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

## MEETING AGENDA

**March 14, 2022**
**9 to 10:30 a.m.**

***Zoom link for meeting registration:-https://us06web.zoom.us/meeting/register/tZIof-uprj0qGtAQcW3rrDFHoDeiXP3d6bWh***

***Recognizing Women's History Month – Who has inspired you?***

**I. Welcome** (Sten Walker) **5 minutes**

- **Recognition – Grisel Ortega!**
- **Welcome Debra Schade!** Incoming alternate to Barbara Ryan representing the Education Sector-School Board
- **Thank you Lisa Sawin!** Outgoing Council Member representing Public Safety Group/Probation
- **Thank you Steven Wells!** Outgoing Council Member representing Child Welfare Services
- **Welcome Jerelyn Bourdage!** Incoming Council Member representing Child Welfare Services

**II. Review of Meeting Summary** (Jaime Tate-Symons) **5 minutes**

- February 14, 2022, Meeting Summary - Handout - **Pages 5-9**
- Action Items from February 14, 2022 - See Meeting Summary for action items - **Page 7**

**III. Business Items** (Yael Koenig) **15 minutes**

**Board Letters (BL)/ Board Actions**

**March 1, 2022**

- **Item 04** Neighborhood Reinvestment Program and Community Enhancement Grants (District 4)
- **Item 05:** Neighborhood Reinvesting Program Grants (District 2)
- **Item 06:** Community Enhancement and Neighborhood Reinvestment Program Grants (District 1)
- **Item 13** Development of a Doula Pilot Program that Addresses Birthing Health Disparities While Prioritizing Equity and Community-Based Care -Handout – **Pages 10-12**
- **Item 15:** Receive the Report on the Countywide Departmental Sustainability Plans, Adopt the Sustainability Vision and Goals for the County of San Diego, and Approve a Contract Amendment with Arup USA, Inc., for Implementation of Departmental Sustainability Plans

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

**Information**

- **Behavioral Health Services Director's Report to the Behavioral Health Advisory Board (BHAB)** - March 2022
  Handout – **Pages 13-16**
  Link to BHAB Webpage:
  https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab.html
- **Tax File** information provided by Bill Stewart – Handout – **Pages 17-18**
- **Children's Mental Health: Understanding an Ongoing Public Health Concern** - Report shared by the Substance Abuse and Mental Health Services Administration (SAMHSA) **-** Handout **– Page 19**
  Link to the report: Mental Health Surveillance Among Children — United States, 2013–2019 | MMWR (cdc.gov)
- **Advancing School-Based Mental Health in California -** Report by the Children's Partnership (TCP) -Handout – **Page 20-27**
- Annual CYF System of Care Virtual Conference**: Peers in CYF on May 26, 2022 and Scholarships Opportunity** (Rose Woods)
  Handout – **Page 28**
  **Link to Register:** Peers in Children, Youth and Families Services Conference

**Follow-Up Items from February 14, 2022, CYF Council Meeting**

1. The 'Business Item' structure of the Council meeting was noted as beneficial and a potential consideration for other BHS Council meetings; on February 14, 2022. BHS Council staff shared the structure with other BHS Council staff for consideration.
2. Council will support Early Childhood Sub-Committee with dissemination of 'Tip Sheets' once they are finalized. Will include in future Council packets.
3. Council staff provided Steven Wells contact information (via Zoom chat) for those interested in joining or learning more about the monthly LGBTQ+ Workgroup. Steven.Wells@sdcounty.ca.gov

**May 9, 2022 Council Meeting / Conversation with BHS Director**

All Council Members and Participants are invited to forward or insert in chat suggested areas of focus or specific questions for the BHS Director discussion at the May CYF Council meeting.
Please forward items to Edith Mohler at Edith.Mohler@sdcounty.ca.gov by April 18, 2022

**IV. Mental Health Services Act (MHSA) Update** (Danyte Mockus-Valenzuela) **5 minutes**

- May is Mental Health Month

**V. Hot Topic: California Advancing and Innovating Medi-Cal (CalAIM)** (Yael Koenig) **55 minutes**

- **Department of Health Care Services (DHCS) CalAIM** – Handouts – **Pages 29-65**
- **Managed Care Plan (MCP) -** George Scolari
- **Mental Health Plan (MHP) -** Tabatha Lang
- **Open Dialogue**
- Polling Questions
  - Is CalAIM impactful to your work? (1 not at all / 5 very much)
  - Have you gained useful knowledge through today's presentation/ conversation? (1 not at all / 5 very much)
  - What is your current level of understanding of CalAIM? (1 low / 5 high)

