injuries, and fatalities, which are consistent with addressing public health and public safety impacts of substance use and misuse. Under State law, the County is responsible for monitoring the DUI program and ensuring that providers comply with all State licensing requirements and remain fiscally viable, avoiding any lapse in services. The cost of the programs, including the County's role in administering and monitoring revenue agreements with State-licensed providers is funded entirely by DUI program participant fees, collected by the providers. The County may assess an amount not to exceed five percent of gross program revenue per year for the administration and monitoring of the programs per Title 9 Regulations. The current County revenue for the existing three DUI programs is five percent of gross DUI program revenue, approximately \$270,000 annually.

On July 18, 2023 (14), the Board authorized the increase of licensed DUI programs in San Diego County from three to four programs to conduct a competitive selection of a new licensed program to be based in the North Inland region and execute a revenue agreement with the provider of the new program. Implementation of this additional program will improve the availability of DUI program services in the region, as the former program operating in that region ended in 2021. At this meeting, the Board also authorized to amend the revenue agreement, as required, for changes in services and funding, subject to approval. BHS conducted a competitive application process and identified the application from Mental Health Systems, Inc. dba TURN to move forward in the Department of Health Care Services licensure process to operate a DUI program in the North Inland region of San Diego County.

Today's action requests the Board approve the selection of the application from Mental Health Systems, Inc. dba TURN to seek Department of Health Care Services licensure to operate a DUI program in the North Inland region, identified through a competitive selection as previously approved by the Board, and authorize the submission of the selected application to the Department of Health Care Services.

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

Today's proposed actions support the County of San Diego 2024-2029 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This is accomplished by reducing disparities and disproportionality of individuals with mental health and substance use conditions and ensuring access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, RESIDENTIAL OUTPATIENT CHILDREN'S MENTAL HEALTH SERVICES CONTRACTS FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND APPROVE THE SELECTION OF THE MENTAL HEALTH SYSTEMS, INC. DBA TURN APPLICATION FOR A DRIVING UNDER THE INFLUENCE PROGRAM IN THE NORTH INLAND REGION AND AUTHORIZE SUBMISSION OF THE SELECTED APPLICATION TO THE DEPARTMENT OF HEALTH CARE SERVICES (DISTRICTS: ALL)

Respectfully submitted,



EBONY N. SHELTON  
Chief Administrative Officer

**ATTACHMENT(S)**  
N/A

Item #12: Authorize Competitive Solicitations, Single Source Contracts, Residential Outpatient Children's Mental Health Services Contracts for Short-term Residential Therapeutic Programs, Amendments to Extend Existing Contracts, and Approve the Selection of the Mental Health Systems, Inc. dba TURN Application for a Driving Under the Influence Program in the North Inland Region and Authorize Submission of the Selected Application to the Department of Health Care Services

Eric C. McDonald, MD, Interim Agency Director, Health and Human Services Agency

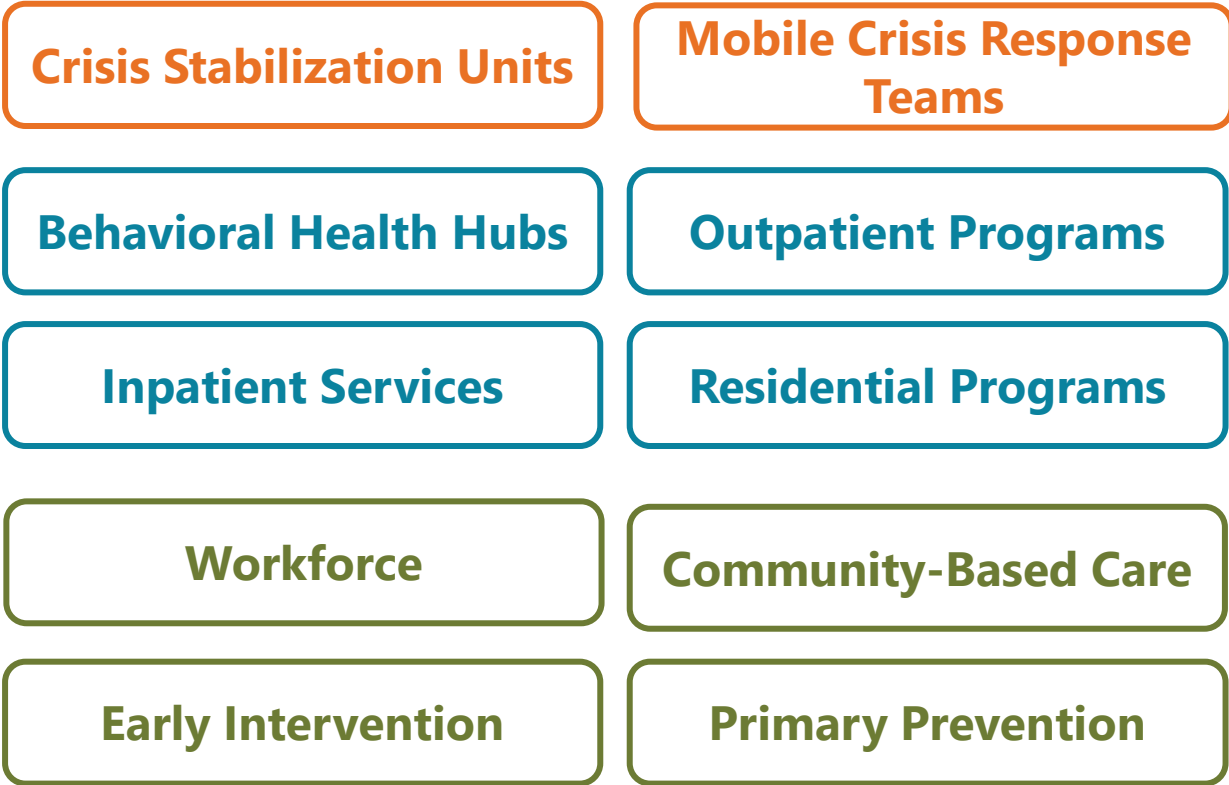
Luke Bergmann, PhD, Director, Behavioral Health Services

Cecily Thornton-Stearns, LMFT, Assistant Director, Behavioral Health Services

June 25, 2024



# Transforming Mental Health Care



# Transforming Mental Health Care



# Overview of Recommendations



## 1: Authorize Competitive Solicitations

- 5 contracts
- \$13.2 million

## 2: Authorize Single Source Contracts

- 2 contracts
- \$5.9 million

## 3: Authorize Contracts for Short-Term Residential Therapeutic Programs

- 4 contracts
- \$6.9 million

## 4: Authorize Amendments to Extend Existing Contracts

- 2 contracts
- \$0.9 million

## 5: Approve Selected Applicant to Operate a DUI Program in the North Inland Region

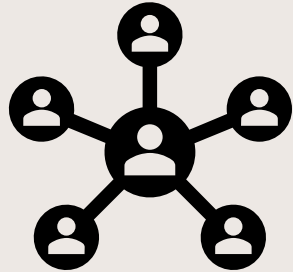
- 1 program
- \$0.6 million

**Total Estimated Investment:  
\$27.5 million**

# Authorize Competitive Solicitations



## Assertive Community Treatment Services



**3,430**

Clients Served  
(Fiscal Year 2022-23)

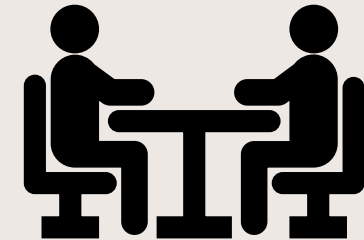
## Safe Haven Housing Program



**3,239**

Occupied Bed Days  
(Oct 2022-Sep 2023)

## Inpatient and Residential Patient Advocacy Services



**3,600**

Clients Served  
(Fiscal Year 2022-23)

# Authorize Single Source Contracts



## ***Medical & Consultation Services***

- Supports emergency and inpatient treatment services at the San Diego County Psychiatric Hospital (SDCPH)

## ***Data Analysis & Performance Monitoring Services***

- Leverages UCSD's implementation science expertise to provide patient and client outcome measures among other evaluation and quality improvement efforts
- UCSD will provide program evaluation services for the new MHSA Public Behavioral Health Workforce Development and Retention Program

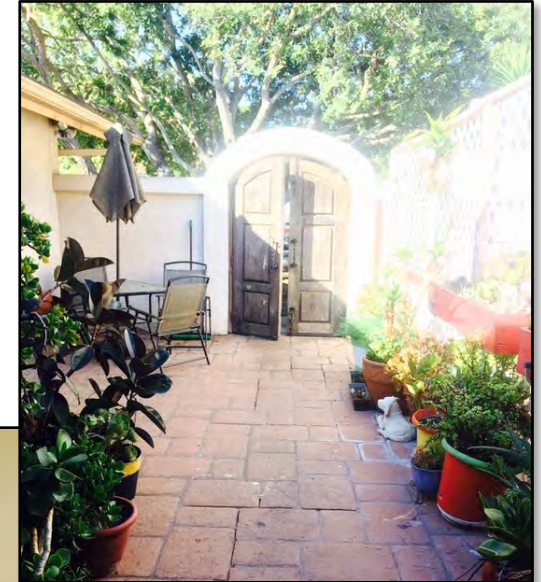
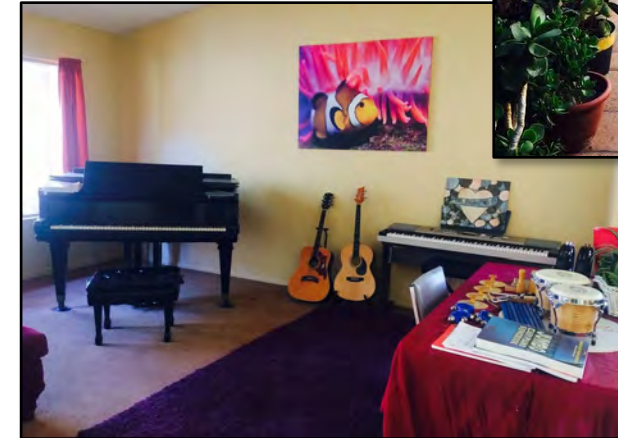


# Authorize Contracts for Services



## ***Mental Health Services within Short-Term Residential Therapeutic Programs (STRTPs)***

- Offer comprehensive outpatient diagnostic and treatment services for children and adolescent
- Contracts with Milestone House, Center for Positive Changes, Amali, and Rite of Passage
- Aim to increase self-sufficiency and help transition clients to a less restrictive, community-based, or family setting



*Milestone House STRTP*

# Authorize Amendments to Extend Existing Contracts



## *Behavioral Health Continuum of Supported Employment*

- Provides supported employment services to adult BHS clients

## *Supported Employment Technical Assistance Services*

- Offers technical assistance to 38 BHS-contracted providers and County-operated programs who provide employment opportunities to clients

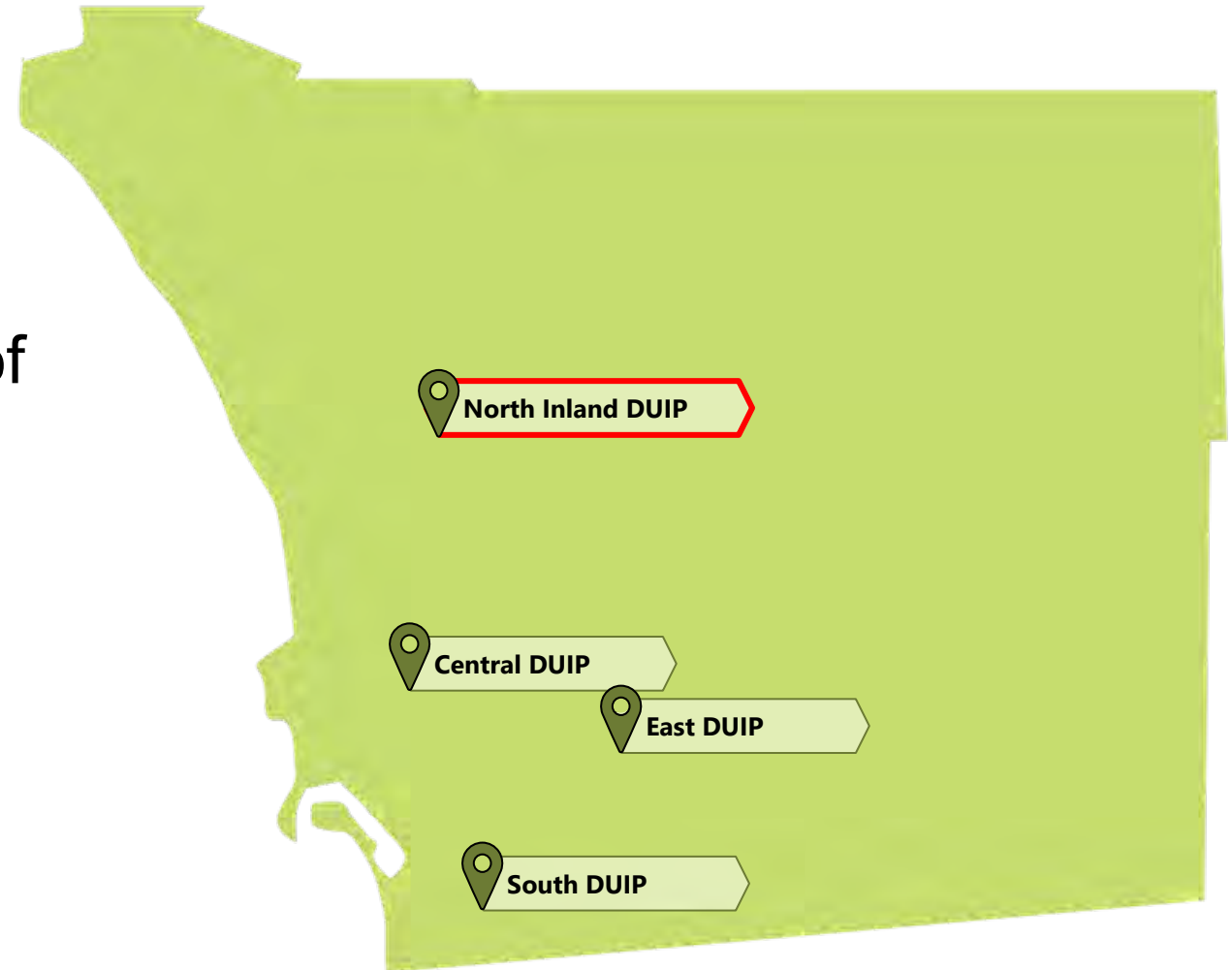
184	Active job seekers
110	Competitive employment placements in FY 22-23
10	Businesses started

# Approve DUI Program Application and Submission to Department of Health Care Services



## *Driving Under the Influence Programs*

- Provide alcohol and other drug education and counseling programs for those convicted of driving under the influence
- Full cost of the program is funded by program participant fees



# Recommendations



1. Authorize competitive solicitations for Assertive Community Treatment services, Safe Haven Housing program, and Inpatient and Residential Patient Advocacy services.
2. Authorize single source contracts for Medical and Consultation services and Data Analysis and Performance Monitoring services.
3. Authorize contracts for Short-Term Residential Therapeutic Programs (STRTP).
4. Authorize amendments to extend existing contracts.
5. Approve the selection of the application from Mental Health Systems, Inc., dba TURN, to operate a DUI Program in the North Inland Region; and authorize submission to the Department of Health Care Services.

Item #12: Authorize Competitive Solicitations, Single Source Contracts, Residential Outpatient Children's Mental Health Services Contracts for Short-term Residential Therapeutic Programs, Amendments to Extend Existing Contracts, and Approve the Selection of the Mental Health Systems, Inc. dba TURN Application for a Driving Under the Influence Program in the North Inland Region and Authorize Submission of the Selected Application to the Department of Health Care Services

Eric C. McDonald, MD, Interim Agency Director, Health and Human Services Agency  
Luke Bergmann, PhD, Director, Behavioral Health Services

June 25, 2024



**Children, Youth and Families  
Behavioral Health System of Care Council  
Bylaws  
Behavioral Health Services  
Children, Youth and Families - 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 CYF Council or the Council).

The Children, Youth and Families Council is also known as the CYF Council or the Council.

**Article Two: Purpose and Duties**

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

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

- Provide community oversight for the integrity of all services and advancement of all aspects of the system of care.
- ~~Provide advice and feedback related to the progress and future expansion of the CYF System of Care;~~  
Provide advice and feedback related to the progress and future expansion of the System of Care as it pertains to Children, Youth and Families and
- Provide information and recommendations to the BHS Director.

**Article Three: Membership**

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

Sector	Constituencies	Seats
Public	Behavioral Health Advisory Board (BHAB)	1
	Behavioral Health Services (BHS) - HHSA	1
	Homeless Solutions and Equitable Communities - HHSA	1
	Public Health (PH) - HHSA	1
	Medical Care Services (MCS)	1
	Child and Family Well-Being (CFWB) Department-Office of Child Safety –HHSA	1
	CFWB Department – Office of Child and Family Strengthening – First 5 San Diego - HHSA	1
	Public Safety Group (PSG) / Probation	1
	Juvenile Court	1
Private	San Diego Regional Center for Developmentally Disabled	1
	Alcohol and Drug Services Provider Association (ADSPA)	2
	Mental Health Contractors Association (MHCA)	2
	Fee For Service (FFS) Network	1
	Managed Care <del>Health</del> Plans (MCP)	1
	Healthcare/Pediatrician	1
Education	Special Education Local Plan Areas (SELPA)	1
	Regular Education - Pupil Personnel Services	1
	School Board	1

	Special Education	1
Family	<del>Consumer Advocacy/Family Education Services</del>	1
	<del>Family Youth Advocacy/Liaison</del>	
	Caregiver of child/youth served by the public health system	1
	Youth served by the public health system (up to age 26)	2

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

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

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

#### **Article Four: Vacancies**

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

#### **Article Five: Quorum**

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

#### **Article Six: Meetings**

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

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

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

#### **Article Seven: Officers**

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

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

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

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

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

#### **Article Nine: Voting and Consensus**

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

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#### **Article Ten: Member Conduct**

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

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

### **Article Eleven: Ratification and Amendments**

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

DRAFT

# Behavioral Health Services Children, Youth and Families - Bylaws



## **Article One: Name**

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



[Governor Newsom statement on Supreme Court's homeless encampments decision | Governor of California](#)

## **Governor Newsom statement on Supreme Court's homeless encampments decision**

**SACRAMENTO** — Governor Gavin Newsom issued the following statement after a ruling by the U.S. Supreme Court in the case of City of Grants Pass v. Johnson:

***“Today’s ruling by the U.S. Supreme Court provides state and local officials the definitive authority to implement and enforce policies to clear unsafe encampments from our streets. This decision removes the legal ambiguities that have tied the hands of local officials for years and limited their ability to deliver on common-sense measures to protect the safety and well-being of our communities.***

***“California remains committed to respecting the dignity and fundamental human needs of all people and the state will continue to work with compassion to provide individuals experiencing homelessness with the resources they need to better their lives.”***

Governor Gavin Newsom

Prior rulings by the Ninth Circuit Court of Appeals have left few and fragmented options for local governments to confront the homelessness crisis. California’s elected officials have found themselves embroiled in years-long lawsuits, blocking even the most common-sense efforts to clear encampments that pose health and safety concerns, without direction on what they can and cannot do to make spaces occupied by unhoused people safer for those within and near them.

The Governor has consistently called for clarity from the courts and previously filed a separate [amicus brief](#) requesting the United States Supreme Court to hear this case. California is investing \$1 billion as part of the state’s Encampment Resolution Fund (ERF). These dollars are specifically earmarked to help move individuals experiencing homelessness out of dangerous encampments and into shelter and housing.



**Media Contact:** Tony Manolatos, [tony@manolatospa.com](mailto:tony@manolatospa.com)

## **RTFH Statement on the Supreme Court's Ruling in City of Grants Pass, Oregon v. Johnson**

*'This decision won't help us solve homelessness, but it will harm people experiencing homelessness.'*

**SAN DIEGO (June 28, 2024)**----The Regional Task Force on Homelessness (RTFH) today expressed profound disappointment in the Supreme Court's 6-3 split decision in the case of *City of Grants Pass, Oregon v. Johnson*. Under the ruling, municipalities will be able to arrest, ticket, and fine people for sleeping outdoors on public property, even if leaders have failed to produce enough affordable housing or shelter for everyone in the community who needs it.

RTFH joined a wave of leaders, including the [National Alliance to End Homelessness](#), disheartened by the ruling, noting that it will do nothing to address the primary cause of homelessness in San Diego, across California, and in other U.S. cities: a severe, prolonged, nationwide shortage of affordable housing.

"This ruling, by a divided Supreme Court, won't help us solve homelessness, but it will harm people experiencing homelessness. It's inhumane. It stands up more barriers to housing. And it gives a green light to politicians and police who prefer arrests and time behind bars, rather than real solutions," **said Tamera Kohler, CEO of RTFH**. "Homelessness is a solvable problem. We see it every month in our [inflow and outflow reports](#) – our system works. The problem is too many people are falling into homelessness. The solutions are not easy or inexpensive. It takes

leadership and dedicated resources to fund affordable housing, supportive services, and mental health treatment. As San Diego's regional leader on homelessness, RTFH will continue to advocate for best practices with proven track records, not failed policies that hurt people who need a helping hand. These are our friends and neighbors, senior citizens and families, fast-food workers, people who lost a job or an apartment, or who have been injured. They don't deserve to be jailed for sleeping. No one does."

Kohler added: "The court's ruling criminalizes homelessness and concludes the U.S. Constitution does not afford homeless individuals protection from cruel and unusual punishment, even when they have no alternative but to sleep in public. Arresting, fining, and jailing people for simply trying to survive is both costly and counterproductive, not to mention cruel. This ruling will exacerbate homelessness in San Diego, Grants Pass, and elsewhere."

"Our elected officials should be focused on these long-term, sustainable solutions that are grounded in evidence. This ruling allows leaders to shift the burden to law enforcement. This tactic has consistently failed to reduce homelessness in the past, and it will assuredly fail to reduce homelessness in the future," **said Ann Oliva, CEO of the National Alliance to End Homelessness.**

RTFH and the Alliance call on federal, state and local leaders to reject the false promises of a law enforcement approach to homelessness, and instead leverage their unique influence to advocate for the resources their communities desperately need. These include: making major and sustained investments in our nation's rental assistance programs and homelessness prevention; investing in the production and preservation of housing available to those with the lowest incomes; and increasing investments in the U.S. Department of Housing and Urban Development's Homeless Assistance programs.

RTFH and the Alliance also encourage members of the public to actively engage with lawmakers to push back against the increasing trend towards criminalization of homelessness, and to advocate for the housing and services that their communities need. Resources for advocating can be found [here](#).

### **About the Regional Task Force on Homelessness**

As the Continuum of Care (CoC) lead agency in San Diego County, RTFH administers many of the core federal requirements from the U.S. Department of Housing and Urban Development (HUD), such as serving as the collaborative applicant to HUD, administering the Homeless Management Information System (HMIS), and conducting an annual Point In Time Count. RTFH also serves as a strategic planning body, funder, regional convener, promoter of best practices, trainer, and policy leader in San Diego's collective efforts to end homelessness. Learn more at: [www.rtfhsd.org](http://www.rtfhsd.org)

### **About the National Alliance to End Homelessness**

The National Alliance to End Homelessness is a nonprofit, non-partisan, organization committed to preventing and ending homelessness in the United States. As a leading voice on the issue of homelessness, the Alliance analyzes policy and develops pragmatic, cost-effective policy solutions; works collaboratively with the public, private, and nonprofit sectors to build state and local capacity; and provides data and research to policymakers and elected officials in order to inform policy debates and educate the public and opinion leaders nationwide.



## **Newsletter**

### Highlights

[Link to the full document](#)

## **Looking Back on May Mental Health Awareness Month**

# **MENTAL HEALTH AWARENESS FOR A GOLDEN STATE OF MIND**

[Youth Mental Health Advocate Chats with Secretary Ghaly During Mental Health Awareness Month \(youtube.com\)](#)

## **Directing Change Program and Film Contest**

**All Awardees:** [2024 Winners | \(directingchange.org\)](#)

### **San Diego County Winners - Suicide Prevention:**

**\* First Place: "See the Signs" (Advancing to statewide round of judging)**

San Diego County

Mira Mesa High School

Filmmakers: Lucia Nguyen, Duke DelaRosa, Eljen Lacibal, Kimberly Tran, Sophia Patawaran, Jeniffer Luu and Austin Galon

Advisor: Tobias Schwartz

[See the Signs on Vimeo](#)

**\* Second Place and Team Pick: "Reach Out" (Team Pick - Advancing to statewide round of judging)**

San Diego County

Mission Hills High School

Filmmakers: Savannah Stephens, Zahid Perez-Cruz, Tyler Reed, Maya Bodiwala, and Fabby Torres

Advisor: Heidi Kniseley

[Reach Out on Vimeo](#)

**Third Place (TIED): "Don't Be Afraid To Ask..."**

San Diego County

Canyon Hills High School

Filmmakers: Sophia Lee, Samantha Lee, and Pylin Hoefer

Advisor: John Snedden

[Don't Be Afraid To Ask on Vimeo](#)

### **San Diego County Honorable Mentions**

Helix Charter High School

Filmmakers: Ilean Rosenal, Alisa Oluwo, and Evelyn Miller

Advisor: Matt Guarnotta

[See The Signs on Vimeo](#)

Mira Mesa High School

Filmmakers: Jenniffer Luu, Eljen Lacibal, and Lucia

Nguyen

Advisor: Tobias Schwartz

[I Can't Go Yet on Vimeo](#)

## *Never a Bother* Campaign Wins Gold and Silver!



Kudos to the California Department of Public Health (CDPH) Office of Suicide Prevention on winning Gold for Best Overall Social Marketing campaign and Silver for Social Marketing Innovation for ***Never a Bother***. The **Social Marketing Association of North America awards** promote and celebrate innovative and inspiring social marketing work. The campaign's youth co-creation strategy was recognized for its innovation. Congratulations to the CDPH Team, campaign youth advisors, and **Civilian Agency**. Well done!



[Recommended Operational Plan Change Letter Fiscal Years 2024-25 & 2025-26 \(sandiegocounty.gov\)](#)

County Supervisors unanimously adopted a new \$8.53 billion budget for Fiscal Year 2024-25 during a board meeting Tuesday. The budget will take effect July 1.

The adopted budget shows an increase of \$364.5 million or 4.5% from last year. The new budget also adds 84 employees for a total of 20,471.25 staff years.

### **Behavioral Health: Mental health and substance use support**

- More than \$1.1 billion in total investments for Behavioral Health Services.
  - \$28 million increase for substance use residential and outpatient services.
  - \$25 million to expand and support the public behavioral workforce which includes the development of a new training and tuition program.
  - \$15 million increase to implement Senate Bill 43 for Involuntary Behavioral Health treatment.
  - More than \$9 million to provide services in the new Tri-City Psychiatric Health Facility in Oceanside.
  - \$4 million increase for a total of \$11.1 million to address the opioid crisis.
  - More than \$4 million for youth suicide prevention.



# County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP  
INTERIM AGENCY DIRECTOR

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

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

May 30, 2024

TO: Behavioral Health Advisory Board (BHAB)

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

## **BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – June 2024**

### **BEHAVIORAL HEALTH SERVICES FISCAL YEAR (FY) 2024 – 2025 RECOMMENDED BUDGET AND CAPITAL PROJECT UPDATES**

#### **Behavioral Health Services Overview and Vision**

As part of the Health and Human Services Agency (HHS), Behavioral Health Services (BHS) continues to press forward to shift how residents access care for their behavioral health needs by transforming from a system driven by a crisis to one rooted in chronic and continuous care, and prevention through the regional distribution of services, and integration with primary healthcare to keep people connected, stable, and healthy. BHS continues to make service and infrastructure investments with the goal of building an integrated, seamless, and outcome-oriented behavioral health system that utilizes a population health approach and health equity lens to ensure critical services are available to those in need.

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

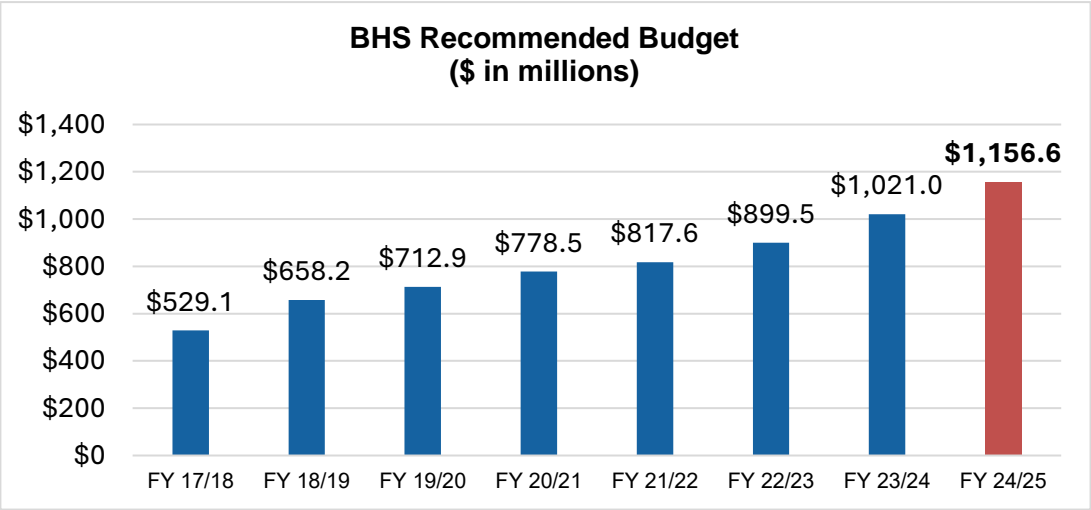
- By statute and federal waiver, we are the Specialty Plan or Managed Care Plan for Medi-Cal beneficiaries with serious mental illness and substance use disorders. A key characteristic of this population is that those within it are in states of relative crisis, or needing care that is particularly intensive.
- To support the behavioral healthcare of this population, we maintain a coordinated system of care through a network of 350 contracted programs and 300 fee-for-service providers.
- We also provide direct services at the San Diego County Psychiatric Hospital (SDCPH), Edgemoor Distinct Part Skilled Nursing Facility (DP-SNF), and through the County operated clinics and case management services across the region.
- Finally, we act as a public health entity, taking a population health approach to improving the behavioral health of everyone in San Diego County.

As a department, BHS remains committed to achieving a healthy, safe, and thriving region by providing accessible, culturally aware community-based services throughout the region to support the wellness of children, adults, and families.

**BHS 2024-25 Recommended Budget**

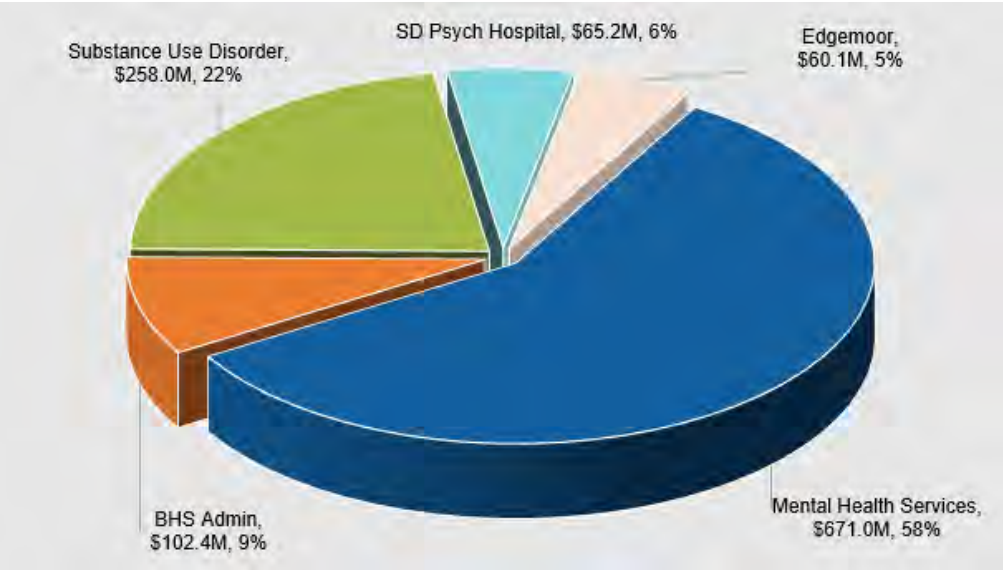
The BHS recommended budget for FY 2024-25 is **\$1,156.6 million**, representing an **increase of \$135.6 million** over last fiscal year.

- **Mental Health Services:** Includes County-operated case management and outpatient programs, adult and juvenile forensics, County care coordination, and contracted services at just over \$670 million.
- **Substance Use Disorder Services:** Includes primarily contracted services at nearly \$260 million.
- **Inpatient Services:** Includes Edgemoor DP-SNF and the SDCPH at just over \$125 million, and
- **Administrative Services:** Includes salaries and benefits, information technology, data infrastructure, and general administrative support at just over \$100 million.



Since FY 2017-18, investments in the BHS budget have increased by over \$627 million, more than doubling, and demonstrating the County’s continued commitment to support the behavioral health needs of the region. Drivers for these investments include the priorities of the Board of Supervisors (Board), new mandates, stakeholder and community priorities, and the growing need for services within communities.

**Total BHS Recommended Budget \$1,156.6 Million**



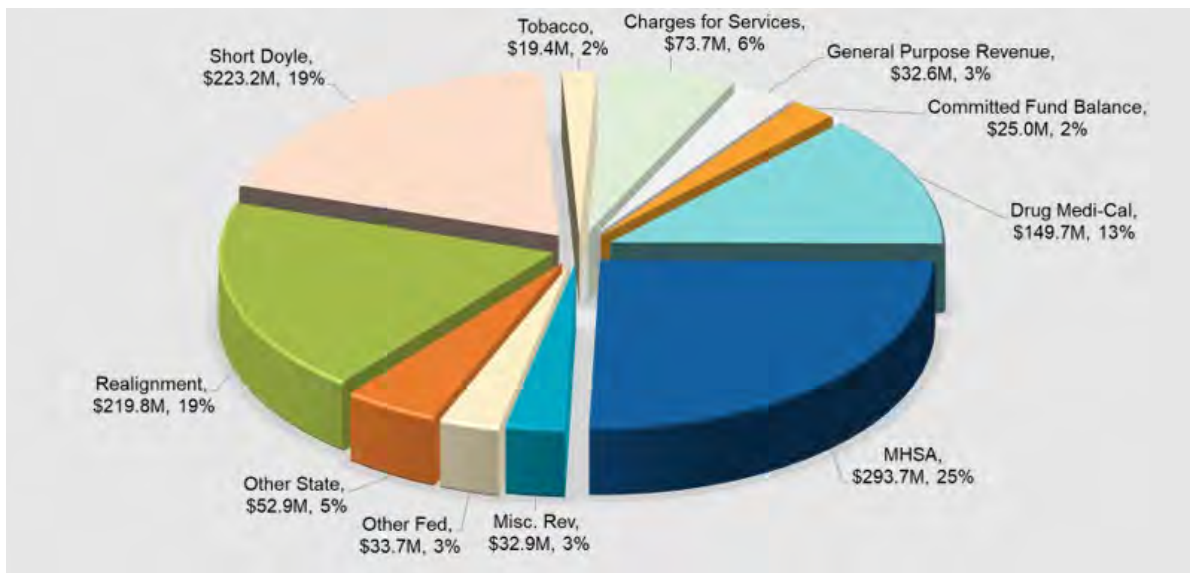
### BHS Funding Revenue Sources

BHS utilizes many different revenue sources to fund services and administrative functions and many of the funding streams have restrictions outlining how to utilize the funds. As a department we support flexibility across our revenues to support the integration of services rather than siloing services due to revenue restrictions.

Key federal and state funding sources include:

- **Short-Doyle Medi-Cal (SD/MC): Federal funding** for Medi-Cal eligible individuals for specialty mental health services delivered in acute care hospitals, individual, group or family therapy, and provided in outpatient or clinic settings, as well as various partial day or day treatment programs.
- **Drug Medi-Cal (DMC): Federal funding** for substance use disorder treatment services for Medi-Cal eligible individuals for outpatient, residential, or narcotic treatment services.
- **Mental Health Services Act (MHSA): State revenue** that is a 1% income tax on personal income in excess of a million dollars in the State of California. MHSA is the largest source of revenue for BHS and is comprised of five separate components. More information on MHSA, including the five components, can be found in the MHSA Three-Year Plan and subsequent Annual Updates:  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_act/mhsa\\_cosd\\_docs.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa_cosd_docs.html)
- **Realignment: State revenue** from sales tax and vehicle license fees. Realignment is our most flexible type of state funding.
- **General Purpose Revenue (GPR): Local revenue** from property taxes and Intergovernmental Transfer (IGT). GPR is flexible and can be utilized for any purpose that is a legal expenditure of County funds.
- **Charges for Services:** Revenue for services provided at Edgemoor DP-SNF (primarily Medi-Cal).

**Other Federal and State Revenues:** Includes Substance Abuse Prevention and Treatment Block Grant (SABG); Mental Health Block Grant (MHBG); Project for Assistance in Transition from Homelessness (PATH); Mental Health Student Services Act (MHSSA) grant; American Rescue Plan Act (ARPA); DMC State General Fund; and various other miscellaneous funding sources.



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

### Additional Funding Opportunities

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

- The state **Community Care Expansion (CCE) Preservation Program Grant** provides \$805 million statewide for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities that serve Supplemental Security Income/State Supplementary Payment (SSI/SSP) and Cash Assistance Program for Immigrants (CAPI) applicants and recipients, including those who are experiencing or at risk of homelessness and people with behavioral health conditions. BHS has been **awarded \$16.6 million** in CCE Preservation grant funds.
- Through the **Behavioral Health Bridge Housing (BHBH) Program**, the California Department of Health Care Services (DHCS) will provide a total of \$1.5 billion in funding to county behavioral health agencies and tribal entities to operate bridge housing settings to address the immediate and sustainable housing needs of people experiencing homelessness who have serious behavioral health conditions, including a serious mental illness (SMI) and/or substance use disorder. BHS was **awarded \$44.3 million** in BHBH grant funding last June, and in April 2024 BHS applied for Round 3 BHBH grant funding in the amount of **\$12.4 million**.
- The **Substance Abuse and Mental Health Services Administration (SAMHSA)** awarded the County **\$4.5 million** in grant funds to enhance mobile crisis response teams (MCRTs). These one-time funding, available for one year starting in September 2023, will expand the MCRT program designed to help people who are experiencing a mental health or substance use crisis by dispatching behavioral health experts to emergency calls.
- The **California Department of Public Health Injury and Violence Prevention Branch (CDPH-IVPB)** awarded the County \$4.1 million of one-time funding to participate in its Youth Suicide Reporting and Crisis Response Pilot Program, this allocation will support planning, coordination, and/or implementation of rapid reporting, crisis response, and/or data surveillance activities related to the prevention of suicides and suicide attempts among youth 25 years of age and under.

### BHS FY 2024-25 Recommended Increases/Enhancements

Most of the services outlined in the BHS FY 2024-25 recommended budget includes investments in programs and services that are a carryover from the previous fiscal year to ensure continuity of services. New investments are prioritized to support enhancements and/or the expansion of services to the most vulnerable populations across the behavioral health continuum of care. BHS is proposing **new investments totaling \$135.6 million** for a total budget of nearly \$1.16 billion to ensure people of all ages have better access to the services they need.

The most significant budget increases are listed below:

#### Prevention Programs \$6.8 Million

- ACEs Prevention Parenting Program
- Native American Prevention and Early Intervention
- Youth Suicide Prevention Program

#### Substance Use Disorder Outpatient, Residential, and Opioid Treatment \$29.4 million

- Residential and outpatient services, including opioid treatment programs.

#### Intergovernmental Transfer Agreement with Revive Pathway \$35.8 million

- Partnership with the Viejas Band of Kumeyaay Indians for a new Opioid treatment program in the East Region

#### Long-Term Care \$6.0 Million

- Expand capacity of subacute care and board and care beds

### **Mental Health Inpatient Services \$10.6 Million**

- Tri-City Medical Center Psychiatric Health Facility
- Increased rates for acute inpatient care

### **Mental Health Outpatient Treatment and Support Services \$1.7 Million**

- Homekey Housing Sites
- Children and Youth Outpatient Services

### **Workforce \$25.0 Million**

- Behavioral Health Workforce Development and Retention Innovation Program
- Expansion of small, community-based organizations able to provide Medi-Cal funded services within diverse communities.

### **SB 43 Involuntary Behavioral Health Treatment \$15.0 Million**

- Change in State conservatorship law that broadens definition to add severe substance use disorder.
- Initial funding to expand services, infrastructure, and training in hospital and community-based settings.

### **Looking Ahead**

New State mandates are anticipated to significantly impact our system of care:

- For the **CARE Act program**, we will continue to evaluate needs to ensure adequate service and housing capacity are available.
- For **Senate Bill (SB) 43**, we are anticipating significant additional legislative and regulatory changes so we can access Medi-Cal reimbursement. Currently, no new state funding is available for this program and the regulations do not support the clinical work that is mandated.
- Our department is implementing **Behavioral Health Payment Reform** and we are optimistic about new opportunities to drawdown additional federal revenue in support of the workforce and care incentives.
- We are partnering with the Public Safety Group to address increased referrals for evaluations for **Incompetent to Stand Trial**.
- And finally, with the passage of **Proposition 1** we anticipate significant impacts and opportunities for our system under the **Behavioral Health Services Act**. It also presents us with potential new funding for critical capital projects through the \$6.3 billion Behavioral Health Infrastructure Bond.

### **Additional Operational Plan Information**

In May and June 2024, several opportunities to learn about the operational plan, including opportunities for public input, will be available. BHS encourages all stakeholders to listen and/or participate in this process.

Key dates include:

- **May 2:** Chief Administrative Officer (CAO) Recommended Operational Plan was made available to the public.
- **May 14:** Budget presentations were made to the Board (Day 1).
- **May 16:** Budget presentations were made to the Board (Day 2)
- **May 23:** Community budget meeting (Daytime, In-Person).
- **May 29:** Community budget meeting (Evening, Virtual).
- **June 4 and 6:** Public hearing on recommended budget.
- **June 13:** Last day for written testimony to clerk of the board.
- **June 13:** Revised recommended budget available to the public.
- **June 25:** Budget deliberations and budget adoption by the Board of Supervisors.

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

## **CAPITAL PROJECTS UPDATE**

### **Tri-City Psychiatric Health Facility**

Scheduled for completion in early FY 2024-25, the Tri-City Psychiatric Health Facility is a joint venture between Tri-City Healthcare District and the County of San Diego, strategically located within the Tri-City Medical Center in Oceanside, California. This 13,560 square-foot, 16-bed facility is designed to alleviate local hospital pressures by providing short-term inpatient care for individuals whose mental health needs are too complex for outpatient services but do not require acute psychiatric hospitalization. With a total investment of \$27.6 million, this facility aims to fill a critical gap in regional mental health services, enhancing the continuum of care available to residents of North San Diego County.

### **Central Region Community-Based Care Facility**

Planning efforts continue around the development and construction of the Central Region Community-Based Care (CBC) facility, located on County-owned property at 4307 3rd Ave, San Diego, advancing through the pre-construction phase and targeting FY 2027-28 completion date. This facility is anticipated to feature board and care services, emphasizing a transition from acute care to community living and was identified as critically needed services within the Behavioral Health Optimal Care Pathways Model.

### **East Region Crisis Stabilization Unit**

Scheduled to be operational in 2025, the new East Region Crisis Stabilization Unit (CSU) will be developed at 200 S. Magnolia Avenue and West Douglas Avenue in El Cajon, to support the need for psychiatric crisis care in the East County. With a total estimated cost of \$23.3 million, this facility is designed to help deescalate a person's level of distress, prevent or treat a behavioral health crisis, and reduce acute symptoms of a mental health condition.

### **Edgemoor Acute Inpatient Unit**

Progress continues on the development of the new 12-bed acute inpatient unit within the existing footprint of the Edgemoor DP-SNF, which will establish new inpatient care capacity in East County. At a total investment of about \$28 million, construction is set to start in mid-2025 and the facility is expected to be operational by late 2026. This project will be primarily funded through \$16.8 million of state Behavioral Health Continuum Infrastructure Program (BHCIP) funds that were awarded to the County.

## **BHS SPECIAL EVENTS & ANNOUNCEMENTS**

### **Save the Date: National Recovery Month Celebration on August 24, 2024**

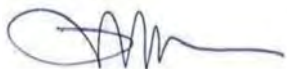
Save the Date for the annual National Recovery Month Celebration (NRMC), on Saturday, August 24, 2024.

The NRMC signifies the celebratory kickoff of September, National Recovery Month. The purpose of National Recovery Month is to bring San Diego County's recovery community together and raise awareness for treatment, support programs, and local resources. This national observance celebrates and supports individuals in recovery, those thinking about recovery, and the loved ones accompanying them on their journeys. Join us to commemorate National Recovery Month with valuable resources, fun activities for all, music, and shared stories of hope from those with lived experience.

Further event details for attendees and prospective exhibitors will be shared soon.

Director's Report – June 2024

Respectfully submitted,

A handwritten signature in blue ink, appearing to be 'LB', with a stylized flourish at the end.

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

c: Eric C. McDonald M.D., Interim Agency Director  
Aurora Kiviat Nudd, Assistant Director and Chief Operations Officer  
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer  
Nadia Privara Brahms, Assistant Director, Chief Strategy and Finance Officer



[Announcing 2024 NACo Achievement Award Winners | National Association of Counties](#)

## **Screening to Care**

The County of San Diego (County), Behavioral Health Services (BHS), has been dedicated to fostering mental health and well-being among students in collaboration with local school districts since the late 1990s. In August 2021, BHS partnered with San Diego County school districts to develop an innovative screening program to systematically identify youth's needs, leading to the creation of the **Screening to Care** (S2C) program. S2C was initially designed for universal screening of middle school students to identify and address their social-emotional needs, specifically targeting 6th-8th graders. However, in certain regions, the scope has extended to encompass students from 2nd-5th grades. Anchored in the Multi-Tiered Systems of Support (MTSS) framework, S2C aims to offer school-based, early-intervention services tailored to each student's needs. The screening outcomes help guide the delivery of primary supports for the entire school, secondary supports for students requiring additional assistance, and tertiary support involving care coordination and referrals to treatment. To engage schools with caregivers, S2C employs parent-peer partners, following the Promotora model. These partners conduct outreach and behavioral health prevention activities, empowering parents to actively support their students. S2C embodies a holistic approach, fostering a supportive environment and promoting mental well-being for students across San Diego County.

S2C was implemented in Fall of 2023 across 37 schools of six county school districts.

## CHILDREN & YOUTH BEHAVIORAL HEALTH SERVICES



The County of San Diego's Behavioral Health Services (BHS) offers a multitude of programming to support children and youth who would benefit from mental health or substance use treatment.