**VI. Announcements** (Sten Walker) **5 minutes**

- **Polling Question:** On a scale of 1-5 (1 low / 5 high), how would you rate the relevance and your interest with today's Council meeting? - Darwin Espejo
- **Combined Councils meeting on April 11, 2022 from 10 to 11:30 a.m.** - Handout- **Page 66**
- **Youth Mental Health Well Being Virtual Celebration** and Resource Fair on May 6, 2022 - Handout- **Page 67**

Next Executive Sub-Committee Meeting (Zoom):
Date: April 21, 2022 from 11:30 a.m. to noon

Next Council Meeting (Combined Councils):
Date: Monday, April 11, 2022 from 10 to 11:30 a.m.

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

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

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

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

**Council Principles:**

1. **Collaboration of four sectors:** Coordination and shared responsibility between child/youth/family, public agencies, private organizations and education.

2. **Integrated:** Services and supports are coordinated, comprehensive, accessible, and efficient.

3. **Child, Youth, and Family Driven:** Child, youth, and family voice, choice, and lived experience are sought, valued and prioritized in service delivery, program design and policy development.

4. **Individualized:** Services and supports are customized to fit the unique strengths and needs of children, youth and families.

5. **Strength-based:** Services and supports identify and utilize knowledge, skills, and assets of children, youth, families and their community.

6. **Community-based:** Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.

7. **Outcome driven:** Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.

8. **Culturally Competent:** Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.

9. **Trauma Informed:** Services and supports recognize the impact of trauma and chronic stress, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care, resiliency, and safety.

10. **Persistence:** Goals are achieved through action, coordination and perseverance regardless of challenges and barriers.

LIVE WELL SAN DIEGO

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BEHAVIORAL HEALTH SERVICES

# CHILDREN, YOUTH & FAMILIES FRAMEWORK

## VISION

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

## PRINCIPLES

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

## PRIORITIES

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

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

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

Live Well San Diego-Areas of Influence

## 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



Version 3/5/2021

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

February 14, 2022 | 9:00 to 10:30 AM
Virtual Meeting

| ITEM | SUMMARY AND ACTION ITEMS |
|---|---|
| **I. Welcome** (Jaime Tate-Symons)<br>• Welcome Joel San Juan as an Alternate of the Behavioral Health Advisory Board (BHAB) Council Seat<br>• Thank you to Rebecca Hernandez for serving as member and alternate representing BHAB<br>• Welcome Stephanie Escobar as an Alternate of the First 5 San Diego Council Seat<br>• Thank you to Dulce Cahue-Aguilar for serving as alternate representing First 5 San Diego<br>• Welcome Veronica Hernandez as member representing the Family Sector-Youth<br>• Family Sector Council Seat Vacancies (Sten Walker) – Handout – Page 5 | • Jaime Tate-Symons welcomed incoming and outcoming Council members. |
| **II. Review of Meeting Summary** (Sten Walker)<br>• January 8, 2022, Meeting Summary - Handout - Pages 6-10<br>• Action Items from January 8, 2022 - See Meeting Summary for action items - Page 8 | • Yael Koenig reviewed the meeting summary. |
| **Business Items (Yael Koenig)**<br>**<u>January 11, 2022 - Board Letters</u>**<br>• **Item 02:** Appointments of Board Members to Boards, Commissions and Committees and attachments-Handouts – Pages 11-12<br>• Item 07: A Resolution Approving the San Diego County Board of Education 2020 Census Redistricting Plan<br>• **Item 09**: Received Reimagined General Management System and the Strategic Plan and Adopt New County Mission, Vision and Values – Handouts – Pages 13-17<br>• **Item 15:** Approve the Budget Equity Assessment Tool – Handouts – Pages 18-21<br><br>**<u>January 25, 2022 - Board Letters:</u>**<br>• **Item 06:** Authorize Competitive Solicitation for Transitional Housing Program, and Application for and Acceptance of Funding for the Transitional Housing Program and Housing Navigators Program and Adopt Resolutions Authorizing Application and Acceptance of Allocation Awards<br>• **Item 08:** Authorize Competitive Procurement of Supplemental Security Income (SSI) Advocacy Services [Funding Sources: Social Services Administrative Revenue, Realignment, Mental Health Services Act (MHSA), Housing and Disability Advocacy Program (HDAP), and Existing General Purpose Revenue]<br>• **Item 09:** Appointment of San Diego County Child Care and Development Planning Council (CCDPC) Members, Approval of the 2021/2025 Needs Assessment Report and Accompanying Child Care Plan and Approval of the CCDPC By-Laws Changes<br>• **Item 12:** Amendments to the Compensation Ordinance and Administrative Code (1/25/2022 – First Reading; 2/8/2022 – Second Reading) – Handout – Pages 22-23<br>• **Item 18:** County Actions to Enhance Human Trafficking Prevention and Coordination – Handout – Pages 24-26<br>• **Item 19:** Receive Report on the San Pasqual Academy and Approve Actions on San Pasqual Academy Campus Operations, attachment, and PowerPoint presentation – Handouts -Pages 27-46<br>**<u>February 8, 2022 - Board Letters:</u>**<br>• **Item 01: Adopt the Revised San Diego County Board of Supervisors Policy A-128, Comprehensive Homeless Policy**<br>• **Item 11:** Preliminary Report and Recommendations on Data-Driven Approaches to Public Safety, Treatment and Service Expansions, and Advancing Equity Through Alternatives to Incarceration – Handouts **– Pages 47-61**<br>• **Item 14:** Receive an Update on and Approve Actions Related to Compassionate Emergency Solutions and Pathways to Housing for People Experiencing Homelessness<br>• **Item 15:** Receive the First 5 San Diego 2021 Annual Report – Handout **– Page 62**<br>**Link to the report:** https://first5sandiego.org/about-us/reports/<br><br>Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the packet, however, all Board Letters can be found | • Note: Board Letters that are highlighted on the meeting agenda were included in the packet. Link provided for all Board Letters.<br>• Yael Koenig highlighted some of the Board Letters as well as some of the informational items. |

<table>
<tr><th>ITEM</th><th>SUMMARY AND ACTION ITEMS</th></tr>
<tr><td>
at the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings: https://www.sandiegocounty.gov/cob/bosa/index.html<br>
<u>Informational Items:</u><br>
• 2021-22 Adopted Operational Plan Executive Summary – Handout – Pages 63-68<br>
Links: https://www.sandiegocounty.gov/content/dam/sdc/budget/2021-budget/Executive%20Summary_10.12_FINAL.pdf<br>
https://www.sandiegocounty.gov/cao/docs/stratplan.pdf<br>
https://www.sandiegocounty.gov/content/sdc/openbudget.html.html<br><br>
• County Behavioral Health Director's Association (CBHDA) Governor's Newsom's FY 2022-23 January State Budget Proposal – Handout- Pages 69-82<br>
https://www.ebudget.ca.gov/<br>
• New <u>Youth Transition Campus</u> Completed - Handout – Page 83<br>
• Behavioral Health Services Director's Reports - February 2022 - Handouts - Pages 84-86<br>
Link to BHAB Webpage:<br>
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab.html<br>
• Screening to Care Initiative – Handout – Page 87<br>
• Brain XP <u>What is Depression?</u> and <u>Coping Skills List for Teens Struggling with Depression</u> – Handouts – Pages 88-89<br><br>
<u>Follow Up Items from 1.8.22 Meeting:</u><br>
1. George Scolari offered to do a California Advancing and Innovating Medi-Cal (CalAIM) presentation at a future meeting<br>
2. Annual Mental Health External Quality Review (EQR) - Virtual Review occurred on January 11-13, 2022 with link to final report will be provided when available<br>
3. February 14, 2022 Council update presentations by Private Sector, Cultural Competency Resource Team (CCRT), Outcomes Sub-Committee, Early Childhood Sub-Committee, and CYF SOC Training Academy
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IV. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela)<br>
• May is Mental Health Month<br>
• Take Action for Mental Health – CalMHSA Campaign – Handout – Page 90<br>
Link: https://takeaction4mh.com/<br>
The California Mental Health Services Authority (CalMHSA), in collaboration with its county members, is a leading voice for mental health services for California. Created to deliver on the promise of the Mental Health Services Act (MHSA), CalMHSA is a Joint Powers Authority formed by California counties and cities, focused on the efficient delivery of mental health services and resources. The MHSA Prevention and Early Intervention (PEI) component was designed to increase awareness of and access to mental health services, reduce the negative impacts that mental illness can have on a person's wellbeing, reduce the stigma associated with mental illness and help-seeking, and prevent suicide
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• Danyte Mockus-Valenzuela reminded Council May is Mental Health Month is approaching and encourages all to submit their events.<br>
• Danyte Mockus-Valenzuela highlighted the CalMHSA – Take Action for Mental Health.
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V. Hot Topic: Mid Fiscal Year Sub-Committees/Sectors Updates (Yael Koenig)<br>
• February 2022 Meeting Packet Includes ALL Sector / Subcommittee Presentations<br>
• Please refer to January 2022 Meeting Packet for ALL Sector / Subcommittee Written Reports<br>
<table>
<tr><th rowspan="2">Four Sectors</th><th colspan="2">Council Sub-Committees and Other Relevant Groups<br>Executive<br>(Co-Chairs and Sub-Committees Co-Chairs)</th></tr>
<tr><td><u>Public Sector</u><br>Presented 1.10.22<br>Pages 2-6<br>Yael Koenig & Dr. Laura Vleugels</td><td><u>Early Childhood</u><br>Pages 19-21<br>Ginger Bial & Aisha Pope</td><td><u>Health Plans</u><br>Presented 1.10.22<br>Pages 31-33<br>George Scolari</td></tr>
<tr><td><u>Education Sector</u><br>Presented 1.10.22<br>Pages 7-9<br>Heather Nemour & Violeta Mora</td><td><u>CADRE-CYF</u><br>Presented 1.10.22<br>Pages 22-23<br>Marisa Varond & Julie McPherson</td><td><u>TAY Council</u><br>Presented 1.10.22<br>Pages 34-36<br>Mark Bartlett & Laura Tancredi-Baese</td></tr>