Scan the QR Code below to access the:

- **Children, Youth, and Families Services Directory**
- **Five Regional School Directories**



*May 2024*

[https://bit.ly/cyf\\_directories](https://bit.ly/cyf_directories)



**SCAN HERE**

[Children and Youth Behavioral Health Services Postcard ENG.pdf \(sandiegocounty.gov\)](https://sandiegocounty.gov)

## SERVICIOS DE SALUD MENTAL PARA NIÑOS Y JÓVENES



Los Servicios de Salud Mental del Condado de San Diego ofrece una multitud de programas para apoyar a niños y jóvenes que se beneficiarían de un tratamiento de salud mental o por uso de sustancias.

Escanee el código QR para acceder a:

- **Directorio de Servicios Para Niños, Jóvenes y Familias**
- **Cinco Directorios Regionales de Escuelas**



*Mayo 2024*

[https://bit.ly/cyf\\_directories](https://bit.ly/cyf_directories)



**ESCANEA AQUÍ**

[Children and Youth Behavioral Health Services Postcard SPAN.pdf \(sandiegocounty.gov\)](https://sandiegocounty.gov)

# Children, Youth and Families Council

## Goals and Accomplishments



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

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

### Fiscal Year 2024-25 Goals

- Embrace the [General Management System Reimagined](#) and Live Well Vision while recognizing the Racial Justice context.
- Consider current landscape & systems priorities to identify opportunities for synergy to advance system of care with specific emphasis on the Continuum of Care – Youth Strategies focus (September 27, 2022, Board Letter, item 23):
  - Strategic Domain 1 – Family System Work and Supports
  - Strategic Domain 2 – School Engagement and Care Opportunities
  - Strategic Domain 3 – Health Integration
- Consider population health and social determinants/drivers of health in the system of care and Council activities.
- Incorporate the CYF Council Priorities identified in the Fiscal Year 2024-25 Strategic Planning session.
- Address Equity and Racial Justice.
- Participate in addressing Access to Care and Workforce Challenges.
- Support the California Advancing and Innovating Medi-Cal (CalAIM) / Medi-Cal Transformation implementation inclusive of Payment Reform and other state driven initiatives such as the Children and Youth Behavioral Health Initiative (CYBHI).
- Inform about Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-Connect) which aims to invest in community-based behavioral health services and improve access, equity, and quality for Medi-Cal members in part through the Section 1115 demonstration opportunity.
- With the passing of Proposition 1, engage in Behavioral Health Service Act (BHSA) discussions to inform service priorities and elevate the needs of children and youth. SB326: BHSA & AB531: Behavioral Health Infrastructure Bond Act (BHIBA).
- Educate about other systems' priorities and look for opportunities to align efforts to best impact positive system changes.
- Focus on system integration & moving beyond coordination with other child servicing systems, as promoted by Assembly Bill (AB) 2083 mandates.
- Continue the partnership with the Child and Family Well Being (CFWB) Department and Juvenile Probation supporting various activities inclusive but not limited to:
  - Children's Crisis Continuum Pilot Program (CCCPP)
  - Families First Prevention Services Act (FFPSA)
  - CalAIM Justice Involved Initiative – Behavioral Health Links
  - Senate Bill (SB) 823 – Division of Juvenile Justice (DJJ)
- Collaborate with the education sector to support students, including but not limited to areas of suicide prevention, universal screening, and the CYBHI Fee Schedule.
- Continue partnership with Managed Care Plans (MHCP) for Student Behavioral Health Initiative Program (SBHIP) and other activities such as Enhanced Care Management (ECM), Community Supports (CS), Transition of Care (TOC), and BHLlinks.
- Emphasize the importance of Early Childhood Mental Health, specifically prevention, early intervention, Adverse Childhood Experiences (ACEs), and resiliency.
- Increase participation in the 11th Annual Children/Youth Behavioral Health Well Being Celebration (May 2025)

- Support the advancement of Behavioral Health Services for Children, Youth and Families through trainings:
  - [The 15th We Can't Wait Early Childhood Conference](#): "We Don't Wait: Nurturing and Healing in Action" (September 26-27, 2024).
  - The 5<sup>th</sup> Annual Birth of Brilliance conference focused on racial equity (February 28, 2025)
  - 10<sup>th</sup> Annual Critical Issues in Child and Adolescent Mental Health (CICAMH) conference (Spring 2025)
- Maintain and improve the children and youth Service Directory and BHS-SOC Web pages related to programs focused on Children, Youth and Families.
- Coordinate the delivery of the annual CYF Council Orientation (June 2025).

### Highlights of Fiscal Year 2023-24 Accomplishments

- Embraced the General Management System Reimagined and Live Well Vision while recognizing the Pandemic and Racial Justice context.
- Considered current landscape & systems priorities, identified opportunities for synergy to advance system of care:
  - The Fiscal Year 2023-24 [Strategic Planning](#) meeting was completed on July 10, 2023. A summary document with areas of focus and recommendations made by 113 participants was delivered to the BHS Director on September 1, 2023.
  - The Hot Topic for the August 14, 2023 meeting was [Enhanced Case Management](#). The meeting was attended by 106 individuals.
  - The Hot Topic for the September 2023 meeting was Child and Family Well Being (CFWB) - [Mandated Supporters](#) - Evident Change Community Response Guide. The meeting was attended by 106 individuals.
  - Hosted the [Combined Councils](#) meeting on October 16, 2023, expanded to include all BHS Councils: CYF | TAY | Adult | Older Adults | Housing | Peer. The main topic was [Housing and Homelessness](#). An update on [Community Assistance, Recovery and Empowerment \(CARE\)](#) program was also provided. The meeting was attended by 179 individuals.
  - The Hot Topic for the November 13, 2023 meeting, was [Healthy Outcomes from Positive Experiences \(HOPE\)](#). The meeting was attended by 99 individuals.
  - The [January 8, 2024](#) and [February 12, 2024](#) meetings were dedicated for Sector, Committees, and other pertinent [mid-year updates](#)/highlights. Due to time limitations, the last three updates were provided at the March 12, 2024 meeting. The January and February meetings were attended by 96 and 112 individuals respectively.
  - The March 12, 2024 meeting Hot Topic was [Recent Floods in San Diego and its impacts on Mental Health](#). The meeting was attended by 98 individuals.
  - The Hot Topic for the May 13, 2024 meeting was [Conversation with the Director](#). BHS priorities were discussed, inclusive of [Proposition 1](#) and [SB 43](#) and implications for children, youth and families. The meeting was attended by 115 individuals
- Addressed shifting needs with the pandemic:
  - Continued to successfully meet virtually with an average attendance of 106 individuals per meeting (Combined Councils meetings were not included in this average)
- Emphasized [Equity and Racial Justice](#) through information sharing, including relevant conferences, events, and the Culture Share standing agenda item such as:
  - Information:
    - Highlighted the 2023 Directing Change Film Contest for High School students - Hope and Justice local awardees and shared links to videos at the July 10, 2023 meeting
    - [2024 Birth of Brilliance conference and Cultural Fair](#), a conference conceived to raise the collective consciousness around the effects of racial disparities and implicit bias in mental health, social services, developmental services, early childhood, education, and medical care.
    - The California Mental Health Advocates for Children and Youth ([CMHACY](#)) conference, an annual event with a mission to advance the social, emotional, and behavioral well-being of children and families and promote inclusion, racial equity, and social justice.

- Culture Share:
  - July 10 2023 - Focus: How Italian/Sicilian family culture influenced passion to serve families
  - August 14, 2023 - Focus: Role in BHAB and educator as a Black male
  - September 12, 2023 Focus: “Tri-cultural” upbringing influence on work/life promoting inclusivity, understanding and equity
  - November 13, 2023 – Immigration experience Culture Share and acknowledgement of [National Native American Heritage Month](#)
  - January 8, 2024 - Experience as a first generation born in the United States from Mexico, highlighting advocacy, and promoting growth
  - February 12, 2024 - Acknowledged Black History month
  - March 11, 2024 - Ramadan
  - May 13, 2024 - Focus National Military Appreciation month acknowledgement
  - June 10, 2024 Highlighted LGBTQIA+ Pride Month and National Gun Violence Awareness Day and Month
- Increased participation in the annual Children/Youth Mental Health Well Being Celebration:
  - On May 11, 2024, BHS through the NAMI San Diego Community Advocacy Program, hosted the 10th Annual Children and Youth Mental Health Well-Being Celebration. The event was held at Grossmont Center. There were 22 resource tables. Four Community Advocate Speakers, graduates from the NAMI Community Advocacy Training program shared their personal journeys with mental health and what they want community members to understand about mental illness. Also, a young lady (TAY) representing Promises 2 Kids spoke about her lived experience in the foster care system and how she is resilient today. Additionally, a wonderful drum teacher ran two engaging drum circles for attendees during the event. In addition to multiple opportunity drawings, attendees were able take a photo home of themselves from a photo booth.
- Promoted youth engagement and participation:
  - Highlighted the Directing Change Mental Health film contest local finalist and shared the video links
  - Shared information on Live Well San Diego Youth Sector Town Halls
  - Promoted awareness and collaboration by providing a presentation at Community Schools Network Meeting on May 22, 2024
- Supported the [CalAIM/Medi-Cal Transformation](#) implementation by:
  - Providing timely information on updates and resources: <https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>
    - Behavioral Health Payment Reform Overview (September 11, 2023)
    - Update from the Managed Care Plans local representative at the March 11, 2024 meeting
- The [Screening to Care](#) program was implemented in Fall of 2023 across 37 schools of six county school districts This program received a National Association of Counties (NACo) award.
- Coordinated the delivery of the annual [CYF Council Orientation](#) on June 10, 2024. This event was attended by a total of 69 participants.
- Supported the advancement of the BHS System of Care for Children, Youth and Families through trainings:
  - The We Can't Wait Early Childhood Conference (September 28-30, 2023)
  - Critical Issues for Child and Adolescent Mental Health (CICAMH) conference (April 26, 2024)
- Continued with the Training Academy efforts after the Training contract sunset on March 31, 2023:
  - Coordinated the annual System of Care Principles Awards process.
  - Coordinated the From Loneliness to Connection and Belonging: “I’ll Be There...” virtual training presented virtually on May 17, 2024 and recorded training to be available at: [BHS Workforce Trainings \(sandiegocounty.gov\)](#)
- Redesigned the children and youth [Services Directory](#) that obtained community praise for utility and usability. [Children, Youth and Families \(sandiegocounty.gov\)](#) and added Early Childhood resources and information: [Early Childhood Resources \(sandiegocounty.gov\)](#)
- Shared relevant information at Federal (when applicable), State, and local level, including, but not limited to:
  - [Medi-Cal Transformation](#)
  - [Children and Youth Behavioral Health Initiative \(CYBHI\)](#)
  - [Board of Supervisors Letters](#)
  - BHS Director’s monthly reports located at: [Behavioral Health Advisory Board \(sandiegocounty.gov\)](#)
- Maintained the [CYF Council website](#) updated.

# Behavioral Health Services Children, Youth and Families (CYF) Council



## Private Sector

Submitted by: Golby Rahimi Saylor

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

### **Alcohol and Drug Service Providers Association (ADSPA)**

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

### **Mental Health Contractors Association (MHCA)**

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

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

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

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

### Fiscal Year 2024-25 Association Executive Positions

ADSPA		MHCA	
Chair	Marisa Varond	President	Laura Beadles
Vice Chair	Stephanie Sobka	Vice President	Cheryl Rode
Secretary		Secretary	Sergio Soto-Alvarez
Treasurer	Beverly Monroe	Treasurer	Celica Garcia-Plascencia
Member At Large	Jerry Shirey	Children's At Large Representative	Dori Gilbert
Member At Large	Katie Wood	Adult At Large Representative	James "Diego" Rogers & Mary Wheeler
Immediate Past Chair	Angela Rowe	TAY At Large Representative	Josh Zhang

<b>Adult</b>	Stacie Perez	<b>Health Care Policy At Large Representative Membership</b>	John Laidlaw
<b>Programs that serve Children, Youth and Families</b>	Claudette Allen Butler		Judi Holder
<b>Outpatient</b>	Terri-Hagman Garcia		
<b>Prevention</b>	Ron Stark	<b>Past President</b>	Golby Rahimi Saylor
<b>Policy</b>			
<b>Special Populations</b>	Cheryl Houk		
<b>QI</b>	Brian Bauers		

### Fiscal Year 2023-24 Accomplishments

#### MHCA:

- ▶ Information sharing with and education for providers on CalAIM rollout, including continuing co-chairing of Financial Workgroup
- ▶ Collaboration and advocacy with BHS on CalAIM deployment with a focus on impact on contractors and best practices to ensure viability for contracts for continuity of care for clients, including:
  - ▶ Rate development per service line, applicable modifiers
  - ▶ OPOH update needs
  - ▶ SOW update needs
  - ▶ Advocacy around contract amendments, negotiations, and implementation
  - ▶ Advocacy at county and state level on student intern billing
  - ▶ Clarification around contract maximums
- ▶ Participation in NP Workgroup for implementation of nurse practitioners in CYF, results pending
- ▶ Advocacy on implementation of flex funds and AAR guidelines requested
- ▶ Working with BHS on data quality and reliability, e.g. ASJ updates, and providing feedback to Population Health, Network Quality and Planning

### Areas of Focus for Fiscal Year 2024-25

#### MHCA:

- ▶ Contracting and budgeting
- ▶ CalAIM rollout and contract/OPOH alignment with FFS models
- ▶ Decrease administrative burden
- ▶ Fiscal sustainability
- ▶ Data reliability and accuracy
- ▶ Workforce recruitment, retainment, and sustainability

### Fiscal Year 2024-25 Meeting information

#### Alcohol and Drug Service Providers Association (ADSPA)

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

**Time:** 10 to 11:30 AM

**Executive:** Meets with BHS Leadership (by invitation) monthly on the **first** Wednesday

**Time:** 1 to 2:30 PM

Currently meeting virtually via Zoom

**Contact:** [Marisa.Varond@mcalisterrinc.org](mailto:Marisa.Varond@mcalisterrinc.org)

#### Mental Health Contractors Association (MHCA)

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

**Time:** 12:30 to 2:30 PM

**Executive:** Meets with BHS Leadership (by invitation) monthly on the **third** Wednesday

**Time:** 12:30 to 2 PM

**Contact:** [mhcasandiego@gmail.com](mailto:mhcasandiego@gmail.com)

[About MHCA — Mental Health Contractors Association \(mhcasandiego.org\)](#)

# Behavioral Health Services Children, Youth and Families (CYF) Council



## Family/Youth Sector

Submitted by: Sten Walker

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

### Fiscal Year 2024-25 Active Committee Members

Public	Private	Private	Family
Darwin Espejo	Sten Walker	Alexander Ball	Linda Ketterer
Edith Mohler	Melissa Penaflor	Shane Padamada	Celina Kauffman
	Mina Arthman	Dora Arnold	Education
	Kacie Rodvill	Jesus Moreno	Linda Ketterer
	Faeth Jackson		

### Fiscal Year 2023-24 Accomplishments

- The Family Sector subcommittee has resumed and takes place monthly. Family members, youth, and providers all can attend and learn about updates pertaining to family and youth. They may also network and voice their thoughts and needs.
- On May 11<sup>th</sup>, BHS hosted the 10<sup>th</sup> Annual Children and Youth Mental Health Well-Being Celebration once again in-person at Grossmont Center. There were 22 resource tables, 4 community advocacy speakers (including families and youth), and around 200 attendees.

### Areas of Focus for Fiscal Year 2024-25

- We intend to engage more with youth, and have more youth attend the family sector committee meetings to make sure youth voices are heard.
- We would like to stay ahead on updates and changes to the behavioral health system, especially when it comes to how it will affect families and youth.
- We will pay close attention to upcoming changes bills and propositions such as SB43 and Prop 1.
- We intend to have the families and youth voices dictate where our priorities lie.

### Fiscal Year 2024-25 Meeting information

**Meeting date:** Third Thursday of the month  
**Location/Format:** Virtual  
**Time:** 2:30 to 3:30 p.m.

**Lead /Co-Leads**  
 Sten Walker: [Stenwalker@namisd.org](mailto:Stenwalker@namisd.org)

# Behavioral Health Services Children, Youth and Families (CYF) Council



## Education Sector

Submitted by: Heather Nemour

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

### Fiscal Year 2024-25 Active Committee Members

Public	Family	Education	Education
<b>Fran Cooper</b> County of San Diego	Caitlyn Hauw Student	<b>Heather Nemour; Chair</b> SDCOE-Student Support	<b>Barbara Ryan</b> San Diego County School Board Association
<b>Private</b>		<b>Mara Madrigal-Weiss</b> SDCOE-Student Support	<b>Rebecca Ramirez</b> Vista Unified School District
<b>Pam Hansen</b> San Diego Center for Children		<b>Jaime Tate-Symons</b> SDCOE Special Education Services	
		Yuka Sakamoto San Diego Unified School District	

### Fiscal Year 2023-24 Accomplishments

1. In partnership with Rady Children's Hospital's Transforming Mental Health Initiative, a 5-part **mental health webinar series for parents/caregivers** was delivered during the spring. The topics were selected based on countywide parent survey results that asked them the trending mental health topics they wanted to learn more about. Rady's then identified medical experts in the various topics to present and hold a live Q & A with parents. A total of 836 parents/caregivers attended one or more of the webinars in the five-part series. SDCOE provided live Spanish translation and the [recorded webinars](#) with Spanish subtitles can be found on their website so that schools can promote them throughout the year.
2. Offer **Lunch & Learn Mental Health Webinar Series** to district/school staff on school mental health topics to increase the mental health literacy of school and district staff. A total of 188 educators attended one or more of the 3-part series.
3. SDCOE expanded the countywide **Mental Health in Schools Collaborative to include youth serving organizations** that directly support schools to continue to peer share and learn around best practices in school mental health. Four collaborative meetings were held with representatives from 27 youth serving organizations and 35 LEAs in attendance. Each meeting includes a presentation or highlight of timely initiatives and information on legislative updates, new resources, training, tools and opportunities in school mental health.
4. Offer countywide **Youth Mental Health First Aid trainings** to certify district and school staff, to learn a 5-step action plan to offer initial help to young people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care. There were eight trainings delivered with 163 participants certified.
5. In partnership with BHS, continue to implement the [Creating Opportunities in Preventing and Eliminating Suicide \(COPES\) initiative](#) to build the capacity of 31 LEAs to become subject matter experts in suicide prevention and champion mental health. All 31 LEAs are tracking and submitting data reports on the number of suicide risk screenings that are conducted along with demographic information and the outcome. This data is informing the planning and implementation of grant activities and identifying high level trends in our county. To date, there have been over 3,500 screenings reported.
6. Coordinated and implemented **peer-to-peer suicide prevention and mental health programming** in 138 COPES elementary, middle and high schools to increase mental health literacy skills, reduce suicide ideation, stigma and promote help seeking behavior and mental wellness. Within these schools, 203 school staff were trained to be program site advisors.
7. In partnership with the American Academy of Pediatrics, SDCOE and 15 COPES school districts, meetings and focus groups were held to identify barriers to effective communication between pediatricians and schools when a child has a mental health crisis. This project was focused on promoting collaboration, knowledge sharing and communication pathways **between the**

**medical and education sectors** when a child is identified in a mental health crisis/suicidal. The end product was the development of a roadmap to bridge communication between the medical and education systems in support of a student's re-entry process after a mental health crisis. Currently, SDCOE and AAP are working on piloting this in one school district in the 2024-25 school year. A constitutional law professor was contracted to provide a special convening on **Best Practices in Cross Sector Information Session** that includes LEAs, youth serving organizations and medical providers with 58 participants to share best practices in cross-system collaboration, information sharing, and clarify common misconceptions that impede effective practices. The goal of the convening was to encourage partners to re-engage in signing the **Global Oversight Analysis Linking Systems (GOALS) Memorandum of Understanding** to enable effective interagency collaboration and information for the safety and care of students across San Diego County. Since the convening, ten LEAs and organizations have signed the MOU.

#### Areas of Focus for Fiscal Year 2024-25

1. In partnership with Rady Children's Hospital, promote and offer a **mental health webinar series for parents/caregivers** on the current mental health trending topics.
2. In partnership with BHS, continue to implement the [Creating Opportunities in Preventing and Eliminating Suicide \(COPES\) initiative](#) to build the capacity of 31 LEAs to become subject matter experts in suicide prevention and champion mental health. An annual brief will be shared with the Council that will highlight accomplishments and outcomes.
3. Through the COPES initiative, **comprehensive referral pathways** will be designed and implemented. This includes resource mapping with LEAs to determine the tiered supports that are in place and conduct a gap analysis to identify and prioritize their needs. A countywide resource map will be developed for tiered school mental health supports that will align and fill the identified gaps within each participating LEA.
4. In partnership with AAP, continue developing the roadmap to bridge the medical and education sectors in support of **student's re-entry process after a mental health crisis**. This includes **conducting a pilot with one school district** and corresponding emergency medical providers to create an effective communication system to ensure students who have experienced a mental health crisis are safe and supported upon re-entering the school community.
5. Engage 172 LEAs in the county to participate in the [School-Linked Partnership & Capacity Grant](#) to build their operational readiness to participate in the CYBHI Multi-Payer Fee Schedule to expand students access to behavioral health services in schools.
6. Provide **professional development and convenings** to LEAs and school partners across the county in Youth Mental Health First Aid, suicide prevention and positive school climate to increase educators 'mental health literacy to promote caring relationships and help seeking behavior.

#### Fiscal Year 2024-25 Meeting information

**This is an Ad Hoc Committee. Meets as needed.**

#### Lead:

Heather Nemour: [heather.nemour@sdcoe.net](mailto:heather.nemour@sdcoe.net)

# Behavioral Health Services Children, Youth and Families (CYF) Council



## Executive

Submitted by: Yael Koenig and Edith Mohler

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

- Coordinate CYF Council activities & facilitate Council meetings
- Inform on current issues relevant to the CYF Council stakeholders
- Ensure follow through on CYF Council action items.

### Fiscal Year 2024-25 Active Committee Members

Public	Private	Private	Family
<b>Yael Koenig</b> BHS	<b>Celica Garcia Plascencia</b> (Co-Chair - TURN)	<b>Jennifer Kennedy</b> Early Childhood - AAP	<b>Sten Walker</b> (Co-Chair - NAMI San Diego)
<b>Rhonda Crowder</b> BHS	<b>Rosa Ana Lozada</b> CCRT – Harmonium	<b>Stephanie Gioia-Beckman</b> Early Childhood - Rady	<b>Khalif Kelly</b> NAMI San Diego
<b>Darwin Espejo</b> BHS	<b>Julie McPherson</b> CADRE CYF - CRF	<b>Emily Trask</b> Outcomes – UCSD CASRC	<b>Education</b>
<b>Eileen Quinn-O’Malley</b> BHS	<b>Marisa Varond</b> CADRE CYF - MITE		<b>Jaime Tate-Symons</b> SDCOE
<b>Edith Mohler</b> BHS			<b>Heather Nemour</b> SDCOE

### Fiscal Year 2023-24 Accomplishments

Continued to plan Council meetings, managed infrastructure to promote valuable information exchange, deliberation and actions, including support to the Council-committees

- Shared relevant information including Board of Supervisors Letters and BHS Director’s monthly reports
- Maintained the CYF Council website updated

For full outline of Council accomplishments, please see the Children, Youth and Families Council Goals and Accomplishments document located on pages 320-322 of the July 8, 2024 meeting packet.