<tr><td><u>Private Sector</u><br>Pages 10-15<br>Marisa Varond – ADSPA<br>Cathryn Nacario - MHCA</td><td><u>Training Academy</u><br>Pages 24-26<br>Rose Woods</td><td><u>Outcomes</u><br>Pages 37-39<br>Eileen Quinn-O'Malley & Emily Trask</td></tr>
<tr><td><u>Family/Youth Sector</u><br>Presented 1.10.22<br>Pages 16-18<br>Sten Walker</td><td><u>Cultural Competency</u><br>Pages 27-30<br>Rosa Ana Lozada</td><td><u>Fee For Service</u><br>Dr. Sherry Casper</td></tr>
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The following were presented:<br>
<u>Private Sector</u><br>
• ADSPA – Marisa Varond<br>
• MHCA – Laura Beadles<br>
<u>Early Childhood Sub-Committee</u><br>
• Aisha Pope & Ginger Bial<br>
<u>Training Academy</u><br>
• Rose Woods<br>
<u>Outcomes</u><br>
Eileen Quinn-O'Malley & Emily Trask<br>
<u>Cultural Competency Resource Team</u><br>
• Rosa Ana Lozada<br>
• Steven Wells shared that CWS hosts an LGBTQ+ Workgroup which focuses on resources and best practices for serving LGBTQ+ youth involved with CWS. The
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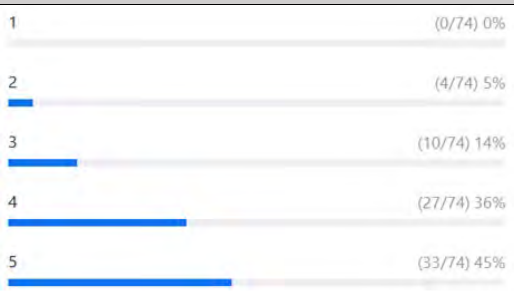
| ITEM | SUMMARY AND ACTION ITEMS |
|---|---|
| | group is inclusive of community partners, providers, individuals with lived experience, and members of the public sector. Email Steven.Wells@sdcounty.ca.gov for meeting information. |
| **VI. Announcements** (Sten Walker)<br>• Polling Question – Grisel Ortega-Vaca<br>• Brain XP Day 2022 on April 28, 2022. Youth interested in participating with an artistic performance, send e-mail to: brainxpproject@gmail.com by February 18, 2022 – Handout - Page 91<br>• Family Urgent Response System (FURS) Youth Survey. Chance to win a gift card if responding by February 24, 2022<br>Handout – Page 92<br>Click here to the survey: https://www.surveymonkey.com/r/F2DY39K Link to FURS: https://www.cal-furs.org/<br>• Birth of Brilliance Virtual Conference and Cultural Fair: February 24-25, 2022 - Handouts – Pages 93-94<br>Link to register: Birth of Brilliance Virtual Conference 2022 (ce-go.com)<br>• Child Labor Trafficking Virtual Training presented by the Child and Family Policy Institute of California and San Diego County Office of Education (SDCOE) on March 8, 2022, from 10 to Noon. – Handout – Page 95<br>Registration at: https://sdcoe.k12oms.org/event_register.php?id=214638<br>• 19th Annual Early Years Conference: Social Justice in Early Learning and Care - March 11-12, 2022, presented by SDCOE<br>Link to register: https://sdcoe.k12oms.org/event_register.php?id=212992<br>• 7th Annual Critical Issues in Child and Adolescent Mental Health (CICAMH) Hybrid Conference - March 11, 2022 - Handout - Page 96<br>Register at: https://app.ce-go.com/cicamh2022<br>• Youth Mental Health Well Being Virtual Celebration and Resource Fair on May 6, 2022 - Handout- Page 97 | • Sten Walker reviewed announcements.<br>• Aisha Pope shared that to request a scholarship for Birth of Brilliance, please email apope@centerforchildren.org. |
| **VII. Action Items** | **Action Due/Status** |
| 1. The 'Business Item' structure of the Council meeting was noted as beneficial and a potential consideration for other BHS Council meetings.<br>2. Council will support Early Childhood Subcommittee with dissemination of 'Tip Sheets' once they are finalized.<br>3. Council staff shall provide Steven Wells contact information for those interested in joining or learning more about the monthly LGBTQ+ Workgroup. | 1. Council staff shared structure with other BHS Council staff via email on February 14, 2022.<br>2. Will include in future Council packets.<br>3. Steven.Wells@sdcounty.ca.gov. |
| **Poll Results** | |
|  |  |
| **Next Meeting:** Virtual Council's Meeting<br>**Date:** Monday, March 14, 2022<br>**Time:** 9 to 10:30 AM | |

**+=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 | |
| 2 | Behavioral Health Services (BHS) | Dr. Laura Vleugels | + | VACANT | + |
| 3 | Public Safety Group/ Probation | Lisa Sawin | + | Chrystal Sweet | + |
| 4 | Child Welfare Services (CWS) | Steve Wells | + | Norma Rincon | O |
| 5 | HHSA Regions | VACANT | | Jennifer Sovay | O |
| 6 | Public Health | Dr. Thomas R. Coleman | + | Adrienne Yancey | O |
| 7 | Juvenile Court | H. Judge Ana España | O | Beth Brown | + |
| 8 | First 5 Commission | Alethea Arguilez<br>(Attended by Lenette Javier) | + | Stephanie Escobar | O |
| | **EDUCATION SECTOR** | | | | |
| 9 | Special Education Local Plan Area (SELPA) | Russell Coronado | O | VACANT | |
| 10 | Regular Education<br>Pupil Personnel Services | Violeta Mora | + | Margaret Sedor | + |
| 11 | School Board | Barbara Ryan | + | VACANT | |
| 12 | Special Education | Yuka Sakamoto | O | Misty Bonta | O |
| | **PRIVATE SECTOR** | | | | |
| 13 | San Diego Regional Center (SDRC) for Developmentally Disabled | Peggie Webb | + | Therese Davis | O |
| 14 | Alcohol and Drug Service Provider Association (ADSPA) | Angela Rowe | + | John Laidlaw | O |
| 15 | Alcohol and Drug Service Provider Association (ADSPA) | Marisa Varond | + | Claudette Allen Butler | + |
| 16 | Mental Health Contractors Association | Julie McPherson | + | Minola Clark Manson | + |
| 17 | Mental Health Contractors Association (MHCA) | Laura Beadles | + | Golby Rahimi | + |
| 18 | Fee- For-Service (FFS) Network | Dr. Sherry Casper | + | Marcelo A. Podesta | + |
| 19 | Managed Care Health Plan | George Scolari | + | Kathleen Lang | + |
| 20 | Healthcare/ Pediatrician | Dr. Pradeep Gidwani | + | VACANT | |
| | **FAMILY AND YOUTH SECTOR** | | | | |
| 21 | Family and Youth Liaison | Sten Walker | + | Renee Cookson | O |
| 22 | Caregiver of child/youth served by the Public Health System | VACANT | | Karilyn “Kari” Perry | + |
| 23 | Youth served by the Public Health System (up to age 26) | Veronica Hernandez | | Emma Eldredge | + |
| 24 | Youth served by the public health system (up to age 26) | Micaela Cunningham | + | VACANT | |
| | **SUB-COMMITTEES (Non-voting members unless a member of the Council)** | | | | |
| - | Executive Sub-Committee | Sten Walker<br>Jaime Tate Symons | +/+ | | |
| - | Cultural Competence Resource Team (CCRT) | Rosa Ana Lozada | E | | |
| - | CYF CADRE | Julie McPherson<br>Marisa Varond | +/+ | | |
| - | Early Childhood Sub-Committee | Aisha Pope<br>Ginger Bial | +/+ | | |
| - | Education Sub-Committee | Heather Nemour<br>Violeta Mora | +/+ | | |
| - | Family and Youth as Partners Sub-Committee | Sten Walker | + | | |
| - | Outcomes Sub-Committee | Emily Trask<br>Eileen Quinn-O’Malley | E/+ | | |
| - | Training Sub-Committee | Rose Woods | + | | |