### Areas of Focus for Fiscal Year 2024-25

Continue to plan Council meetings, manage infrastructure that promotes valuable information exchange, deliberation and actions that extends to supporting the Council committees

- Maintain CYF Council website updated
- Ensure that the meeting format meets the Council needs (virtual or in-person)

Facilitate the annual Strategic Planning for Council identified priorities

### Fiscal Year 2024-25 Meeting information

**Meeting date:** 4<sup>th</sup> Thursday of the month  
**Location/Format:** Virtual via Zoom  
**Time:** 11:30 a.m. to noon

**Co-Chairs**  
**Private Sector:** Celica Garcia Plascencia  
**Family Sector:** Sten Walker  
BHS Lead: Yael Koenig  
[Rhonda.Crowder@sdcounty.ca.gov](mailto:Rhonda.Crowder@sdcounty.ca.gov)

# Behavioral Health Services Children, Youth and Families (CYF) Council



## Outcomes

Submitted by: Eileen Quinn-O'Malley and Emily Trask

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

## Fiscal Year 2024-25 Active Committee Members – Ad Hoc Workgroups

Public	Private	Private	Private
Yael Koenig	Emily Trask	Zach Stone	
Amanda Lance-Sexton	Amy Chadwick	Joseph Henson	Family
Eileen Quinn-O'Malley	Joel Crume	Shellane Villarin	
Elizabeth Miles	Antonia Nunez		Education
Kelly Bordman	Tiffany Lagare		Kally Viera
Fran Cooper	Kyle Choi		Adriana Loo

## Fiscal Year 2023-24 Accomplishments

The larger Outcomes Committee was not active in FY2023-24, however ad hoc workgroups focused on a number of projects:

- **Performance Improvement Project (PIP):** The 2023-25 PIP is focused on increasing the use of school-based group therapy among outpatient BHS-CY clients. A PIP Workgroup was formed with four SchoolLink program managers who developed and distributed Toolkits and Flyers with psychoeducational resources for youth, families, and schools.
- **Screening to Care (S2C):** S2C was launched at the end of the 2022-23 School Year and is designed to offer social-emotional screening and support to middle school students. In FY 2023-24 a workgroup was formed and focused on identifying and building the data points that would assist in evaluating the S2C services.
- **Payment Reform:** In FY 2023-24 payment reform preparations were underway to shift outpatient programs to fixed price services beginning July 1, 2024. A handful of contracts with ancillary services required pay point development and tracking tools to launch in FY 2024-25. The mHOMS database is being built to manage this data collection and reporting.
- **Transition from CCBH to SmartCare:** in September 2024, the CANS and PSC outcomes have been identified for transition out of mHOMS.
- **Staff Recruitment and Retention PPI** – conducted research reviews and program interviews to determine how to recruit and retain bilingual staff more effectively in SD BHS. Developed handout with recommendations.

## Areas of Focus for Fiscal Year 2024-25

- PIP: The second phase of the PIP project will be developed and implemented
- S2C: The first year of social-emotional screening and services will be evaluated and reported
- Evaluate a SchoolLink referral portal that is web-based to facilitate real time information exchange between SchoolLink providers and participating schools.
- Provide outcomes support for the transition of the CANS and PSC into SmartCare and determine how to evaluate clinical progress using the new SmartCare system.
- Staff Recruitment and Retention PPI: distribute handout with recommendations to the entire system of care.

## Fiscal Year 2024-25 Meeting information

### Currently Not Active – Ad Hoc Workgroups as Needed

**Meeting date when active:** First Tuesday of the month

**Location/Format:** Virtual

**Time:** 11:30 a.m. to 12:30 p.m.

### Lead /Co-Leads

Emily Trask at: [Evrask@health.ucsd.edu](mailto:Evrask@health.ucsd.edu)

Eileen Quinn-O'Malley at: [Eileen.Quinn-Omalley@sdcounty.ca.gov](mailto:Eileen.Quinn-Omalley@sdcounty.ca.gov)

# STAFF RECRUITMENT AND RETENTION

## Research and Recommendations for County of San Diego Behavioral Health Service Providers

### BACKGROUND

San Diego Behavioral Health Services (SDBHS) is dedicated to providing culturally competent, community-based care. Recruiting and retaining behavioral health clinical staff, especially bilingual Spanish speakers, has been challenging for service providers. The difficulty lies not only in finding qualified personnel but also in maintaining their commitment due to the demanding nature of the work. The scarcity of bilingual staff in particular further limits access to quality care for linguistically diverse populations, perpetuating mental health service disparities.

To address this, the Child & Adolescent Services Research Center (CASRC) engaged with clinical leaders and line staff to collaboratively set goals for recruitment and retention practices. This approach fosters investment and alignment among stakeholders, aiming to bring about meaningful change in staffing processes.

### RESEARCH

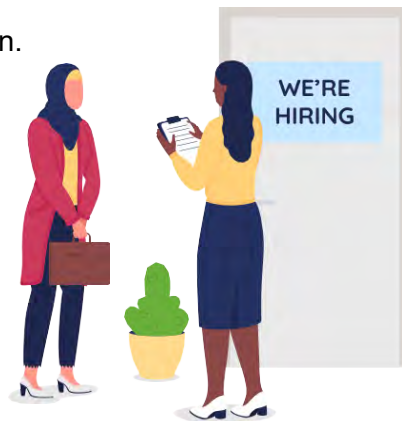
Research indicates that recognition of high rates of reported burnout among healthcare workers is essential for organizations to provide comprehensive support to their staff. Reitz et al. found that greater perceived organizational support is linked to lower burnout and reduced psychological distress among providers (2021, "Healthcare providers' perceived support from their organization is associated with lower burnout and anxiety amid the COVID-19 pandemic," *PLOS One*). Research also suggests that promoting diversity among behavioral health professionals and researchers enhances effectiveness in serving the community. Castro-Hosteler et al. recommend implementing systemic measures, such as collaboration with culturally diverse community organizations and increased cultural representation among organizational leadership, to improve the recruitment and retention of Latinx employees (2021, "Increasing Access and Quality of Behavior-Analytic Services for the Latinx Population," *Behavior and Social Issues*). The appointment of Latinx individuals to leadership positions can promote inclusivity and boost retention rates among Latinx staff. Furthermore, Fuman et al. propose providing financial incentives for multilingual skills, such as increased compensation for bilingual staff managing heavier caseloads, to facilitate recruitment and retention efforts (2009, "Social work practice with Latinos: Key issues for social workers," *Social Work*). Embracing a diverse workforce and drawing from the community is crucial, as shortages of providers from underrepresented communities can perpetuate disparity.

### RECOMMENDATIONS

Based on provider report and review of best practices, CASRC developed the following recommendations.

## RECRUITMENT

- Broaden employment search to include additional licensure such as Clinical Social Workers, Professional Clinical Counselors, and Marriage and Family Therapists.
- Improve the internal recruitment process, including promoting from within.
- Post positions in Spanish to enhance inclusivity and increase bilingual applicant pools.
- Focus on recruiting recent graduates and leverage partnerships with schools to provide internship-to-employment opportunities.
- Expand outreach at local high schools.
- To increase job visibility and attract a diverse pool of candidates, consider posting job openings in Latinx social media groups such as [Latinx Therapists](#) and [National Latino Behavioral Health Association](#).
- Increase recruitment visibility by simultaneously posting job openings on hiring platforms such as [Indeed](#), [LinkedIn](#), [SimplyHired](#), and [PsychologyJobs](#).
- Consider hiring bonuses and/or wage premiums for bilingual staff.
- Facilitate training for in-demand certifications such as EMDR and PCIT.
- Provide incentives such as supervision, professional development, continuing education benefits, and tuition reimbursement programs.



## RETENTION

- Incorporate Stay Interviews into the annual review process to enhance employee support and implement necessary changes or adjustments.
  - Introduce Exit Interviews for departing staff members to understand staff experience and identify opportunities to improve engagement.
- Boost staff support by prioritizing regular scheduled check-ins, implementing weekly staff self-care meetings, and providing administrative assistance to address burnout.
  - Establish a longevity bonus to reward employees for their loyalty and commitment to the company over time.
  - Offer flexible work schedules to support work-life balance.
  - Provide incentives such as student loan repayment programs, continuing education, and health and wellness programs, to demonstrate the company's commitment to their personal and professional well-being.



## QUESTIONS OR SUPPORT

For more information or additional support, please contact Amy Chadwick at [aechadwick@health.ucsd.edu](mailto:aechadwick@health.ucsd.edu).

# Behavioral Health Services Children, Youth and Families (CYF) Council



## Infant and Early Childhood Mental Health Committee

Submitted by:

**Stephanie Gioia-Beckman and Jennifer Kennedy**

The Infant and Early Childhood Mental Health (IECMH) committee supports the CYFBH continuum of care through 1). EDUCATION by providing information to improve system-wide understanding of infant and early childhood mental health and integrating the information throughout the system of care; 2). ADVOCACY by addressing key issues impacting infants and young children and their families; and 3). PROMOTION of SYSTEM CHANGE by increasing the system of care's understanding of services currently available and supporting culturally relevant and trauma informed system improvements. IECMH committee partners with BHS CYFSOCC when considering the unique needs of the 0-5 population and their caregivers when making decisions on programming, policy, and training.

### Fiscal Year 2024-25 Active Committee Members

Public	Private	Private	Family
Dr. Kelly Motadel	Angela Puffelis	Lisa Castagnola	Mina Arthman
Emily Gaines	Jennifer Kennedy	Hyon-Chin (H-C) Lee	LaTysa Flowers
	Lexie Palacio	Ginger Bial	Kacie Rodville
Private	Leslie Manriquez	Aimee Zeitz	
Kristin Garrett Montgomery	Stephanie Gioia-Beckman	Rosa Ana Lozada	Education
Azmin Granados	Melanie Morones	Sade Carswell	Kim Flowers
Aisha Pope	Brittany Vedder	Natalie Elms	
Stacy Annand	Dr. Sherry Casper		

### Fiscal Year 2023-24 Accomplishments

#### Best Practices in ECMH:

- Continue to provide supportive and collaborative environment for providers and program staff to identify and promote best practices in ECMH and promote their use in San Diego's system of care.
- Developed recommendations informed by clinical expertise for the Behavioral Health Assessment 0 – 5. Presented recommendations to System of Care Council and BHS.

#### Advocacy/Funding:

- Asset Mapping: Identifying gaps and assets in San Diego serving 0 – 5 population and their caregivers/parents.
- Hosted community partners to increase awareness about local, State programs and funding (e.g., FFPSA-PCIT; SAMSHA and CYBHI grants).
- Advocacy Training led by NAMI. Committee began developing key messaging for ECMH priorities.

#### Partnerships:

- Expanded membership and reengaged organizations to achieve greater representation across 0 – 5 serving agencies and the County to deepen partnerships.
- Connected with partners at CWS/CFWB to elevate continued need for trauma screening of infants and youngest children.

#### Resources:

- Committee recommendation prompted development of [Early Childhood Resources](#) page on County website.
- Initiated Reflective Practice white paper for distribution.

### Areas of Focus for Fiscal Year 2024-25

- Actively influence program design, services, resources, workforce development, and funding that impacts the 0-5 population and their caregivers by advocating to local and state leaders, decision-making initiatives, and other venues
- Recommend behavioral health trainers/trainings, including reflective practice to advance infant and early childhood mental health throughout all systems of care including key conferences (i.e. We Can't Wait; Birth of Brilliance)

- Identify content in infant and early childhood for systemwide distribution designed for providers, parents and caregivers; and
- Partner with other Children, Youth and Families System of Care Committees, County Departments, and County Collaboratives to identify and advance practices specific to children ages 0-5 and their caregivers and continue to expand sector membership.

#### Fiscal Year 2024-25 Meeting information

**Meeting date:** Second Monday of the month  
**Location/Format:** Virtual  
**Time:** 10:45 a.m. – 11:45 a.m.

#### Lead /Co-Leads

Stephanie Gioia-Beckman: [sgioiabekman@rchsd.org](mailto:sgioiabekman@rchsd.org)  
 and  
 Jennifer Kennedy: [jkennedy@aapca3.org](mailto:jkennedy@aapca3.org)

# Behavioral Health Services Children, Youth and Families (CYF) Council



## Training

Submitted by: Edith Mohler

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

### Fiscal Year 2024-25 Active Committee Members

Public	Private	Private	Family
Edith Mohler	Hayley Rico	Melissa Penaflor	Celeste Hunter
Rhonda Crowder	Golby Rahimi	Faeth Jackson	
Jennifer Rusit	LaTysa Flowers	Aisha Pope	Education
Jorge Aguilar	Kacie Rodvill	Angela Rowe	Sonia Lira
Nilanie Ramos			

### Fiscal Year 2023-24 Accomplishments

- Researched and summarized the history of the Council Training academy.
- Coordinated the annual System of Care Principles Awards process.
- Coordinated the **From Loneliness to Connection and Belonging: "I'll Be There..."** virtual training presented virtually on May 17, 2024 and recorded training to be available at: [BHS Workforce Trainings \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/bhs-workforce-trainings)

### Areas of Focus for Fiscal Year 2024-25

- Provide recommendations for relevant trainings for staff that service Children, Youth and Families programs
- Coordinate the annual System of Care Principles Awards process.

### Fiscal Year 2024-25 Meeting information

**Meeting date:** Feb | May | Aug | Nov  
**Location/Format:** Virtual  
**Time:** TBD

**Lead /Co-Leads**  
 Edith Mohler: [Edith.Mohler@sdcounty.ca.gov](mailto:Edith.Mohler@sdcounty.ca.gov)  
 Jennifer Rusit: [Jennifer.Rusit@sdcounty.ca.gov](mailto:Jennifer.Rusit@sdcounty.ca.gov)

# Behavioral Health Services Children, Youth and Families (CYF) Council



## Transition Age Youth Council Submitted by: Erin Murphy

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

### Fiscal Year 2024-25 Active Committee Members

Public	Private	Private	Private
Erin Murphy (BHS Lead)	Anne Lacy	Jesse Emerson	Laura Tancredi-Baese
Brianna Renstrom (Staff)	Marie Hommel	Rebecca Hamada	Family
Cesar Carrasco (Staff)	Eliza King	Eycleisha Ericksen	
Lorena Locano (Staff)	Paul Hermann	Pam Meza	Education
	Gabriela Garcia	Tanya Zepeda	
	Ahni Rocha-Redmond	Victor Esquivel	

### Fiscal Year 2023-24 Accomplishments

Three primary focus areas for the Council in FY23/24  
 Health Wellness and Healing – created a survey to gather information about the needs of TAY and distributed to TAY. Created a roadmap of resources from the feedback regarding the needs of TAY. Group connected with the BHS Communication and Engagement team to combine efforts to provide needed resource access to TAY.  
 Education/Employment Services – created a resource guide, flyer to gain participation, and information about joining the council or workgroup. Obtained official policies and council feedback about having youth (16-18 year-olds) join the Council.  
 Housing - Bridging the Gap Between TAY and Substantiable Housing

Presentations to the Council for FY23/24 include SAY San Diego Fentanyl, Opioids, and Naloxone (Narcan) Training “What You can Learn to Save a Life!”, OHS Program serving TAY; San Diego Workforce Partnership - Access to Career Pathways for Foster Youth; Harmonium’s Enhanced Care Management; APEX Recovery Outpatient Detox; CRF Maria Sardinias Wellness Recovery Center; UPAC, A New Start; Urban Corps of San Diego.

There have been further vacancies to the TAY Council and a heightened priority is to fill the following seats: Commercial Sexual Exploitation of Children, Education, Hospital Partner, Housing, Law Enforcement, LGBTQ, Mental Health Prevention and Early Intervention, Primary Health Care, Public Safety Liaison, Substance Use Services/Co-occurring, Transitional Age Youth (1), and Transitional Age Youth (2).

### Areas of Focus for Fiscal Year 2024-25

Areas of focus for FY 2024-25 will be gathered at the July Strategic Planning Meeting

### Fiscal Year 2024-25 Meeting information

**Meeting date:** Fourth Wednesday of the month  
**Location/Format:** Virtual Meetings on Microsoft Teams  
**NEW Time:** 11am to 12:30 p.m.

**Lead /Co-Leads**  
**Co-Chairs:** Anne Lacey and Victor Esquivel  
 BHS Representative:  
[Erin.Murphy@sdcounty.ca.gov](mailto:Erin.Murphy@sdcounty.ca.gov)

# Behavioral Health Services Children, Youth and Families (CYF) Council



## Cultural Competence Resource Team

Submitted by: Rosa Ana Lozada and Edith Mohler

To provide recommendations to Behavioral Health Services executive leadership on issues of cultural competence in alignment with the [Cultural Competence Plan](#) submitted to the State each year.

### Fiscal Year 2024-25 Active Committee Members

Public	Public	Private	Private
Piedad Garcia - Chair Ethnic Services Coordinator	Samanta D. Wilson	Wanjiru Golly	Meshate Mengistu
Charity White-Voth	Emmanuel Molin	Shane Padamada	Vanessa Pineda
Liz Miles	Claire Riley	Rosa Ana Lozada	Spshelle Rutledge
Angie Solom	<b>Private</b>	Fardosa Osman	Shiva Jaimes
Edith Mohler	Melissa Penaflor	Ingrid Alvarez-Ron	<b>Family</b>
Nancy Rodriguez	Sahra Abdi	Awichu Akwanya	Celeste Hunter
Sara Zare	Rebecca Paida	Gebaynesh Gashaw-Gant	Ingrid Alvarez-Ron
Jennifer Rusit	Evelyn Parada	Rick Heller	Nathaly Martinez
Andrea Duron	Shadi Haddad	Mahvash Alami	<b>Education</b>
Natanya Glezer	Adam Renteria	Carmen Pat	Juan Camarena
Danyte Mockus-Valenzuela	Robert Cook	Kacie Rodvill	Erick Mora

### Fiscal Year 2023-24 Accomplishments

#### CCRT - Accomplishments in alignment with CLAS Standards:

1) Governance, Leadership and Workforce, 2) Communication and Language Assistance, Engagement, 3) Continuous Improvement, and Accountability

<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/EnhancedNationalCLASStandards.pdf>

#### Continuous Improvement, and Accountability

- **Training – Workforce Advancement:-** Relevant updates through the CCRT Chair report agenda item and scheduled presentations:
  - **August 4, 2023** – Mobile Crisis Response Team (Meghan Patrick Thompson, Breawna Lane, and Alisha Eftekhari)
  - **December 1, 2023** – CARE Court (Dr. Rosolyn Harper)
  - **June 7, 2024** – Workforce Development, Retention and Recruitment

#### Governance, Leadership and Workforce

- **Interdisciplinary Collaboration and Cultural Transformation Model Learning Collaborative (ICCTM LC) Training Series**  
Trainings focused on advancing culturally responsive practices and in support of the Culturally and Linguistic Appropriate Services (CLAS) Standards
  - ICCTM Overview
  - The Impact of COVID-19
  - Social Determinants of Health
  - National CLAS Standards
  - Trauma in the Trenches
  - Untangling Intangible Loss in the Treatment of Traumatic Grief
  - Quality Improvement and Mental Health Plan Equity Data
  - Community Engagement Models (Part 1, Part 2, and Part 3)
  - ICCTM Sustainability

## Continuous Improvement, and Accountability

### Cultural Competence Advancements highlights: Relevant updates through scheduled presentations:

- **September 1, 2023** – Population Health (Dr. Nicole Esposito)
- **October 6, 2023** – Cultural and Linguistic Competence Policy Assessment (CLPA)
- **November 3, 2023** – UCSD Community Experience Partnership (Kate McDonald)
- **February 2, 2024** – Addressing Latino Penetration rate (Liz Miles)
- **March 1, 2024**–Community Engagement (Katherine Briggs)
- **April 5, 2024** – BHS updates provided by CCRT Chair, Piedad Garcia
- **May 3, 2024** – MCRT dashboard (Alisha Eftekhari and Kameka Smith) and BHS Special Populations report Fiscal Year 2022-23 (Liz Miles)
- CCRT Education and Training committee reviewed Substance Use legal entities' practices in implementing CLAS Standards in their programs

## CYF Council

### Continuous Improvement, and Accountability

#### Training -Workforce advancement

- Encouraged attendance to the [Birth of Brilliance](#) conference and Cultural Fair and Early Childhood Annual conference

#### Advancement

- Continued with the monthly Culture Share agenda item - highlights
  - **July 10, 2023** – Focus: How Italian/Sicilian family culture influenced passion to serve families (Stephanie Gioia-Beckman)
  - **August 14, 2023** – Focus: Role in BHAB and educator as a Black male (Bill Stewart)
  - **September 12, 2023** – Focus: “Tri-cultural” upbringing influence on work/life promoting inclusivity, understanding and equity (Dr. Divya Kakaiya)
  - **November 13, 2023** – Focus: Immigrant experience from Philippines to San Diego/Thanksgiving holiday (Darwin Espejo)
  - **January 8, 2024** – Focus: Advocacy and promoting growth (Vanessa Arteaga)
  - **February 12, 2024** – Black History month acknowledgement
  - **March 11, 2024** – Focus: Ramadan (Dina Ali)
  - **May 13 2024:** - Focus National Military Appreciation month acknowledgement
  - **June 10, 2024:** Highlighted LGBTQIA+ Pride Month and National Gun Violence Awareness Day and Month

## Areas of Focus for Fiscal Year 2024-25

## CCRT

### Governance, Leadership and Workforce

- CCRT Education and Training committee will present findings on the legal entities Cultural Competence plans reviewed in previous fiscal year
- CCRT Education and Training committee will continue with updates/Substance Use Cultural Competence Review and present findings to the CCRT
- Expand CCRT membership

## CYF Council

### Communication and Language Assistance, Engagement

- Restructure the Culture Share CYF Council meeting agenda item
- Integrate Culture Share to CCRT

## Fiscal Year 2024-25 CCRT Meeting information

**Meeting date:** First Friday of the month

**Location/Format:** Virtual

**Time:** 10 to 11:30 a.m.

**Additional Resources: Cultural Competence Handbook:**

[cc\\_handbook20.pdf \(sandiegocounty.gov\)](#)

### Lead /Co-Leads

**BHS Lead:** Piedad Garcia

**CCRT staff contact:** Andrea Durón at:

[andrea.duron@sdcounty.ca.gov](mailto:andrea.duron@sdcounty.ca.gov)

**CYF Council Representative:** Rosa Ana Lozada

**CYF Council staff:** Edith Mohler

**CYF Council**  
**Fiscal Year 2024-25 Strategic Planning**  
**Considering the needs of children and youth in the context of State initiatives**

**Knowledge Exchange**

**Facilitator:** Celica Garcia-Plascencia

**Scribe:** Shaun Goff

**Participants:**

**Key Discussion Items & Input**

•

**Primary summary statement** - recommendation or actionable request to BHS Director

**Secondary summary statement** - recommendation or actionable request to BHS Director

**Additional Notes**

•

**CYF Council**  
**Fiscal Year 2024-25 Strategic Planning**  
**Considering the needs of children and youth in the context of State initiatives**

<b>Community Engagement</b>
<b>Facilitator:</b> Jennifer Kennedy
<b>Scribe:</b> Terri Kang
<b>Participants:</b>
<b>Key Discussion Items &amp; Input</b>
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">•</div> </div>
<b>Primary summary statement</b> - recommendation or actionable request to BHS Director
<b>Secondary summary statement</b> - recommendation or actionable request to BHS Director

<b>Additional Notes</b>
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">•</div> </div>

**CYF Council**  
**Fiscal Year 2024-25 Strategic Planning**  
**Considering the needs of children and youth in the context of State initiatives**

<b>Prevention and Early Intervention</b>
<b>Facilitator:</b> Mara Madrigal-Weiss & Fran Cooper
<b>Scribe:</b> Kelly Bordman
<b>Participants:</b>
<b>Key Discussion Items &amp; Input</b>
•
<b>Primary summary statement</b> - recommendation or actionable request to BHS Director
<b>Secondary summary statement</b> - recommendation or actionable request to BHS Director

<b>Additional Notes</b>
•

**CYF Council**  
**Fiscal Year 2024-25 Strategic Planning**  
**Considering the needs of children and youth in the context of State initiatives**

<b>Service and Funding Priorities</b>
<b>Facilitator:</b> Heather Nemour & Amanda Lance-Sexton
<b>Scribe:</b> Emily Gaines
<b>Participants:</b>
<b>Key Discussion Items &amp; Input</b>
<b>Primary summary statement</b> - recommendation or actionable request to BHS Director
<b>Secondary summary statement</b> - recommendation or actionable request to BHS Director

<b>Additional Notes</b>

# **Section 1115 Public Hearing for:**

**Behavioral Health Community-Based Organized  
Networks of Equitable Care and Treatment (BH-  
CONNECT) Section 1115 Demonstration &**

**California Advancing & Innovating in Medi-Cal  
(CalAIM) Transitional Rent Services Amendment**

# Welcome & Meeting Logistics



## Meeting Logistics

- » Participants are joining in person, by computer, or phone.
- » Participants joining by computer or phone will be automatically muted upon entry.
- » Telephone and computer participants can offer spoken public comments during the last half of the webinar. Those joining by computer may also use the Q&A box to submit questions and public comments.

## Closed Captioning

- » Live closed captioning is available – you can find the link in the Chat field.

## Submitting Public Comments

- » **Q&A Box.** All information and questions received through the Q&A box will be recorded as public comments.
- » **Spoken.** Participants will have the opportunity to submit public comments in the last 20 minutes of the webinar.

# Continuous Coverage Unwinding

- » **The continuous coverage requirement ended on March 31, 2023**
- » **Medi-Cal redeterminations began on April 1, 2023, and will continue for all Medi-Cal members through May 2024 based on the individuals established renewal date.**
- » **Top Goal of DHCS:** Minimize member burden and promote continuity of coverage.
  - DHCS implemented several federal flexibilities to make the renewal process simpler during the continuous coverage unwinding.
- » **How you can help:**
  - Become a **DHCS Coverage Ambassador**
  - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available
  - Check out the [Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan](#) (Updated March 7, 2023)

# Continuous Coverage Unwinding Communications Strategy

- » On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ended March 31, 2023. The campaign will complement the efforts of the [DHCS Coverage Ambassadors](#) that was launched in April 2022.
- » **DHCS launched the [Keep Your Community Covered Resources Hub](#)** which includes resources in all 19 threshold languages.
- » **DHCS released the new, interactive [Medi-Cal Continuous Coverage Unwinding Dashboard](#)** that will allow you to gain demographic and geographic insights to enrollment and renewal data.
- » **Direct Medi-Cal members to [KeepMediCalCoverage.org](#) or [MantengaSuMedical.org](#),** which includes resources for members to update their information and find their local county offices. It will also allow them to sign up to receive email or text updates from DHCS.

# Agenda

## **BH-CONNECT Initiative & Section 1115 Demonstration**

- » Overview of BH-CONNECT
- » Section 1115 Demonstration Request
- » Demonstration Financing and Preliminary Evaluation Plan
- » Timeline & Next Steps

## **CalAIM Transitional Rent Services Amendment**

- » Background on Housing-Related Supports in California
- » Transitional Rent Services Amendment Request

## **Discussion**

## **Public Comment**

*Following the BH-CONNECT and CalAIM Transitional Rent Services public hearing, the Behavioral Health (BH) Workgroup will have a discussion on contingency management*

# **BH-CONNECT Initiative & Section 1115 Demonstration**

# Overview of BH-CONNECT



# Why BH-CONNECT?

**The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative builds upon unprecedented investments and policy transformations to establish a robust continuum of community-based behavioral health services and improve access, equity, and quality for Medi-Cal members.**

- » Like the rest of the nation, **California faces a growing mental health crisis**, which has been exacerbated by COVID-19: as of 2019, nearly 1 in 20 adult Californians were living with serious mental illness (SMI), and 1 in 13 California children were living with serious emotional disturbance (SED).
- » California has **invested more than \$10 billion and is implementing landmark policy reforms** to strengthen the behavioral health care continuum through initiatives that include:
  - ☑ The **California Advancing and Innovating Medi-Cal** (CalAIM) demonstration to transform and strengthen Medi-Cal, including policy changes to move Medi-Cal behavioral health to a more consistent and seamless system by reducing complexity and increasing flexibility.
  - ☑ The **Children and Youth Behavioral Health Initiative** (CYBHI), a historic investment to enhance, expand and redesign the systems that support behavioral health for children and youth.
  - ☑ Investments in infrastructure and new housing settings through the **Behavioral Health Continuum Infrastructure Program** (BHCIP) and the **Behavioral Health Bridge Housing** (BHBH) Program.
  - ☑ Strengthening the behavioral health crisis care continuum, including implementing **mobile crisis services** and the **988 Suicide and Crisis Lifeline**.

# Section 1115 Demonstration Opportunity

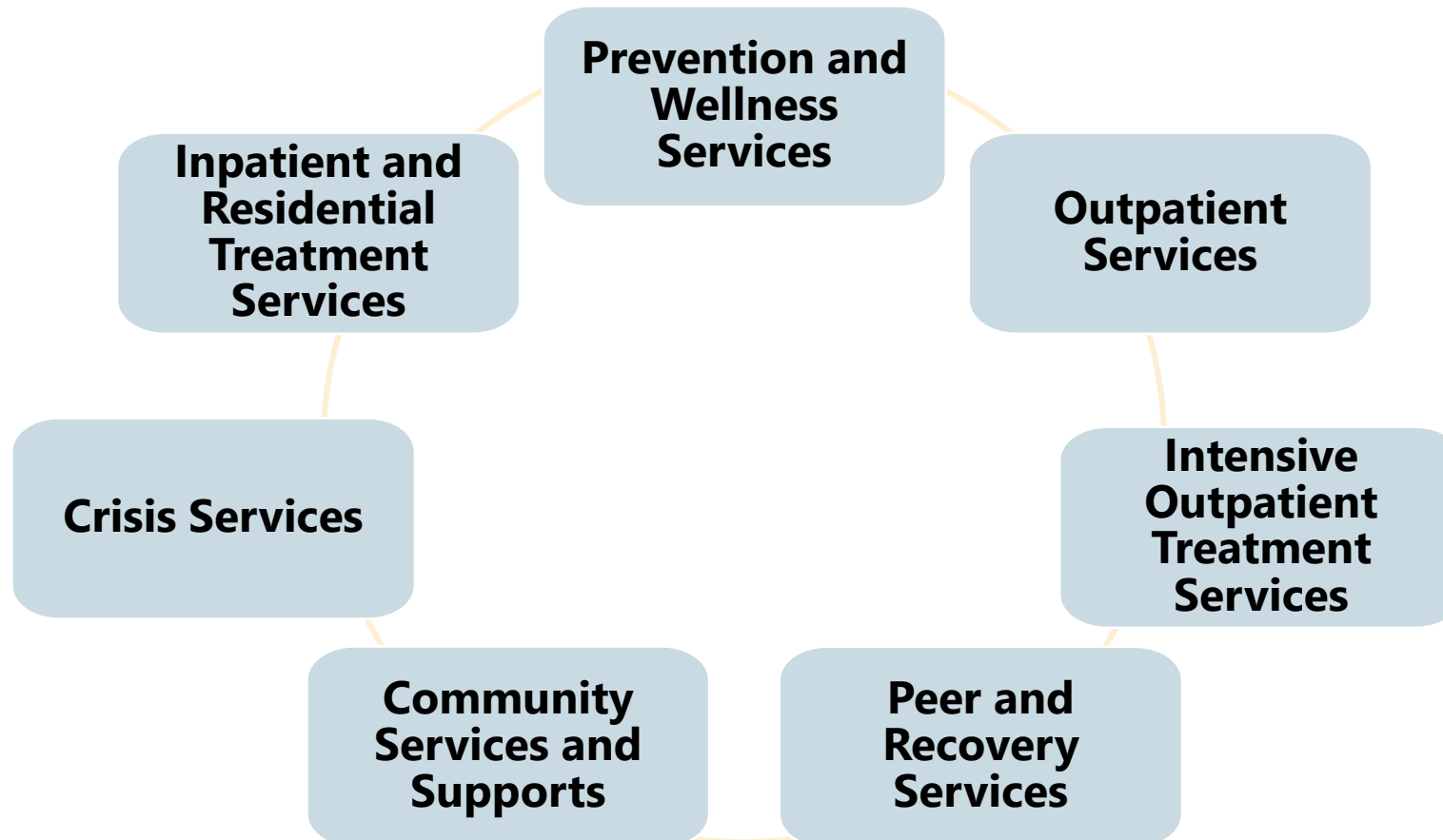
**The BH-CONNECT demonstration will strengthen the continuum of community-based behavioral health services, while also taking advantage of CMS' opportunity to receive federal financial participation (FFP) for care provided during short-term stays in Institutions for Mental Diseases (IMDs).**

- » **CMS' 2018 guidance** permits states to use 1115 demonstrations to receive FFP for short-term care\* provided to Medicaid members living with SMI/SED in qualifying IMDs, provided states establish a robust continuum of community-based care and enhance oversight of inpatient and residential settings.
- » **California was the first state to obtain a similar waiver allowing IMD expenditure authority for substance use disorder (SUD) care provided in IMDs** in exchange for strengthening SUD services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- » In October 2021, **CMS created new flexibility to secure FFP for longer stays in Short-Term Residential Therapeutic Programs (STRTPs) classified as IMDs** for youth in the child welfare system for up to two years. States must submit a detailed plan with key milestones and timeframes for transitioning children out of STRTPs that are IMDs.
- » In November 2022, DHCS **released an external concept paper outlining the proposed** approach to the BH-CONNECT demonstration (formerly the CalBH-CBC demonstration).
- » On August 1, 2023, **DHCS released the proposed BH-CONNECT Section 1115 application.**

*\*The opportunity is limited to stays that are no longer than 60 days, with a requirement for a statewide average length of stay of 30 days.*

# Enhancing the Continuum of Care (1/3)

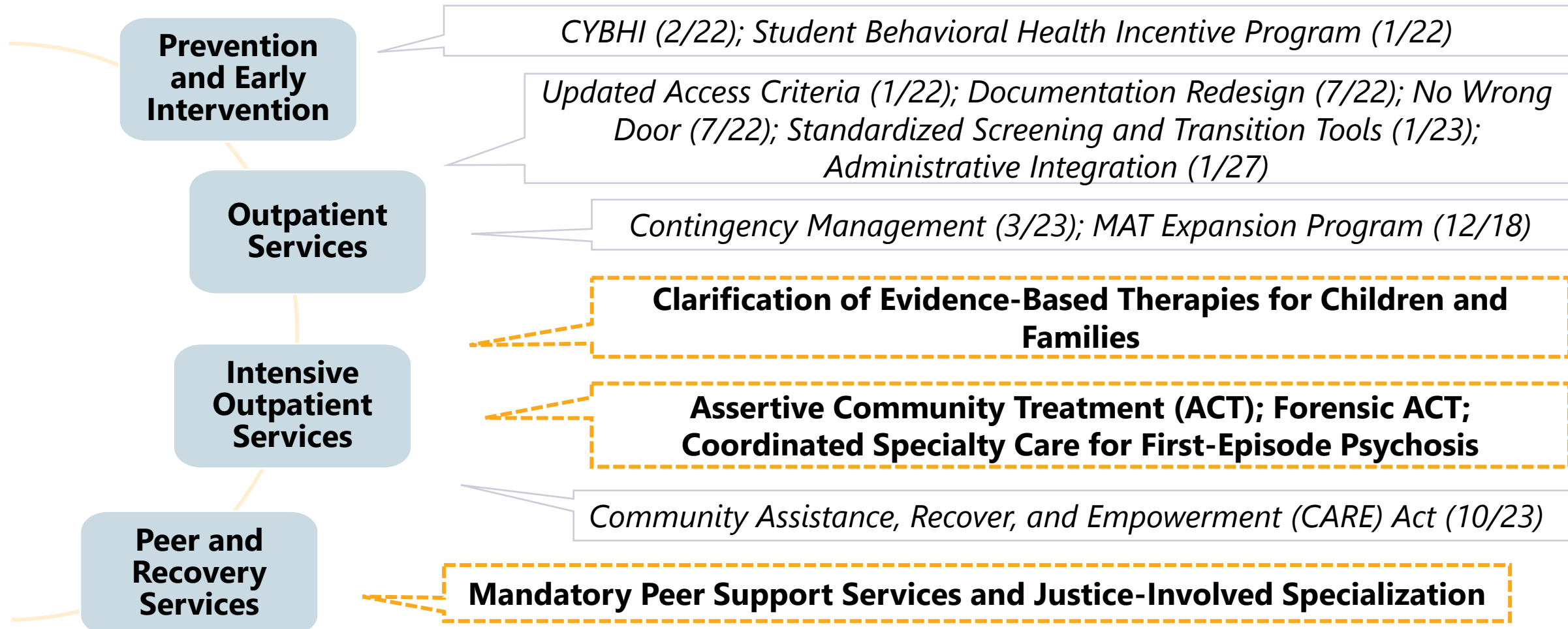
**BH-CONNECT will complement and further build out the continuum of care for Medi-Cal members living with significant behavioral health needs.**



In the following slides, BH-CONNECT initiatives are in **bold** and outlined in yellow; existing initiatives are *italicized*.

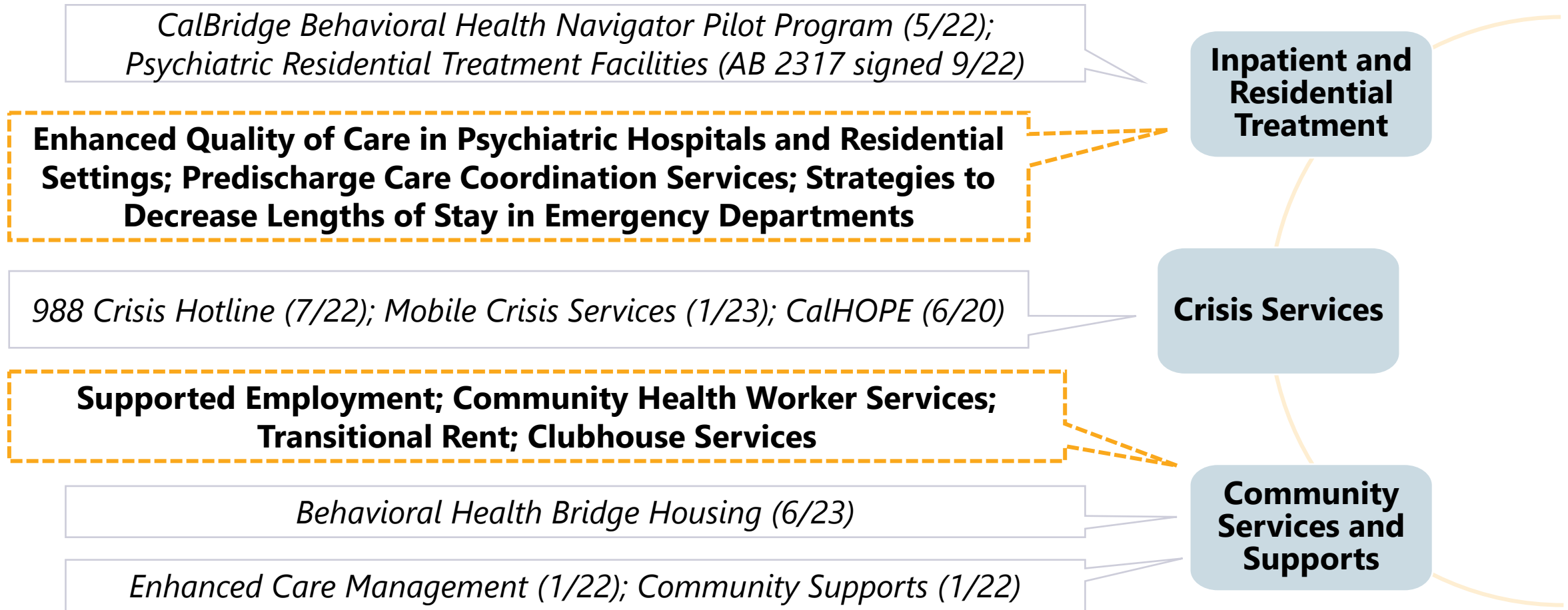
# Enhancing the Continuum of Care (2/3)

**BH-CONNECT will complement and further build out the continuum of care for Medi-Cal members living with significant behavioral health needs.**



# Enhancing the Continuum of Care (3/3)

**BH-CONNECT will complement and further build out the continuum of care for Medi-Cal members living with significant behavioral health needs.**



# Proposed Approach

## BH-CONNECT aims to:

- » **Expand the continuum of community-based services and evidence-based practices (EBPs)** available through Medi-Cal.
- » **Strengthen family-based and supports** for children and youth living with significant behavioral health needs, including children and youth involved in child welfare.
- » Connect members living with significant behavioral health needs to **employment, housing, and social services and supports**.
- » **Invest in statewide practice transformations** to better enable county behavioral health plans and providers to support Medi-Cal members living with behavioral health conditions.
- » **Strengthen the workforce** needed to deliver community-based behavioral health services and EBPs to members living with significant behavioral health needs.
- » Reduce the risk of individuals **entering or re-entering the criminal justice system** due to untreated or under-treated mental illness.
- » **Incentivize outcome and performance improvements** for children and youth involved in child welfare that receive care from multiple service systems.
- » **Reduce use of institutional care** by those individuals most significantly affected by significant behavioral health needs.

# Section 1115 Demonstration Request

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# Key Demonstration Components

**DHCS is requesting Section 1115 demonstration authorities for specific features of the BH-CONNECT proposal, as detailed in the following slides. Other features will require a State Plan Amendment or administrative expenditures, and others can be implemented using existing federal Medicaid authorities.**

## **Section 1115 Authorities**

### Expenditure Authority Requests

- ✓ Workforce Initiative
- ✓ Statewide Incentive Program
- ✓ Cross-Sector Incentive Program
- ✓ Activity Stipends
- ✓ Opt-In Incentive Program
- ✓ Transitional Rent Services
- ✓ FFP for IMDs
- ✓ Designated State Health Programs (DSHPs)

### Waiver Authority Requests

- ✓ Statewideness
- ✓ Amount, Duration, and Scope and Comparability

## **Forthcoming State Plan Amendment**

- ✓ ACT
- ✓ Forensic ACT
- ✓ Coordinated Specialty Care for First Episode Psychosis
- ✓ Individual Placement and Support (IPS) Model of Supported Employment
- ✓ Community Health Worker Services
- ✓ Clubhouse Services

## **Existing Federal Medicaid Authorities**

- ✓ Centers of Excellence
- ✓ Clarification of Coverage of Evidence-Based Child and Family Therapies
- ✓ Initial Child Welfare/Specialty Mental Health Assessment
- ✓ Foster Care Liaison Role
- ✓ Requirements for Counties that Opt-In to Receive FFP for IMDs
- ✓ Implementation of Other CMS Milestones

# BH-CONNECT Features Outside the Section 1115 Demonstration

## Existing Federal Medicaid Authorities

- » **Centers of Excellence** to offer training and technical assistance to delivery systems and providers to support fidelity implementation of EBPs
- » Clarification of **coverage requirements for EBPs** for children and youth, including for Multisystemic Therapy (MST), Functional Family Therapy (FFT), Parent-Child Interaction Therapy (PCIT), and potentially additional therapeutic modalities
- » Establishment of an **initial child welfare/specialty mental health assessment** at the entry point into child welfare
- » Inclusion of a **Foster Care Liaison** within managed care plans (MCPs)
- » Implementation of specific **requirements for counties that opt-in to receive FFP** for short-term stays in IMDs
- » Implementation of **other CMS milestones** (to be described in implementation plan)

## State Plan Amendment

- » **ACT**
- » **FACT**
- » **CSC for FEP**
- » **IPS Supported Employment**
- » **Community Health Worker Services**
- » **Clubhouse Services**

*DHCS will work with CMS to request any additional authorities to cover these services, as needed.*

# Section 1115 Demonstration Request

## Statewide Features

- » **Workforce initiative** to invest in a robust, diverse behavioral health workforce to support Medi-Cal members living with significant behavioral health needs.
- » **Statewide incentive program** to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes.
- » **Cross-sector incentive program** to support children and youth involved in child welfare who are also receiving specialty mental health services.
- » **Activity Stipends** to ensure children and youth involved in child welfare have access to community and school-based activities that support health and well-being.

## County Option

- » **Incentive program for opt-in counties** to support and reward counties in implementing a robust continuum of community-based behavioral health services and EBPs for Medi-Cal members.
- » **Transitional Rent Services** for up to six months for eligible high-need members who are experiencing or at risk of homelessness.
- » FFP for **care provided during short-term stays in IMDs.**

# Statewide Feature: Workforce Initiative



**California is facing an acute behavioral health workforce shortage. To build upon work already underway in California, DHCS is requesting expenditure authority for a workforce initiative to support the identification, training, and retention of behavioral health professionals to provide services across the continuum.**

The workforce initiative will be used for critical investments in the behavioral health workforce, which may include:

- » **Long-term investments**, such as partnerships with colleges and universities to expand allied professional and graduate programs in social work, psychology, and other related programs, and to build upon recent investments to augment the pipeline of Peer Support Specialists, Community Health Workers, SUD counselors, and other practitioners.
- » **Short-term investments**, such as hiring and retention bonuses, scholarship and loan repayment programs, certification costs for community health workers and peer support specialists, and other stipends.

*DHCS will partner with stakeholders to inform the design of the workforce initiative.*

## Key Focus Areas

Focus areas for the workforce initiative will be on:

- » Ensuring the workforce is equipped to provide culturally- and linguistically-appropriate care
- » Engaging individuals with lived experience
- » Addressing the shortage of professionals who work with children and youth and the justice-involved population

# Statewide Feature: Statewide Incentive Program



**DHCS is requesting expenditure authority to make new investments in county Mental Health Plans (MHPs) and DMC-ODS counties to ensure they are equipped to implement BH-CONNECT activities through a statewide incentive program.**

The incentive program will invest in counties to strengthen quality infrastructure and reporting on key outcome measures. Specific measurement domains and measures will be developed in partnership with key stakeholders and may include:

- » Effective transitions of care
- » Cultural and Race, Ethnicity, and Language (REAL) responsiveness
- » Follow-up after emergency department (ED) visit for mental illness
- » Follow-up after hospitalization for mental illness
- » Antidepressant medication management
- » Use of first-line psychosocial care for children and adolescents on antipsychotics
- » Adherence to antipsychotic medications for individuals with schizophrenia

***The statewide incentive program is intended to build upon work done as part of CalAIM Behavioral Health Quality Improvement Program (BHQIP) to strengthen counties' quality reporting and monitoring infrastructure.***

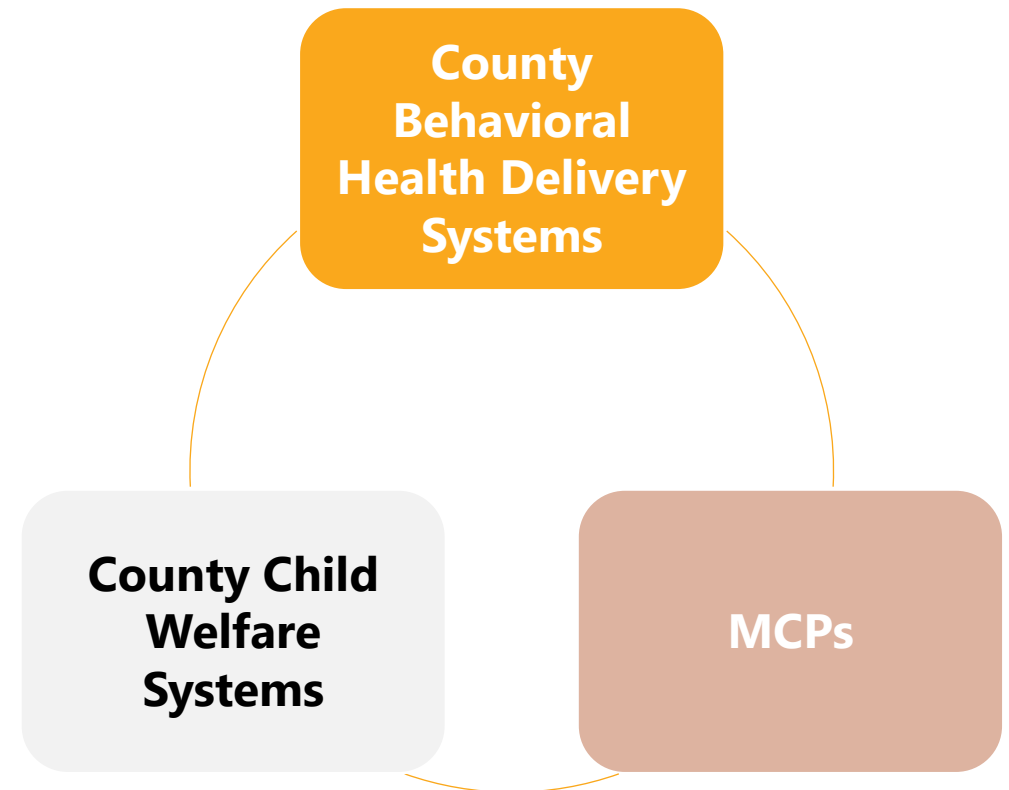
# Statewide Feature: Cross-Sector Incentive Program for Children Involved in Child Welfare



Children involved in child welfare frequently require coordination across multiple systems to meet their needs. DHCS plans to establish a cross-sector incentive program to facilitate innovation and drive outcome improvements through cross-agency collaboration.