| Zoom Listed Meeting Attendees: 88 | | | |
|---|---|---|---|
| Aisha Pope | Edgar Sierra | Kari Perry | Sandra Mueller |
| Alec Rodney | Eileen Quinn-O'Malley | Kathleen Lang | Seth Williams |
| Amanda Lance-Sexton | Elisabeth Winchell | Laura Beadles | Shane Padamada |
| Angela Rowe | Eliza Reis | Laura McClarin | Shannon Jackson |
| Angela Solom | Elizabeth Dauz | Laura Vleugels | Sherry Casper |
| Babbi Winegarden | Emily Trask | Lesley Johnson | Shewa Legesse |
| Barbara Ryan | Emma Eldredge | Linda Ketterer | Shreya Sasaki |
| Beth Brown | Enzo Pastore | Lisa Sawin | Silvia Hernandez |
| Bill Stewart | Erick Mora | Marcelo Podesta | Stacey Musso |
| Bobbi Smylie | Fran Cooper | Margaret Anello | Sten Walker |
| Carmen Pat | George Scolari | Marisa Varond | Stephanie Escobar |
| Carolina Reyna | Ginger Bial | Martin Dare | Stephanie Gioia-Beckman |
| Casie Johnson-Taylor | Golby Rahimi Saylor | Meg Olinger | Stephanie smith |
| Celeste Hunter | Grisel Ortega-Vaca | Micaela Cunningham | Steven Wells |
| Cheryl Rode | Heather Nemour | Michael Miller | Teresa Kang |
| Christina Bruce | Jaime Tate-Symons | Michelle Hogan | Tom Coleman |
| Claire Riley | Jamie Martinez | Mina Arthman | Veronica Gallacher |
| Claudette Butler | Jamie Pellegrino | Pradeep Gidwani | Veronica Hernandez |
| Danyte Mockus-Valenzuela | Janet Cacho | Priscilla Cortez | Violeta Mora |
| Darwin Espejo (Host) | Jerelyn Bourdage | Roberto Suarez | Yael Koenig |
| Debbie Dennison | Julie McPherson | Rosa Ana Lozada | Yuka Sakamoto |
| Dr. Margaret A Sedor | Kameka Smith | Rose Woods | *UNKNOWN CALL IN PARTICIPANT* |