The cross-sector incentive program will provide fiscal incentives for three key systems to **work together and share responsibility in improving behavioral health outcomes** among children involved in child welfare.

*DHCS has received valuable feedback on potential measures for this incentive program and is working closely with stakeholders on the framework and measure set for the cross-sector incentive program to ensure it is designed in a way to best support children and youth involved in child welfare who are living with behavioral health needs.*



# Statewide Feature: Activity Stipends

**DHCS is requesting expenditure authority to develop a new support for children ages 3 and older involved in child welfare to increase access to extracurricular activities, which can enhance physical health, mental wellness, healthy attachment, and social connections.**

**Activity Stipends would support activities not otherwise reimbursable in Medi-Cal, such as:**

- » Movement activities
- » Sports
- » Leadership activities
- » Excursion and nature activities
- » Music and art programs
- » Other activities to support healthy relationships with peers and supportive adults

*DHCS will work with California Department of Social Services, county child welfare agencies, tribal social services and tribal child welfare programs on distribution of Activity Stipends.*

## Eligibility Criteria

Members may be eligible for Activity Stipends if they are:

- » under age 21 and currently involved in the child welfare system in California;
- » under age 21 and previously received care through the child welfare system in California or another state within the past 12 months;
- » aged out of the child welfare system up to age 26 in California or another state;
- » under age 18 and are eligible for and/or in California's Adoption Assistance Program; or
- » under age 18 and currently receiving or have received services from California's Family Maintenance program within the past 12 months.

# County Option: FFP for Care Provided in IMDs

**As part of the BH-CONNECT demonstration, DHCS is requesting FFP for services provided to Medi-Cal members living with significant behavioral health needs during short-term stays in IMDs.**

- » County MHPs that agree to certain conditions (“opt-in counties”) will receive FFP for services provided during short-term stays\* in IMDs consistent with CMS’ requirements.
- » To participate, opt-in counties must:
  - ☒ cover a full array of enhanced community-based services and evidence-based practices;
  - ☒ reinvest dollars generated by the BH-CONNECT demonstration into community-based care; and
  - ☒ meet accountability requirements to ensure that IMDs are used only when there is a clinical need and that IMDs meet quality standards.

## Enhanced Community-Based Services

Counties that “opt in” to receive FFP for short-term stays in IMDs must provide:

- » ACT
- » Forensic ACT
- » CSC for FEP
- » IPS Supported Employment
- » Transitional Rent Services
- » Community Health Worker Services

*Counties may “opt in” on a rolling basis.*

*\*The opportunity is limited to stays that are no longer than 60 days, with a requirement for a statewide average length of stay of 30 days.*

# County Option: FFP for Care Provided in IMDs

County MHPs may “opt-in” to participate in BH-CONNECT on a rolling basis. Each opt-in county must meet key milestones to be eligible for FFP for care provided in IMDs.

Upon IMD Opt-In County Go-Live	Within 1 Year of Go-Live	Within 2 Years of Go-Live	Within 3 Years of Go-Live
<ul style="list-style-type: none"> <li>Participate in opt-in county incentive program</li> <li>Begin training and technical assistance for ACT/FACT</li> </ul> <p><b>Begin providing:</b></p> <ul style="list-style-type: none"> <li>Peer Support Services, including forensic specialization</li> <li>Community Health Worker services</li> </ul>	<ul style="list-style-type: none"> <li>Fully implement ACT</li> </ul> <p><b>Begin providing:</b></p> <ul style="list-style-type: none"> <li>Transitional Rent Services</li> </ul>	<ul style="list-style-type: none"> <li>Fully implement FACT</li> </ul> <p><b>Begin providing:</b></p> <ul style="list-style-type: none"> <li>CSC for FEP</li> </ul>	<p><b>Begin providing:</b></p> <ul style="list-style-type: none"> <li>IPS Supported Employment</li> </ul>

**Counties that are not participating in the IMD opportunity will have the option to implement Transitional Rent Services, IPS Supported Employment, Community Health Worker Services, ACT/FACT, CSC for FEP, and Clubhouse Services on a rolling basis.**

# County Option: Opt-In County Incentive Program

**DHCS recognizes counties that opt-in to the BH-CONNECT demonstration will need to make significant investments to meet state and federal requirements, including building provider networks for community-based services and ensuring quality of participating IMDs.**

The incentive program will support and reward counties in implementing community-based care options. Specific measurement domains and measures will be developed in partnership with key stakeholders and may include:

## **Start-up and capacity development:**

- » Receive DHCS approval of BH-CONNECT county implementation plan.

## **Process and structural milestones:**

- » Submit baseline reporting on outcome measures related to BH-CONNECT.
- » Ensure provider organizations participate in fidelity review for specific EBPs, such as ACT, FACT, CSC for FEP, and IPS Supported Employment.

## **Performance and outcomes:**

- » Demonstrate improved outcomes related to BH-CONNECT programs.
- » Demonstrate increased utilization rates of community-based services and EBPs available through the BH-CONNECT demonstration.
- » Demonstrate improvement on quality-of-life measures.

***Most of the opt-in county incentive program resources will be focused on outcomes associated with effective implementation of community-based services and EBPs.***

# County Option: Transitional Rent Services



**Medi-Cal members will be eligible for transitional rent services in participating counties if they:**

- » Meet the access criteria for SMHS, DMC, and/or DMC-ODS services **and**
- » Meet HUD's current definition of homelessness or at-risk of homelessness with two modifications:
  - If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the institutionalization; **and**
  - The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at-risk of homelessness under the current HUD definition to 30 days.

**AND meet one or more of the following criteria:**

- » are transitioning out of an institutional care or congregate residential setting, including but not limited to an inpatient hospital stay, inpatient or residential SUD treatment or recovery facility, inpatient or residential mental health treatment facility, or nursing facility;
- » are transitioning out of a correctional facility;
- » are transitioning out of the child welfare system;
- » are transitioning out of recuperative care facilities or short-term post-hospitalization housing;
- » are transitioning out of transitional housing;
- » are transitioning out of a homeless shelter/interim housing;
- » meet the criteria of unsheltered homelessness; **or**
- » meet eligibility criteria for a Full Service Partnership (FSP) program.

# **Demonstration Financing & Preliminary Evaluation Plan**

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# Demonstration Financing

**DHCS is requesting expenditure authority from CMS totaling ~\$6.98 billion over the 5-year demonstration period (January 1, 2025 – December 31, 2029). The following table shows the total projected expenditures for the BH-CONNECT demonstration years (DYs) (in thousands).**

<b>Expenditure Authorities</b>	<b>DY 1 (CY 2025)</b>	<b>DY 2 (CY 2026)</b>	<b>DY 3 (CY 2027)</b>	<b>DY 4 (CY 2028)</b>	<b>DY 5 (CY 2029)</b>
Workforce Initiative	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000
Statewide Incentive Program	\$302,544	\$302,544	\$302,544	\$302,544	\$302,544
Cross-Sector Incentive Program		\$62,500	\$62,500	\$62,500	\$62,500
Activity Stipends	\$23,815	\$47,630	\$47,630	\$47,630	\$47,630
Opt-In County Incentive Program	\$182,175	\$198,001	\$208,540	\$245,000	\$245,000
Transitional Rent Services	\$36,001	\$85,258	\$119,874	\$153,087	\$171,521
IMDs	\$161,929	\$175,997	\$185,364	\$217,772	\$217,772
<b>Total</b>	<b>\$1,186,464</b>	<b>\$1,351,930</b>	<b>\$1,406,452</b>	<b>\$1,508,533</b>	<b>\$1,526,967<sup>8</sup></b>

# Preliminary Evaluation Plan

As part of the demonstration request, DHCS included a preliminary plan to evaluate the BH-CONNECT demonstration and its achievement of the demonstration's goals. These hypotheses are subject to change and will be further defined as California works with CMS to develop an evaluation design.

Over the course of the BH-CONNECT demonstration period, DHCS anticipates:

- » **ED utilization and lengths of stay** among members living with significant behavioral health needs will decrease.
- » **Readmissions** to acute care hospitals and residential settings related to significant behavioral health needs will decrease.
- » Utilization of **community-based crisis services** will increase.
- » Availability and utilization of **community-based behavioral health services** will increase.
- » **Care coordination** for members living with significant behavioral health needs will improve.
- » Outcomes for **members who are justice-involved and those who are homeless** or at-risk of homelessness will improve.
- » Outcomes for **children and youth involved in child welfare** will improve.
- » Availability of **trainings, technical assistance, and incentives** to strengthen the provision of community-based care and improve outcomes will increase.
- » Availability of **behavioral health providers** will increase.

# Timeline & Next Steps

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# BH-CONNECT Implementation Timeline

DHCS intends to implement the BH-CONNECT demonstration using a phased approach. Counties may opt in to receive FFP for IMDs and meet other demonstration requirements on a rolling basis.

## Proposed Implementation Milestones

### January 2024

- » Implementation of foster care liaison (MCP contract requirement)

### January 2025 (*Demonstration Effective*)

- » Counties opt-in to participate in BH-CONNECT IMD opportunity (*rolling*)
- » Counties opt-in to offer enhanced community-based services, including ACT/FACT, CSC for FEP, IPS Supported Employment, Transitional Rent Services, Community Health Worker Services, and Clubhouse Services (*rolling*)
- » Launch workforce initiative
- » Statewide and opt-in county incentive programs go-live

- » Release guidance on family therapies

- » Centers of Excellence operational

### July 2025

- » Activity Stipends go-live
- » Implement initial child welfare/behavioral health assessment

### January 2026:

- » Cross-sector incentive program go-live
- » Evidence-based tools to connect members to appropriate care
- » Tool to track availability of inpatient and crisis stabilization beds

# Next Steps

- » **Public Comment Period.** The BH-CONNECT application is available for public comment through August 31, 2023. Please submit all written comments to [BH-CONNECT@dhcs.ca.gov](mailto:BH-CONNECT@dhcs.ca.gov).
- » **Response to Public Comment.** DHCS will revise the draft BH-CONNECT application, integrating stakeholder feedback, in fall 2023.
- » **Submission to CMS.** DHCS intends to submit the final BH-CONNECT application for CMS review in late 2023.
- » **Demonstration Go-Live.** The BH-CONNECT demonstration will be implemented on a phased timeline to ensure ample time for successful implementation (*see slide 27*).
- » **Ongoing Stakeholder Engagement.** DHCS is committed to engaging with stakeholders on an ongoing basis throughout the design and implementation of the proposed BH-CONNECT demonstration.

***Find the draft BH-CONNECT demonstration application posted on  
<https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx>***

# **CalAIM Transitional Rent Services Amendment Request**

# Overview of Housing Supports in California

Through the CalAIM Section 1115 demonstration and Section 1915(b) waiver approvals in December 2021, California received authority to implement new population health and whole-person care initiatives, including 14 “Community Supports”. Community Supports are services that can be covered by MCPs and offered by local community-based providers as appropriate, cost-effective alternatives to traditional medical services or settings. California has approval to implement six housing-related Community Supports today.

## Housing-Related Community Supports in California

- » **Recuperative care and short-term post-hospitalization housing** were authorized under the CalAIM Section 1115 demonstration to provide cost-effective and medically appropriate alternatives to hospitalization or institutionalization for high-risk enrollees.
- » **Housing transition navigation services, housing deposits, housing tenancy and sustaining services, and day habilitation programs** were authorized under managed care regulatory authority to help eligible Medi-Cal members obtain housing and maintain tenancy.

*California is requesting an amendment to the CalAIM 1115 demonstration to provide transitional rent services for eligible high-need Medi-Cal members to ensure they can access care in a supportive and safe community.*

# Goals of CalAIM Transitional Rent Services Amendment Request

DHCS is requesting a Section 1115 amendment to cover up to 6 months of rent for eligible high-need Medi-Cal members in the Medi-Cal managed care delivery system. DHCS seeks to improve the health and well-being of Medi-Cal members who are homeless or at risk of homelessness during critical transitions, as well as those who meet the criteria for unsheltered homelessness or for a Full Service Partnership (FSP) program.

## Goals of CalAIM Transitional Rent Services Amendment

- » Addressing unmet housing needs
- » Reducing long-term homelessness
- » Increasing utilization of preventive and routine care
- » Reducing utilization of and costs associated with potentially avoidable, high acuity health care services
- » Improving physical and behavioral health outcomes

*To ensure a “no wrong door” approach to accessing key housing services, the BH-CONNECT demonstration would cover transitional rent services for individuals in the SMHS, DMC, and DMC-ODS delivery systems.*

# Eligibility Criteria for Transitional Rent Services

## Medi-Cal members will be eligible for transitional rent services if they:

- » Are enrolled in Medi-Cal MCPs that opt in to cover the services; **and**
- » Meet HUD's current definition of homelessness or at-risk of homelessness with two modifications:
  - If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the institutionalization; **and**
  - The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at-risk of homelessness under the current HUD definition to 30 days.

## AND meet one or more of the following criteria:

- » are transitioning out of an institutional care or congregate residential setting, including but not limited to an inpatient hospital stay, inpatient or residential SUD treatment or recovery facility, inpatient or residential mental health treatment facility, or nursing facility;
- » are transitioning out of a correctional facility;
- » are transitioning out of the child welfare system;
- » are transitioning out of recuperative care facilities or short-term post-hospitalization housing;
- » are transitioning out of transitional housing;
- » are transitioning out of a homeless shelter/interim housing;
- » meet the criteria of unsheltered homelessness; **or**
- » meet eligibility criteria for a FSP program.

# CalAIM Transitional Rent Services Financing

DHCS is requesting expenditure authority from CMS up to an aggregate cap of \$764,860,000 over the final two years of the CalAIM demonstration (January 1, 2025 – December 31, 2026).

- » **California is seeking capped hypothetical budget neutrality treatment for the transitional rent services.** This is consistent with CMS’ budget neutrality framework for health-related social need (HRSN) services and the approved budget neutrality approach for recuperative care and short-term post hospitalization housing.
- » **The following table shows the proposed expenditure authority cap across the final two DYs of the CalAIM Demonstration.**

Proposed Expenditure Authority Cap	DY 21 (CY 2025)	DY 22 (CY 2026)	Total
Transitional Rent Services in Medi-Cal Managed Care	\$372,624,000	\$392,236,000	\$764,860,000
<b>Total</b>	<b>\$372,624,000</b>	<b>\$392,236,000</b>	<b>\$764,860,000</b>

# CalAIM Transitional Rent Services Evaluation

**As part of the amendment request, DHCS included a preliminary plan to evaluate transitional rent services and its achievement of the demonstration amendment's goals. These hypotheses and plan are subject to change and will be further defined as California works with CMS to develop an evaluation design.**

## Potential Hypotheses

For individuals in Medi-Cal managed care who are homeless or at-risk of homelessness and transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing, or meet the criteria for unsheltered homelessness or for a FSP program:

- » Unmet transitional housing needs will be addressed.
- » Long-term homelessness will be reduced.
- » Utilization of preventive and routine care will increase.
- » Utilization of potentially avoidable, high acuity care will decrease.
- » Physical and behavioral health outcomes will improve.

# Timeline and Next Steps

- » **Public Comment Period.** The CalAIM transitional rent services amendment application is available for public comment through August 31, 2023. Please submit all written comments to [1115waiver@dhcs.ca.gov](mailto:1115waiver@dhcs.ca.gov).
- » **Response to Public Comment.** DHCS will revise the draft CalAIM transitional rent services amendment application, integrating stakeholder feedback, in fall 2023.
- » **Submission to CMS.** DHCS intends to submit the final CalAIM transitional rent services amendment application for CMS review in late 2023.
- » **Transitional Rent Services Community Support Go-Live.** Medi-Cal MCPs that elect to provide transitional rent services may provide this Community Support to qualifying individuals enrolled in their plans starting on January 1, 2025.
- » **Ongoing Stakeholder Engagement.** DHCS is committed to engaging with stakeholders on an ongoing basis throughout the design and implementation of transitional rent services.

*Find the draft CalAIM transitional rent services amendment application posted on <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-1115-and-1915b-Waiver-Renewals.aspx>*

# Discussion

# Public Comment

# Public Comments

**The Department of Health Care Services (DHCS) will now take comments from stakeholders on the proposed BH-CONNECT demonstration and CalAIM Transitional Rent Services amendment.**

- » **Q&A Box.** All information and questions received through the Q&A box will be recorded as public comments
- » **Spoken.** Participants must “raise their hand” for Zoom facilitators to unmute the participant to share their public comment

## **If you logged on via phone-only**

- Press “\*9” on your phone to “raise your hand”
- Listen for your phone number to be called by moderator
- After selected to share your public comment, please ensure you are “unmuted” on your phone by pressing “\*6”

## **If you logged on via Zoom interface and/or registered via email**

- Press “Raise Hand” in the “Reactions” button on the screen
- After selected to share your public comment, please ensure you are “unmuted” on your audio

- » **Please limit comments to two minutes.**

**Thank You!**

***We now conclude the Section 1115 public hearing portion of the meeting. We will now start a BH-Workgroup discussion on contingency management.***

# CalAIM Behavioral Health Workgroup

# **Recovery Incentives Program California's Contingency Management Benefit**

# Background

- » Contingency management (CM) is an evidence-based, cost-effective treatment for substance use disorders (SUD), and is the only treatment that has demonstrated robust outcomes for individuals living with stimulant use disorder (StimUD), including reduction or cessation of drug use and longer retention in treatment.
- » California is the **first** state in the country to receive federal approval of CM as a benefit in the Medicaid program through the [CalAIM 1115 Demonstration](#).
- » To expand access to evidence-based treatment for StimUD, DHCS is piloting Medi-Cal coverage of CM services through the Recovery Incentives Program.

# Recovery Incentives Program

**DHCS is piloting Medi-Cal coverage of CM services in Drug Medi-Cal Organized Delivery System (DMC-ODS) counties that elect and are selected to participate. Medi-Cal members are eligible to:**



Participate in a structured **24-week CM Program** -12 weeks with twice weekly testing/incentives and a 12-week continuation with once weekly testing/incentives



Receive incentives for testing **negative for stimulants only**, even if they test positive for other drugs



Earn a **maximum of \$599** over the 24-week period in the form of gift cards

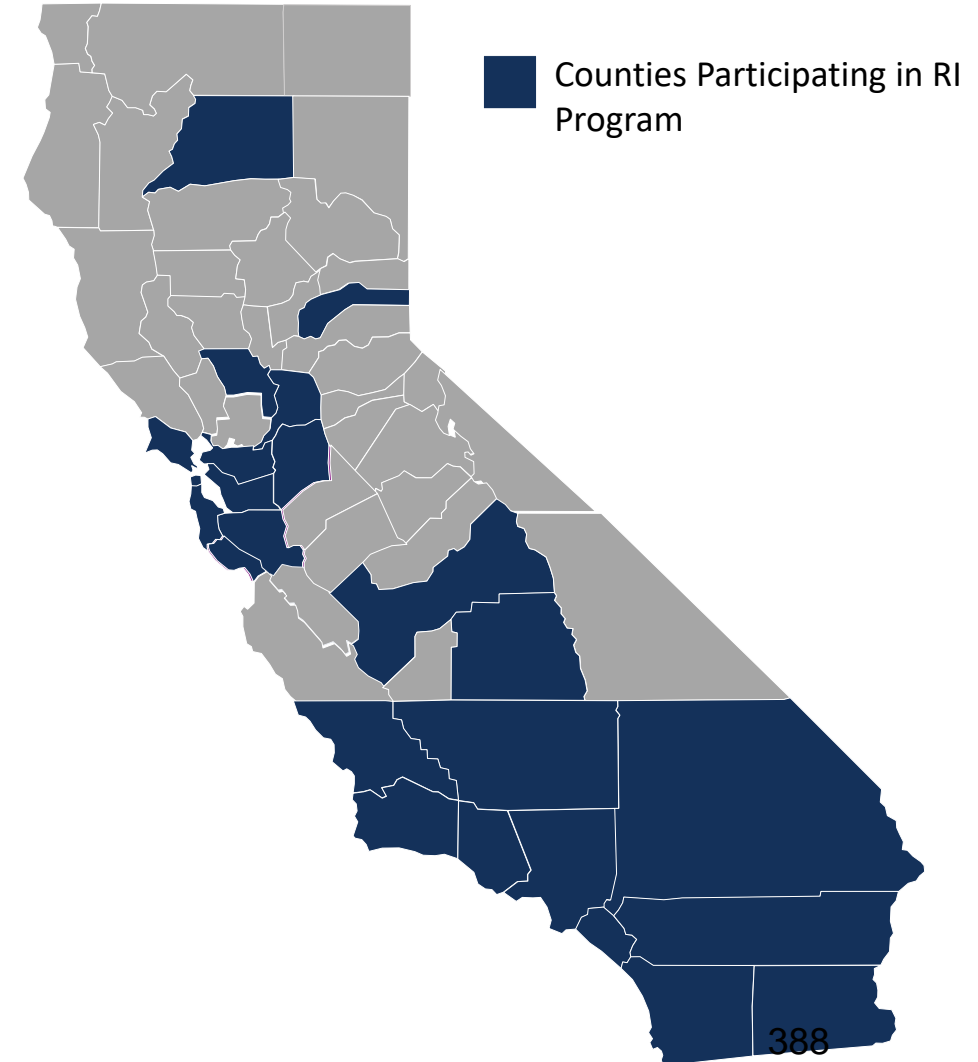


Generate incentives and track progress using **Incentive Manager (IM)** software

# 24 Participating DMC-ODS Counties

## Covers 88% of the Medi-Cal Population

Alameda	San Diego
Contra Costa	San Francisco
Fresno	San Joaquin
Imperial	San Luis Obispo
Kern	San Mateo
Los Angeles	Santa Barbara
Marin	Santa Clara
Nevada	Santa Cruz
Orange	Shasta
Riverside	Tulare
Sacramento	Ventura
San Bernardino	Yolo



# Medi-Cal Member Eligibility

## **Medi-Cal member eligibility requirements include:**

- » Member must be assessed and diagnosed with a StimUD for which CM is medically necessary
- » Member must reside in a participating DMC-ODS county that DHCS has approved to pilot CM
- » Member must not be enrolled in another CM program for StimUD
- » Member must receive services from a non-residential DMC-ODS provider that offers the CM benefit in accordance with DHCS policies and procedures

# DMC-ODS Provider Eligibility

## **CM site/provider eligibility requirements include:**

- » SUD providers offering outpatient, intensive outpatient, partial hospitalization services and/or narcotic treatment programs (NTP) are eligible to offer CM services
- » Providers are required to:
  - Serve members that meet eligibility for participation in the program
  - Ensure CM staff complete all training requirements
  - Undergo a readiness review and participate in ongoing training, including fidelity reviews

# CM Coordinator

**Sites have designated CM coordinators to lead the tracking and delivery of all CM services, including urine drug testing and incentive distribution.**

- » CM coordinators receive comprehensive training and are responsible for:
  - Collecting urine drug test (UDT) results
  - Entering UDT results in the IM portal
  - Supporting the delivery of incentives
  - Discussing progress and goals during each visit

# CM Coordinator

- » Professionals who can serve as CM coordinators include:
  - Licensed Practitioners of the Health Arts (LPHAs)
  - SUD counselors that are either certified or registered by an organization that is recognized by DHCS and accredited with the National Commission for Certifying Agencies
  - Certified Peer Support Specialists
  - Other trained staff under supervision of an LPHA (must be a DMC-ODS provider)

# Recovery Incentives Program Protocol

**The Recovery Incentives Program includes a structured 24-week outpatient CM service followed by six or more months of additional treatment and recovery support services without incentives.**

## » Weeks 1-12: Escalation, reset, and recovery period

- Two in-person treatments per week, separated by at least 72 hours
- Members can earn incentives during each visit, dependent on their UDT results
- The initial incentive value is \$10 and each week the member demonstrates non-use of stimulants (i.e., two consecutive UDTs negative for stimulants), the value of the incentive increases by \$1.50
- A 'reset' will occur after the member submits a stimulant-positive UDT or has an unexcused absence. The next visit with a stimulant-negative UDT, their incentive amount will 'reset' to the initial value of \$10
- A 'recovery' of the pre-reset value will occur after two consecutive stimulant-negative UDTs

# Recovery Incentives Program Protocol

**The Recovery Incentives Program includes a structured 24-week outpatient CM service followed by six or more months of additional treatment and recovery support services without incentives.**

- » Weeks 13-24: Stabilizing period
  - One in-person treatment per week, separated by at least 72 hours
  - Members can earn incentives during each visit, dependent on their UDT results
- » The total possible earnings during weeks 1-24 for all stimulant-negative UDTs is \$599

# Incentive Delivery Schedule

Weeks 1-12

Week	Stimulant-Negative UDT #1 Incentive Amount	Stimulant-Negative UDT #2 Incentive Amount	Total Incentive Amount/Week
1	\$10	\$10	\$20
2	\$11.50	\$11.50	\$23
3	\$13	\$13	\$26
4	\$14.50	\$14.50	\$29
5	\$16	\$16	\$32
6	\$17.50	\$17.50	\$35
7	\$19	\$19	\$38
8	\$20.50	\$20.50	\$41
9	\$22	\$22	\$44
10	\$23.50	\$23.50	\$47
11	\$25	\$25	\$50
12	\$26.50	\$26.50	\$53

# Incentive Delivery Schedule

## Weeks 13-24

Week	Stimulant Negative Incentive Amount
13	\$15
14	\$15
15	\$15
16	\$15
17	\$15
18	\$15
19	\$10
20	\$10
21	\$10
22	\$10
23	\$10
24	\$21

# IM Portal

**DHCS contracted with Q2i to design, implement, and support the distribution of incentives to qualifying Recovery Incentives Program participants**

## » Incentive Calculation

- The CM coordinator will enter the member's UDT results into the IM portal and the IM portal will calculate and distribute any incentives earned

## » Incentive Distribution

- Members can select from a pre-approved list of gift card vendors
- Gift cards can be provided by text, email, or printed voucher
- Incentives may not be used to purchase alcohol, cannabis, tobacco, lottery tickets, or for any form of gambling.

# Other Recovery Incentives Program Elements

**The Recovery Incentives Program is complemented with ongoing training and technical assistance and a robust evaluation process, while protecting against fraud, waste, and abuse.**

Training	Evaluation	Oversight
<ul style="list-style-type: none"><li>• Participating counties and SUD providers are required to participate in start-up training and ongoing technical assistance.</li><li>• Synchronous, live trainings started in February 2023.</li></ul>	<ul style="list-style-type: none"><li>• The impact of the pilot program will be measured through a robust evaluation process.</li><li>• DHCS will release an interim and a final evaluation report, along with quarterly reports to inform future budget decisions.</li></ul>	<ul style="list-style-type: none"><li>• Each treatment program must have a policies and procedures manual.</li><li>• All providers are required to complete readiness reviews.</li><li>• DHCS and counties will conduct robust monitoring and oversight of CM providers.</li></ul>

# Recovery Incentives Program

## Status Update: August 21, 2023

### » Beneficiaries

- **426 beneficiaries** are receiving CM services through the Recovery Incentives Program.

### » Sites/Counties

- **35 sites** have been approved by DHCS to offer CM services.
- These sites are **in Los Angeles, San Francisco, Kern, Riverside, Fresno, Santa Barbara, and San Diego** counties.

### » Readiness

- **49** additional sites have completed all training requirements and are working to complete the readiness assessment prior to receiving approval to launch contingency management services.
- Implementation Trainings are currently scheduled weekly through October 2023 and will be extended as needed.

# Looking Ahead

- » DHCS is initially financing the non-federal share of CM services with state funds that are available for a limited period of time as a result of the DHCS Home and Community-Based Spending Plan, which includes CM services. DHCS must spend these funds by March 31, 2024.
- » If counties elect to participate in the optional benefit after the pilot period ends, the counties will be responsible for covering the non-federal share of services, administrative costs, and incentives associated with providing CM services.
- » The Budget Act of 2023 includes approved funding for additional positions and support for training and technical assistance, evaluation, and the IM vendor through December 2026.



# **Recovery Incentives in Riverside County**

Heidi Gomez, Assistant Regional Manager  
Riverside University Health System-Behavioral Health,  
Substance Abuse Prevention and Treatment

# What Will Be Discussed



- Background and Data: Fun Facts
- Program Highlights
- Inspirational Stories

# Background and Data

# OF BENEFICIARIES	INCENTIVES DELIVERED	UDT ABSTINENCE	UDT Total	UDT Pos	UDT Neg	UDT Absences
25	\$4,651.50	75.37 %	402	23	303	76
5	\$1,361.00	98.84 %	86	0	85	1
11	\$1,511.00	73.94 %	142	11	105	26
54	\$9,321.00	91.58 %	701	4	642	55
95	\$ 16,844.50	84.93 %	1331	38	1135	158

- 85% of people are remaining abstinent from Stimulant Use Disorder further breaking the stigma of addiction.

# Program Highlights

## » Examples of ways incentives are being used:

- Saving to have a “nice Christmas with family”
- Purchase school supplies
- After CalFresh benefits run out
- Purchase a battery, so could have transportation for employment
- Fast food dinner Thursdays with family
- Decorate the house and buy other supplies to have a birthday celebration



# Inspirational Stories

- » One consumer shared that she wanted to “divorce the program” and go out and get “loaded” until she remembered about the incentives. She recommitted to recovery journey and is sober today.
- » A father, with an active reunification plan, needed beds for his twin daughters. He had the cash to buy one and used the incentives to purchase another. Both his daughters are at home, and he continues to do well in the program.
- » Another consumer cashed out her incentives to purchase a cart full of groceries. She was so proud of her accomplishment that she took a selfie and showed it to staff and other clients.





# Discussion

# Public Comment

**Thank You!**

# Behavioral Health Transformation



# Mental Health Service Act Background

# Mental Health Service Act

- » Define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.
- » Reduce the long-term adverse impact of untreated serious mental illness on individuals, families, and state and local budgets
- » Expand successful, innovative service programs for children, adults, and seniors, including culturally and linguistically competent approaches for underserved populations



Proposition 63 approved by voters in 2004 and enacted in 2005.



1% tax on personal income above \$1 million.



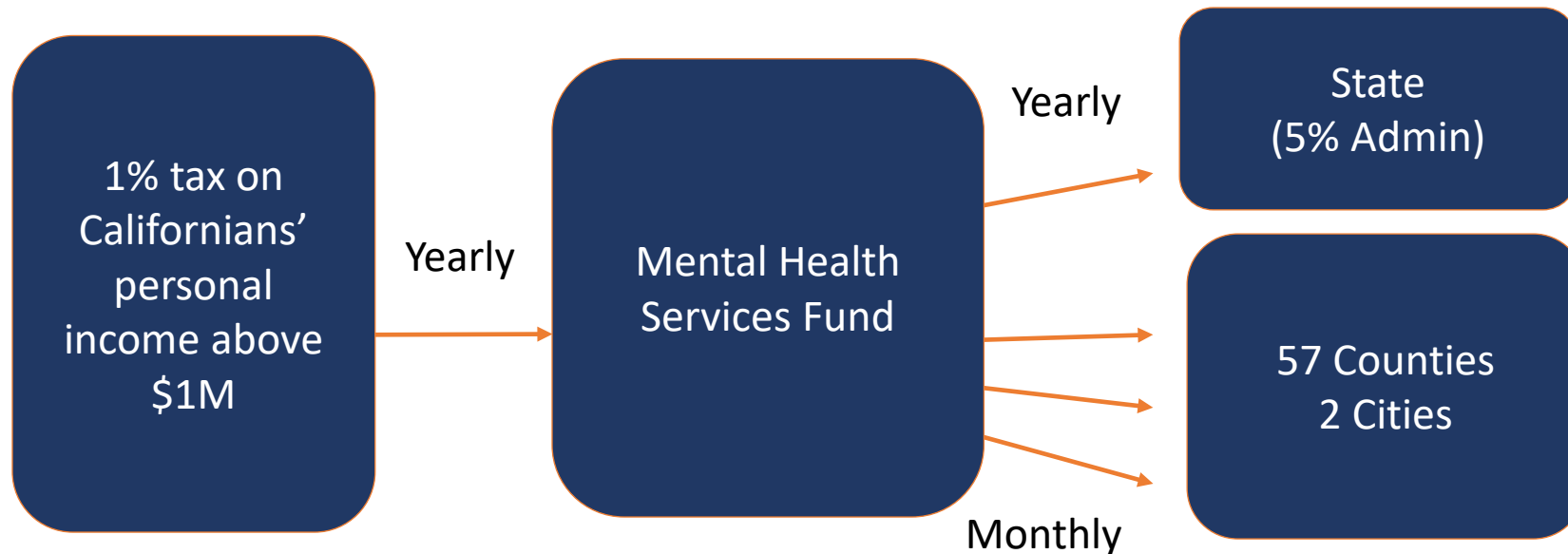
Now 25% of the state's annual community mental health budget.



Funds a range of prevention, early intervention, and treatment services and associated infrastructure.

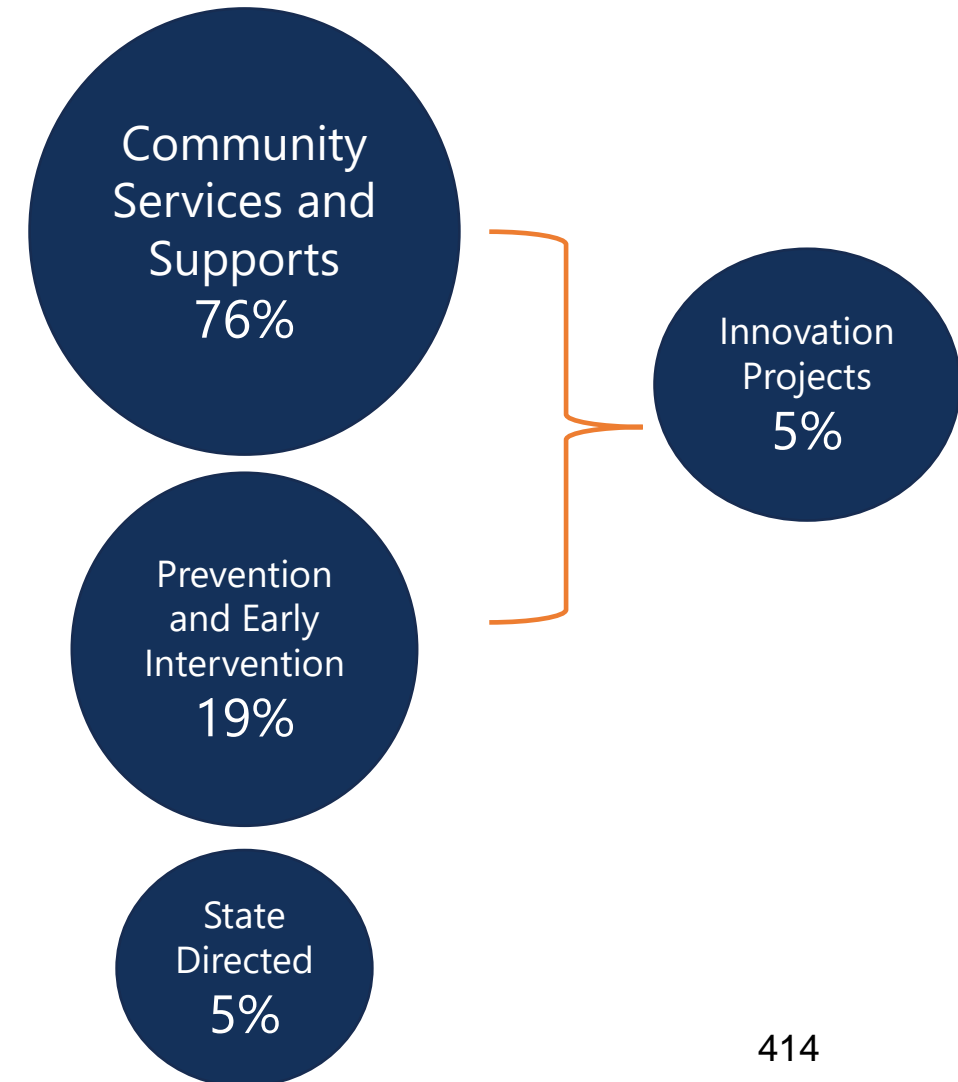
# MHSA Financing

- » State Controller distributes funds from the Mental Health Services Fund to counties on a monthly basis. Counties may then expend funds consistent with their three-year program and expenditure plans and annual updates.



# MHSA County Funding Allocations

- » MHSA established broad categories for how counties can spend MHSA funding:
- Community Services and Supports (CSS), which funds direct service provision
  - Prevention and Early Intervention (PEI), which funds services that prevent mental illness before it becomes severe
  - Innovation (INN), which encourages counties to experiment with new approaches to addressing mental illness.



# Three-Year Plan and Annual Updates

In order to spend MHSA funding, counties must prepare and submit a Three-Year Program and Expenditure Plan and Annual Updates detailing MHSA funding plans for MHSA programs and expenditures. For more info, see [MHSA County Plans and Updates](#).

County works closely with stakeholders, including county behavioral health advisory board, to determine and address its local needs

County prepares a plan or update, county behavioral health advisory board conducts a hearing on the plan, and Board of Supervisors approves the plan

County submits its plan or update to the MHSOAC and DHCS within 30 days of adoption

DHCS posts the plan or update to its website for public access

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# Program and Expenditure Plans

- Each county mental health program must submit a three-year program and expenditure plan, and annual updates to California Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission.
- Expenditure plans cover services for adults and seniors, for innovative programs, prevention and early intervention programs, services for children, and updates to the plans
- Each expenditure update must indicate the number of children, adults, and seniors to be served and the cost per person. The expenditure update must include utilization of unspent funds.

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# DHCS Oversight

- DHCS receives and reviews counties' MHSA-related data, including MHSA revenue and expenditure data, prudent reserve levels, and county planning documents and expenditures.
- DHCS also oversees the Mental Health Service Fund (the fund into which MHSA revenues are deposited) and calculates whether any county MHSA fund balances are subject to reversion.

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# Role of the MHSOAC

- The MHSOAC's primary roles include providing oversight, review, accountability, and evaluation of projects and programs supported by MHSA funds.
- The MHSOAC is responsible for overseeing and approving the use of local Innovation component funding.
- The MHSOAC is responsible for implementing the prevention and early intervention component.
- The MHSOAC oversees grant programs funded by the MHSA.

# Behavioral Health Transformation

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# Legislative Findings

- 1 in 20 adults is living with a serious mental illness (SMI).
- 1 in 13 children has a serious emotional disturbance (SED).
- 30% of youth 12 to 24 years of age experience serious psychological distress.
- 1 in 10 Californians meet the criteria for a substance use disorder (SUD).
- Veterans have a higher rate of suicide and experience higher rates of mental illness or substance abuse disorder.
- Most homeless Californians (82%) experienced a serious mental health condition.
- More than one quarter (27%) had been hospitalized for a mental health condition.
- Nearly two-thirds (65%) had a period in their life in which they regularly used illicit drugs.
- In 2020, there were over 10,000 veterans experiencing homelessness.
- Limited community-based care facilities contributes to the growing crisis of homelessness and incarceration among those living with a mental health disorder.

---

# Solution: Reform and Infrastructure

SB 326 (Eggman, Chapter 790, Statutes of 2023): **Reform**

- Reforming Mental Health Services Act funding to provide services to those with the most serious illness & to treat substance use disorders. Renaming the Behavioral Health Services Act (BHSA).
- Expanding the behavioral health workforce to reflect and connect with California's diverse population.
- Focusing on outcomes, accountability, and equity.

AB 531 (Irwin, Chapter 789, Statute of 2023): **Infrastructure**

- Funding behavioral health treatment beds, supportive housing, and community sites.
- Directing funding for housing for veterans with behavioral health needs.

# SB 326: Reform Population, Funding and Services

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# Priority Populations for BHSA

## » Eligible adults and older adults who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or are at risk of being in, the justice system.
- Reentering the community from prison or jail.
- At risk of conservatorship pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5.
- At risk of institutionalization.

## » Eligible children and youth who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or at risk of being in, the juvenile justice system.
- Reentering the community from a youth correctional facility.
- In the child welfare system (pursuant to Section 300, 601, or 602).
- At risk of institutionalization.

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# County Allocations: Housing Interventions

## 30% for Housing Interventions

- For children and families, youth, adults, and older adults living with SMI/SED and/or SUD who are experiencing or at risk of homelessness.
- Includes rental subsidies, operating subsidies, shared and family housing, capital, and the non-federal share for certain transitional rent.
- 50% is prioritized for housing interventions for the chronically homeless.
- Up to 25% may be used for capital development.
- Allows small county exemption for 2026-29 planning cycle.
- Not limited to Full Service Partnerships partners or persons enrolled in Medi-Cal.
- Provides flexibility for the remaining counties commencing with the 2032-2035 planning cycle on the 30% requirement based on DHCS criteria for exemptions.

---

# County Allocations: Full Service Partnerships

## 35% for Full Service Partnership (FSP) Programs (1 of 2)

- Includes mental health, supportive services, and substance use disorder treatment services. Informally referred to as “whatever it takes” model.
- Assertive Community Treatment/Forensic Assertive Community Treatment, Individual Placement and Support model of supported employment, high fidelity wraparound are required. Small county exemptions are subject to DHCS approval.
- Includes Medication-Assisted Treatment, when providing SUD services.
- Establishes standard of care with levels based on criteria for step-down into the least intensive level of care.
- Aligned documentation standards to be consistent with CalAIM.

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# County Allocations: Full Service Partnerships

## **35% for Full Service Partnership (FSP) Programs (2 of 2)**

- Outpatient behavioral health services, either clinic or field based, necessary for the on-going evaluation and stabilization of an enrolled individual.
- On-going engagement services necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and non-clinical services, including services to support maintaining housing.
- Emphasis on employing community-defined evidence practices (CDEP).

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# County Allocations: Behavioral Health Services and Supports

## **35% for Behavioral Health Services and Supports (BHSS)**

- Includes early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative pilots and projects.
- A majority (51%) of this amount must be used for Early Intervention services to assist in the early signs of mental illness or substance misuse.
  - A majority (51%) of these Early Intervention services and supports must be for people 25 years and younger.

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# County Allocations: BHSS Early Intervention

Early Intervention programs must:

- Establish and use community-defined evidence practices and evidence-based practices.
- Emphasize the reduction of suicide and self harm, incarceration, school (including early childhood 0-5 age, inclusive, TK-12, and higher education) suspension, expulsion, referral to an alternative or community school, or failure to complete, Unemployment, prolonged suffering, homelessness, removal of children from homes, overdose, and mental illness in children and youth from social, emotional, developmental, and behavioral needs in early childhood. Including outreach to education, including early care and learning and TK-12.
- Reduce disparities in behavioral health. Shall include mental health and SUD services that meet the cultural and linguistic needs of diverse communities.

MH and SUD services may be provided to individual children and youth when:

- At high risk for a behavioral health disorder due to trauma, via the ACEs screening tool, involvement in the child welfare system or juvenile justice system, who are experiencing homelessness, or who are in populations with identified disparities in behavioral health outcomes.

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# County Allocations: Funding Flexibility

- Counties will have the flexibility within the above funding areas to move up to 7% from one category into another, for a maximum of 14% more added into any one category, to allow counties to address their different local needs and priorities – based on data and community input.
- Changes are subject to DHCS approval and can only be made during the 3-year plan cycle. The next cycle is Fiscal Year 2026-2029.
- Innovation will be permitted in all categories.

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# State Directed Funding: Prevention

## 4% of total funding for Population-Based Prevention

- Population-based programming on behavioral health and wellness to increase awareness about resources and stop behavioral health problems before they start.
- A majority of Prevention programming (51%) must serve people 25 years and younger. Early childhood population-based prevention programs for 0-5 shall be provided in a range of settings.
- California Department of Public Health is lead, in consultation with DHCS and BHSOAC.
- Provides for school-based prevention supports and programs. Services shall be provided on a schoolwide or classroom basis and may be provided by a community-based organization off campus or on school grounds.

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# State Directed Funding: Workforce

## **3% of total funding for BH Workforce Expansion**

- The Department of Health Care Access and Information, in collaboration with CalHHS, will implement a behavioral health workforce initiative to expand a culturally-competent and well-trained behavioral health workforce.
- Assist in drawing down federal funding (\$2.4 Billion over 5 years) through the Medi-Cal BH-CONNECT demonstration project.
- A portion of the workforce initiative may focus on providing technical assistance and support to county and contracted providers to maximize the use of peer support specialists.

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# State Directed Funding: Innovation

- \$20 million annually will be directed to the Behavioral Health Services Act Innovation Partnership Fund, to develop innovations with non-governmental partners.
- The BHSOAC is the lead for these funds.