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

**Behavioral Health Advisory Board (BHAB) meeting:** Meets the first Thursday of the month from 2:30 to 5:00 PM
**Outcomes**: Meets the first Tuesday of every other month from 11:30 AM to 12:30 PM
**Early Childhood**: Meets the second Monday of the month- from 11 AM to Noon
**Education Advisory Ad Hoc:** Meets as Needed
**TAY Council**: Meets the fourth Wednesday of the month 3 to 4:30 PM
**CYF CADRE**: Meets quarterly on the second Thursday of the month from 1:30 to 3:00 PM
**CYF System of Care Training Academy**: Meets on the first Wednesday of the month from 9 to 10 AM
**CCRT**: Meets the first Friday of the month from 10 to 11:30 AM
**Family and Youth as Partners**: Meets every third Thursday of the month from 1:30 to 3:00 PM
**Private Sector**: Ad Hoc/Meets as needed.

**NATHAN FLETCHER**
**CHAIR**
SUPERVISOR, FOURTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS



AGENDA ITEM

**DATE:** March 1, 2022

**13**

**TO:** Board of Supervisors

**SUBJECT**
**DEVELOPMENT OF A DOULA PILOT PROGRAM THAT ADDRESSES BIRTHING HEALTH DISPARITIES WHILE PRIORITIZING EQUITY AND COMMUNITY-BASED CARE (DISTRICTS: ALL) (DISTRICTS: ALL)**

**OVERVIEW**
According to the Centers for Disease Control and Prevention (CDC), Black birthing people are three times more likely to die from pregnancy-related causes than white birthing people.[1] Rates are also disproportionate among Indigenous individuals and other people of color. Many of these deaths are preventable and are due to various contributing factors, including lack of access to appropriate and high-quality care, missed or delayed diagnoses, and lack of knowledge among patients and providers. Doulas, individuals who are trained to provide guidance and support to birthing people during labor and following birth, can significantly improve health outcomes.[2] Doulas can effectively address birthing health disparities by providing focused care and support, but there is a lack of access to doulas for birthing individuals who are Black, Indigenous, or people of color. Some of the reasons for this include cost, lack of access to adequate health care, and an absence of providers from these populations.

To help bring greater doula access to birthing people who are Black, Indigenous, or people of color, the Doula Pilot Program seeks to overcome these barriers by contracting with community-based doula businesses to provide services during pregnancy, for birth and delivery, and postpartum care. This program will enable these organizations to serve more individuals at no cost to the clients, train more doulas to serve the community, and promote better health outcomes.

Today's proposal outlines guidelines to be utilized as the framing for the Doula Pilot Program. These guidelines were developed after community feedback sessions with interested stakeholders to ensure that the Doula Pilot Program accomplishes its goal of addressing birthing health disparities while prioritizing culturally appropriate, diverse, and community-based care.

[1] https://www.cdc.gov/healthequity/features/maternal-mortality/index.html
[2] https://www.expectingjustice.org/resources/community-doula-care-providers/



**SUBJECT:** DEVELOPMENT OF A DOULA PILOT PROGRAM THAT ADDRESSES BIRTHING HEALTH DISPARITIES WHILE PRIORITIZING EQUITY AND COMMUNITY-BASED CARE (DISTRICTS: ALL)

**RECOMMENDATION(S)**
**CHAIR NATHAN FLETCHER**
1. Direct the Chief Administrative Officer to implement a Doula Pilot Program that incorporates the guidelines outlined in this Board Letter.
2. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code 401, authorize the Director, Department of Purchasing and Contracting to issue a Competitive Solicitation and, upon successful negotiations and determination of fair and reasonable price, award a contract or contracts, and to amend existing contracts, for services associated with implementation of a Doula Pilot Program.

**EQUITY IMPACT STATEMENT**
Black and Indigenous individuals and people of color face a higher likelihood of serious health complications from pregnancy and giving birth. Multiple factors contribute to these disparities, such as lack of access to quality healthcare, underlying chronic conditions, structural racism, and implicit bias. Access to doulas has been shown to improve healthcare outcomes for birthing people, but due to barriers around cost and access, this service is not accessible for many. To ensure those who are most impacted were provided an opportunity for input, my office met with and solicited feedback from community leaders instrumental in advocating for the program. These stakeholders shared that to be successful, the Doula Pilot Program must be rooted in equity and focus efforts on impacted communities using community-based organizations doing the work.

**FISCAL IMPACT**
Funds for this request are included in the Fiscal Year 2021-2023 Operational Plan in the Health and Human Services Agency for the one-year Doula Pilot Program. If approved, today's recommendation will result in costs and revenue of $400,000 from Fiscal Year 2021-22 through Fiscal Year 2022-23. The funding source for this request is one-time Intergovernmental Transfer Revenue (IGT) from the California Department of Health Care Services. There will be no change in net General Fund cost and no additional staff years.

**BUSINESS IMPACT STATEMENT**
The doula community is represented by many small business owners. Today's action supports small businesses and empowers individuals by creating a program that builds capacity in our region and that is centered around training individuals within the community to help other community members before and after giving birth and prioritizing small, community-based organizations engaged in the work.

**ADVISORY BOARD STATEMENT**
N/A

**BACKGROUND**
According to the Centers for Disease Control and Prevention (CDC), Black birthing people are three times more likely to die from pregnancy-related causes than white birthing people.[3] Rates

[3] https://www.cdc.gov/healthequity/features/maternal-mortality/index.html

are also disproportionate among Indigenous individuals and other people of color. Many of these deaths are preventable and are due to various contributing factors, including lack of access to appropriate and high-quality care, missed or delayed diagnoses, and lack of knowledge among patients and providers. Individuals who are Black, Indigenous, or people of color also have an increased risk of pregnancy complications, including preterm birth, gestational diabetes, preeclampsia, and high blood pressure.[4] Doulas can effectively address birthing health disparities by providing focused care and support, but there is a lack of access to doulas for birthing people who are Black, Indigenous, or people of color.