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# State Directed Funding: Oversight and Monitoring

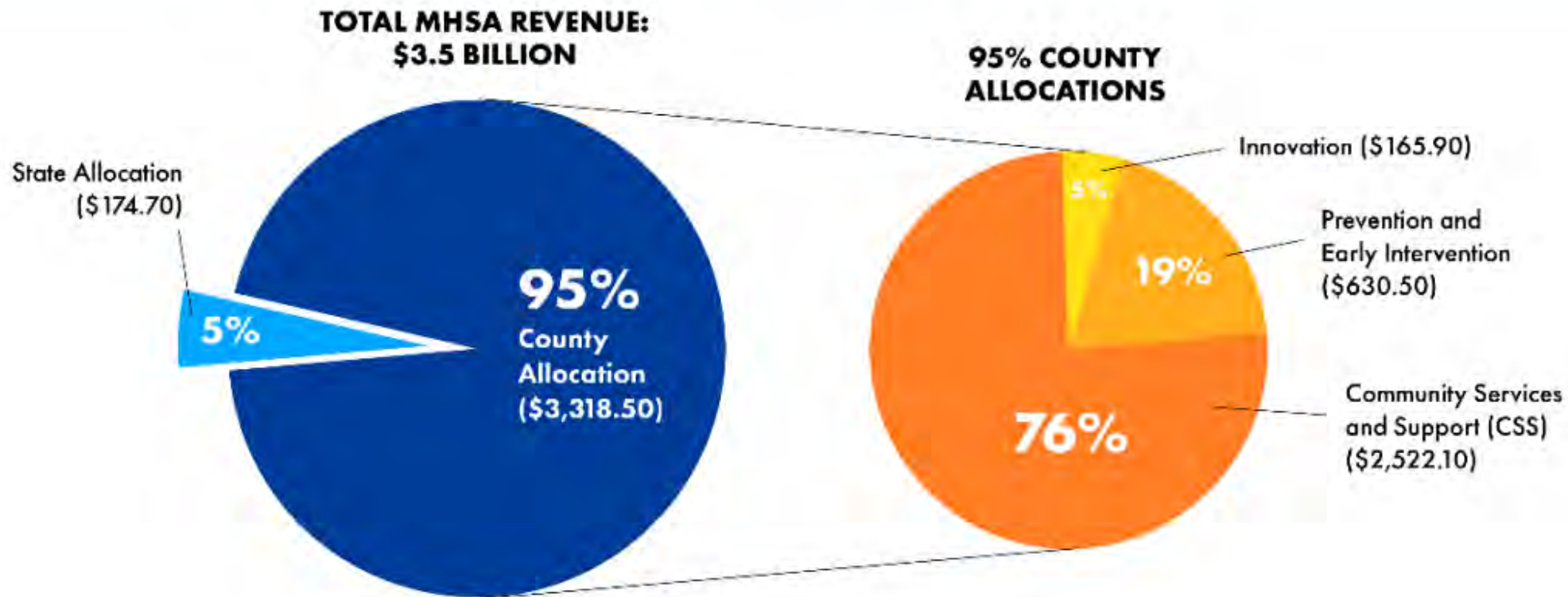
**3% (down from 5%) of total funding for State Administration**

Used to develop statewide outcomes, conduct oversight of county outcomes, train and provide technical assistance, research and evaluate, and administer programs.

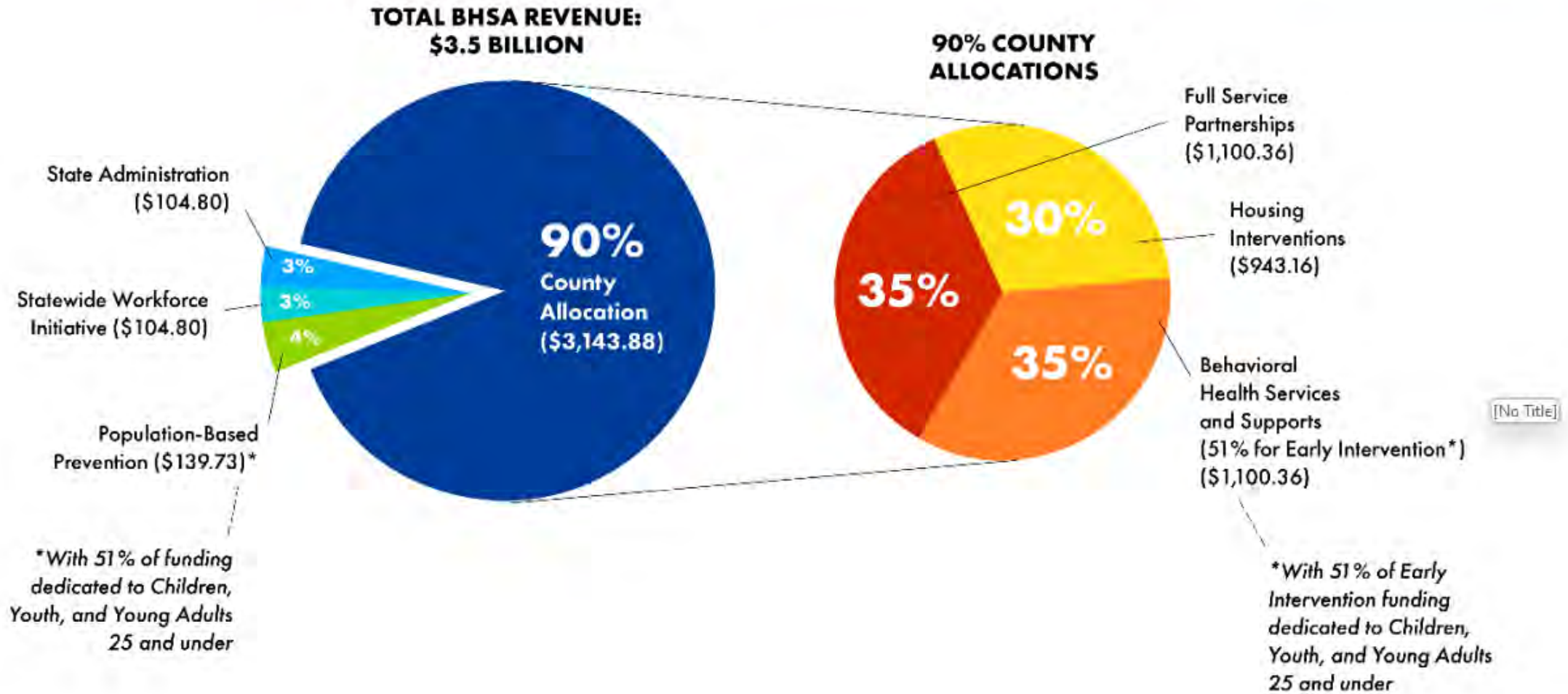
# Update to Funding Categories

Current MHSA Allocation		BHSA Allocation	
<b>County Allocation</b>	<b>95%</b>	<b>County Allocation</b>	<b>90%</b>
Community Services and Supports	76%	Housing Interventions	30%
Prevention and Early Intervention	19%	Full Service Partnerships (FSPs)	35%
Innovation	5%	Behavioral Health Services and Supports (BHSS)	35%
<b>State Directed</b>	<b>5%</b>	<b>State Directed</b>	<b>10%</b>
State Administration	5%	Population-Based Prevention (CDPH)	4%
		BH Workforce (HCAI)	3%
		State Administration	3%

## CURRENT ALLOCATION



# PROPOSED ALLOCATION



# SB 326: Reform Outcomes, Accountability, and Equity

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# County Integrated Plan for Behavioral Health Services and Outcomes

- Three-year plans no longer focus on MHSA funds only. Must include:
  - **All local, state, and federal behavioral health funding (e.g., BHSA, opioid settlement funds, SAMHSA and PATH grants, realignment funding, federal financial participation) and behavioral health services, including Medi-Cal.**
  - A budget of planned expenditures, reserves, and adjustments
  - Alignment with statewide and local goals and outcomes measures
  - Workforce strategies
- Counties plans must be developed with consideration of the population needs assessments of each Medi-Cal Managed Care Plan and in collaboration with local health jurisdictions on community health improvement plans.
- County plans must be informed by local stakeholder input, including additional voices on the local behavioral health advisory boards.
- Performance outcomes will be developed by DHCS in consultation with counties and stakeholders.

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# County Behavioral Health Outcomes, Accountability, and Transparency Report

- Counties will be required to report annually on expenditures of **all local, state, and federal behavioral health funding** (e.g., BHSA, SAMHSA grants, realignment funding, federal financial participation), unspent dollars, service utilization data and outcomes with health equity lens, workforce metrics, and other information.
- DHCS is authorized to impose corrective action plans on counties that fail to meet certain requirements.

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# County Behavioral Health Outcomes, Accountability, and Transparency Report

- The plans and reports shall include data through the lens of health equity to identify racial, ethnic, age, gender, and other demographic disparities and inform disparity reduction efforts.
- Other data and information may include the number of people who are eligible adults and older adults, who are incarcerated, experiencing homelessness, inclusive of the availability of housing, the number of eligible children and youth.
- The metrics shall be used to identify demographic and geographic disparities in the quality and efficacy of behavioral health services and programs listed in paragraph (1) of subdivision (c) of Section 5963.02.

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# Funds for Local Planning and Reporting

- Additional 2% (and up to 4% for small counties) of local BHSA revenue may be used to improve planning, quality, outcomes, data reporting, and subcontractor oversight for all county behavioral health funding, on top of the existing 5% county planning allotment.
- Permits a county to provide supports, such as training and technical assistance, to ensure stakeholders have enough information and data to participate in the development of integrated plans and annual updates.

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# Behavioral Health Services Oversight and Accountability Commission (BHSOAC)

- The Mental Health Services Oversight and Accountability Commission (MHSOAC) will become the BHSOAC
  - Established to promote transformational change in behavioral health system through research, evaluation and tracking outcomes, and other strategies to assess and report progress.
  - Expands commission membership to include community representation, namely for transition-age youth and for individuals who are aging or disabled, and other critical community perspectives.
  - Will receive funding for a new \$20 million Innovation Partnership Fund to provide grants to develop innovations with non-government partners.
- DHCS will consult with BHSOAC on:
  - Development of biennial list of Early Intervention evidence-based practices
  - Building FSP levels of care
  - Developing statewide outcome metrics
  - Determining statewide BH goals and outcome measures

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# State Auditor Report

- The State Auditor shall issue a comprehensive report on the progress and effectiveness of implementation of BHSA by December 31, 2029 and every 3 years thereafter until 2035.

Shall include:

- BHSA policy impact
- Timeliness of guidance and technical assistance
- Progress toward goals and outcomes
- Gaps in service and trends in unmet needs
- Inclusion and impact of SUD services and personnel
- Effectiveness of reporting requirements
- DHCS oversight of plans and reports
- Coordination and collaboration areas of improvement
- Recommendations of changes or improvements

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# Align Managed Care and BH Contracts

- Authorizes DHCS to align the terms of the county behavioral health plan contracts regarding organization, infrastructure, and administration with Medi-Cal managed care plan contracts.

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# BHSA Revenue Stability Workgroup

Workgroup to assess year-over-year fluctuations in tax revenues generated by the BHSA and develop and recommend solutions to reduce BHSA revenue volatility and to propose appropriate prudent reserve levels.

- CalHHS and DHCS shall jointly convene the workgroup
- Shall include representatives from BHSOAC, Legislative Analyst's Office, California Behavioral Health Directors Association, and California State Association of Counties, including both urban and rural county reps.
- CalHHS and DHCS shall submit a report that includes its recommendations on or before June 30, 2025.

# AB 531: Infrastructure

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# Behavioral Health Infrastructure Bond Act

**\$6.38 billion general obligation bond, to be on the March 2024 ballot.**

- Funding will be used to construct, acquire, and rehabilitate more than:
  - 4,350 permanent supportive housing units, with 2,350 of those set-aside for veterans
  - 6,800 treatment beds and 26,700 out-patient treatment slots
- \$4.4 Billion for grants to public or private entities for BH treatment and residential settings.
  - Includes \$1.5 billion to be awarded only to counties, cities and tribal entities, with \$30M set aside for tribes,
- \$1.065 billion in housing investments for veterans experiencing or at risk of homelessness who have behavioral health challenges.
- \$922 million in housing investments for persons experiencing or at risk of homelessness who have behavioral health challenges.

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# Status/Next Steps

- SB 326 and AB 531 were signed and chaptered October 12, 2023.
- Some components of SB 326 do not require voter approval and are now law.
- Some components of SB 326 require voter approval. These will be on the March 2024 ballot as “Proposition 1”.
- For more information on Behavioral Health Transformation, you can visit the [CalHHS website](#).



Policy Brief:

# Understanding California's Recent Behavioral Health Reform Efforts

# INTRODUCTION

California is at a tipping point for mental health and substance use disorders, collectively known as behavioral health.

As this plan comes together, a working adult struggling with anxiety will be able to reliably depend on their employer sponsored health insurance to provide the services they need, a parent whose child is beginning to show early signs of a serious mental illness will be connected to early assessment and intensive treatment, and an unhoused neighbor struggling with co-occurring mental health and substance use disorders who has fallen through every crack in the system will have access to housing, treatment, and a path to recovery.

The truth is: We all struggle. At some point in our lives, we will all either have a challenge with mental health or substance use ourselves – or be supporting a parent, child, neighbor, friend, or coworker through their journey with behavioral health.

The weight of this crisis is not carried equally. Communities of color, people involved with the justice system, and those who are LGBTQ+ carry the heaviest burden.

Because these challenges cannot wait, the Newsom Administration has invested a historic \$10 billion in the full spectrum of behavioral health services, because all Californians are entitled to quality, culturally competent behavioral health services when, how, and where they need them.

Together we are developing a thoughtful set of connected programs that provide tools to help anybody, anywhere, anytime with their unique behavioral health challenges.

This behavioral health plan pulls every lever the government has at its disposal, from

setting a bold policy agenda, to creating and implementing new initiatives, to simplifying and streamlining programs, to enforcing laws and regulations. As we continue this journey, some changes will be immediate and visible, and others will require more patience and time.

## Behavioral Health Continuum



### WORKFORCE AND PHYSICAL INFRASTRUCTURE

# Increasing Access by Building Workforce, Infrastructure

Undergirding all of California's behavioral health efforts are investments to build the pipeline of providers and the physical infrastructure needed for these services.

For behavioral health care to be truly accessible, services must be available when Californians need them. Providers must speak our language, look like us and come from our communities.

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## That's why the Administration is investing



**\$1.4 billion to create tens of thousands** of new behavioral health professionals – offering tuition assistance and loan forgiveness and funding training programs.

We also need brick-and-mortar spaces for care, to address historic gaps and to meet growing demand for services across the lifespan. So, California has set aside

**\$2.2 billion to ensure care can be provided in the least restrictive settings and within the community through a wide range of options.**



## Prevention and Early Intervention

It's important to recognize that for many Californians, there is still a stigma around mental health and substance use challenges. This is why it is important to both normalize the conversation around behavioral health and emphasize prevention.

In August 2022, the Administration announced a Master Plan for Kids' Mental Health, an integrated multi-year effort uniting historic investments to better serve the state's diverse children, youth, and families. At the core of the Master Plan is a historic, five-year, \$4.7 billion initiative that focuses on promoting mental, emotional, and behavioral health and well-being; prevention and providing services; support and screening; and addressing inequities.

These efforts will increase access to a wide range of mental health services in schools, allowing

schools to reach more students and provide more counseling and mental health supports. Schools are a critical access point for mental health and substance use services, especially for African American, Native American, Pacific Islander, and LGBTQ+ students.

Critically, in response to the exponential increase in overdoses, the state will soon launch a \$40.8 million education and awareness campaign focused on opioids and fentanyl.

California is also investing more than \$80 million to increase overdose reversal medication distribution to first responders, law enforcement, community-based organizations, middle and high schools, and county agencies to reverse overdoses.

To further support the success of these efforts, the state is investing \$100 million in a youth-led campaign to destigmatize the conversation around youth mental health and substance use struggles.



## Outpatient Care

For all Californians to be able to access behavioral health care when they need it, the state is holding commercial plans, which cover more than half of all Californians, accountable and reforming Medi-Cal, California's Medicaid program.

On the commercial side, California has some of the strongest behavioral health "parity" requirements in the country, requiring coverage of "medically necessary" services to treat mental health and substance use disorders. The treatment cannot be limited to short-term or acute treatment.

To enforce these laws, the state has dedicated \$22 million over five years to conduct behavioral health-focused investigations of commercial health plans to make sure they are meeting state law – and taking enforcement action against those that are not. Californians are paying health care premiums for behavioral health care; they deserve access to it.

On the public side, Medi-Cal has vastly expanded the use of telehealth, which made behavioral health care far more accessible for some.

And California is in the process of completely reforming Medi-Cal behavioral health delivery through numerous federal waivers, including CalAIM and the proposed California Behavioral Health Community-Based Continuum Demonstration.

There will be a "no wrong door" approach to ensure beneficiaries receive mental health services regardless of where they seek care, even if the beneficiary is ultimately transferred somewhere else due to their level of impairment and mental health needs.

Medi-Cal is also reforming how county behavioral health systems are paid to reward better care and quality of life for Medi-Cal beneficiaries.

Other outpatient benefits available under Medi-Cal will include:

- ✓ Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT). ACT offers a wide range of medical and social services to people living with serious mental illness. Provided by a multidisciplinary team, the services are provided 24/7 for as long as needed and wherever they are needed. FACT builds on this model and adjusts based on criminal justice issues.
- ✓ Contingency Management, which promotes healthy behaviors through positive reinforcement (such as gift cards) for people living with stimulant use disorder who reduce or eliminate their stimulant use.
- ✓ Medication Assisted Treatment, which is the use of medication along with counseling to treat substance use disorders. This program is being expanded to increase access to treatment and reduce opioid overdose deaths with a special focus on underserved communities, including youth, rural areas and American Indian and Alaska Native tribal communities.



## Crisis Care

Sometimes, of course, people have more urgent needs than can be covered by outpatient services, which is why California is building a robust system of crisis care.

**During the pandemic, the state created the successful CalHOPE program, a crisis line and online platform to address stress and anxiety. It offers free outreach, individual and group crisis counseling and support. Since its inception, more than 1.3 million Californians have used CalHOPE services.**

The state is also investing to build out crisis call center capacity to support the transition to 988, which is an alternative to 911 when people are experiencing a mental health crisis. It's an unprecedented opportunity to improve behavioral health crisis prevention, response, and stabilization. The easy-to-remember, three-digit number is available 24/7, 365 days per year and provides access to crisis counseling, often in several languages and via text or online chat.

In addition, Medi-Cal beneficiaries will be eligible for mobile crisis services, community-based de-escalation and relief for individuals experiencing a behavioral health crisis wherever they are, including at home, work, school, or in the community. The benefit is meant to reduce unnecessary law enforcement involvement and ER visits for people in crisis.

## Inpatient Care

There are times when the best setting for someone's care is in a hospital or residential setting, so California is not only building more infrastructure to make sure those beds are available, but also improving that care.

CalAIM and CalBH-CBC will enhance care in psychiatric hospitals and residential settings by ensuring that patients' physical, mental and substance use conditions are treated and that patients are only kept in inpatient care until they can transition to community-based care.

Beneficiaries will also receive support before discharge from inpatient and residential treatment and will be supported during the transition and connected to community-based services and supports, including housing support.

Another form of inpatient care takes place at State Hospitals, which increasingly provide inpatient care for people facing felony charges and found incompetent to stand trial due to a serious mental illness, the majority of whom are also homeless. California is investing more than \$600 million in new resources to ensure these individuals get access to treatment quickly and to create options to safely support community-based care and housing stability and reduce recidivism.

## Supportive Care

California is also providing a range of supports to help people with the most extensive needs get the help they need to care for their mental illness and/or substance use disorder. These services include:

- ✓ The CARE Act, a compassionate civil court process that provides care to the most severely ill based on evidence that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care that prevents more restrictive conservatorships or incarceration.
- ✓ Behavioral Health Bridge Housing, which will provide \$1.5 billion to create and fund new clinically enhanced housing settings for people experiencing homelessness who have complex behavioral health conditions.
- ✓ Justice-involved initiatives under CalAIM. California is the first state in the nation to offer a targeted set of Medicaid services to youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release to assist people leaving incarceration connect to the physical and behavioral health services they need prior to release.
- ✓ Enhanced care management will be available to help Medi-Cal enrollees with the highest needs. It will meet beneficiaries wherever they are – on the street, in a shelter, in their doctor's office, or at home. Beneficiaries will have a single lead care manager who will coordinate care among the physical, behavioral, dental, developmental, and social services delivery systems, making it easier for them to get the right care at the right time.
- ✓ Rent and transitional housing under CalAIM to provide up to six months of rent or temporary housing for beneficiaries who are homeless or at risk of homelessness after receiving treatment in an institutional setting.
- ✓ Community supports including housing deposits, short-term post-hospitalization housing, recuperative care, and sobering centers.
- ✓ Supported employment services to help Medi-Cal beneficiaries find and keep employment so they have income to maintain housing.

# CONCLUSION

Over time, this plan will lead California to a behavioral health system that:



Reduces misinformation, stigma and discrimination and increases knowledge, acceptance and support for care;



Reduces the delay from the onset of symptoms to treatment and increases ongoing engagement in care;



Reduces disparities in utilizing services among BIPOC and LGBTQ+ communities and increases access to culturally responsive care;



Reduces the proportion of individuals with mental health and substance use disorders in prisons and jail and increases high-quality community care placements;



Reduces the risk of homelessness and housing insecurity and increases educational and employment opportunities; and



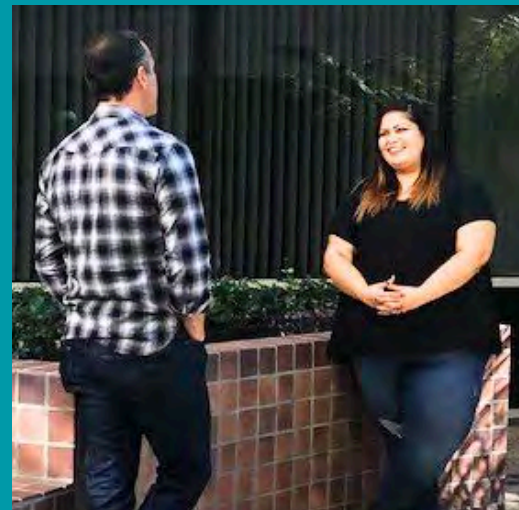
Reduces disappointment and frustration and increases satisfaction and trust in the quality of services received.



# COMMUNITY ADVOCACY TRAINING!

## *Telling Your Story!*

*Learn how to transform  
passion and lived  
experience into skillful  
grassroots advocacy!*



July 12, 2024  
2:00 PM- 4:00 PM



*Use QR code, or click on date to register in advance*



Community  
Advocacy  
Program



NAMI SAN DIEGO & IMPERIAL COUNTIES

Every 11 minutes,  
someone loses their life to suicide.  
A mental health crisis  
deserves a mental health response.



Local Crisis Hotlines  
& Call Centers



Mobile Crisis  
Response Teams



Crisis Stabilization  
Units & Options

## COMMUNITY ADVOCACY TRAINING: REIMAGINING CRISIS RESPONSE

This training covers 988, mobile crisis response teams, PERT, local resources, and more! Virtual on Zoom!

Upcoming Training:  
Monday July 15  
2:00 PM - 3:30 PM



7/15/24



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RSVP by clicking on a date or scanning the QR code



### Course Description:

What is being done, successfully, to ensure that children and families thrive? Our **15th Annual Early Childhood Mental Health Conference** will inspire attendees to dive into both the clinical and systems aspects of engaging families and young children in getting the care they need. Distinguished speakers will highlight community driven, evidence-informed interventions that have been developed, researched, implemented, and are making a difference, including HealthySteps, Zero to Three, and HOPE programs.

In addition to exploring early childhood development, culturally informed, evidence-based practices, and advances in early education, attendees will be able to examine ways that our clinics and systems of care can better ensure diversity, equity, and access to care so that children and families have support to nurture and heal.

Finally, we are again offering a **Hybrid Event**! Live sessions will be **in-person, at the Sheraton San Diego Hotel and Marina**, and will include a networking reception and 15 Year Celebration on Thursday evening. Virtual attendees will join via Zoom for morning keynote sessions and selected breakout sessions in the afternoons.

**[Click here to Register](#)**





LIVE WELL  
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*Creating Healthy, Safe, and Thriving Communities Together*

*Ripples of Change: The Power of Partnerships*

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Opens May 13th!



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**Call for Sessions Opens May 13**

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