Doulas, individuals who are trained to provide guidance and support to birthing people during labor and following birth, can significantly improve health outcomes.[5] These outcomes include supporting a healthy pregnancy, decreasing the number of cesarean sections (C-sections), lowering the rate of epidural and pain medication use, increasing healthy birth outcomes, increasing breastfeeding rates, and decreasing rates of postpartum depression. Doulas are effective because they are a constant presence throughout the labor and birthing process and can help empower birthing people to seek the care and treatment they need.[6]

However, not all birthing people have access to a doula. Birthing people must often cover the costs of a doula out-of-pocket or are often limited in their healthcare options for a doula provider. This lack of access for many individuals presents a substantial barrier.

Local community-based organizations and numerous individual Black doulas and midwives have been doing the work in the community to address these birthing health disparities and advocate for better care, but the need far outweighs the resources currently available. These stakeholders identify that full-spectrum care is essential to the success of the program. Full-spectrum care is care that is trauma-informed and prioritizes accessibility, inclusivity, and anti-racist practices. Doula services under this type of care includes lactation support, postpartum support, birth plan preparation, childbirth education, and education on comfort measures in labor and sibling preparation.

The County of San Diego has shown an increasing commitment to addressing health disparities in recent years. In January 2021, I was proud to bring forward with Vice Chair Vargas a resolution that declared Racism a Public Health Crisis. This initiative, which was supported unanimously by this Board, stated, "racism underpins health inequities throughout the region and has a substantial correlation to poor outcomes in multi-facets of life." Additionally, ongoing work was undertaken during the COVID-19 pandemic due to the reality that the pandemic was disproportionately impacting communities of color.

The County of San Diego has been a regional leader supporting perinatal and infant health initiatives for impacted families. In 2018, the State established the Perinatal Equity Initiative (PEI) that established funding and directed counties to develop interventions and bring awareness to higher rates of poor birth outcomes and inequities among Black birthing individuals. The San

[4] https://www.consciouspregnancy.ca/bipoc
[5] https://www.expectingjustice.org/resources/community-doula-care-providers/
[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/



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Diego PEI works with the San Diego Black Infant Health Program (BIH), which offers social support, stress management, and empowerment through prenatal and postpartum groups and one-on-one sessions—to help birthing individuals understand their risks and try to reduce them.[7]

Additionally, the Maternal, Child, and Family Health Services (MCFHS) branch of the Public Health Services department, in the County of San Diego Health and Human Services Agency, implements both the BIH and PEI programs and has worked collaboratively with First 5 San Diego and other partner community organizations to support healthy birth outcomes. MCFHS leads the Family Support Collaborative with the American Academy of Pediatrics and the County's Office of Nursing Excellence. This collaborative consists of home visiting and other family support programs that aim to serve the most at-risk pregnant and parenting individuals with children ages birth to three years of age.

In support of and to further expand these efforts and following years of advocacy from community members, included in the County of San Diego Operational Plan 2021-2023, adopted in June of 2021, was an allocation of $400,000 to create a pilot program to increase access to doula services for at-risk families to help address birthing health disparities. This program can help address the need by expanding care for more birthing people and training additional doulas to exponentially increase impact.

To help bring greater doula access to birthing people who are Black, Indigenous, or people of color, the Doula Pilot Program seeks to overcome barriers by contracting with community-based doula businesses to provide services during pregnancy, birth and delivery, and postpartum care. This program will enable these organizations to serve more individuals at no cost to the clients, train more doulas to serve the community, and promote better health outcomes. While the direct service to assist birthing people is central to this program, an additional critical component must be to engage and train new doulas in order to adequately amplify the impact and lead to more sustainable outcomes for communities.

Today's proposal outlines guidelines developed after consultation with community leaders in impacted communities to ensure that the Doula Pilot Program accomplishes its goal of addressing birthing health disparities while prioritizing culturally appropriate, diverse, and community-based care.

Pilot Program Guidelines

To assure that the Doula Pilot Program addresses birthing health disparities while also prioritizing equity and community-based care, the competitive solicitation will have program guidelines that are tailored to obtain the maximum amount of participation and opportunities for:

- Organizations with demonstrated experience providing services to birthing people who are Black, Indigenous, or people of color.
- Diverse and traditionally underrepresented businesses for which proactive outreach is encouraged, such as organizations that are owned and operated by individuals who are Black, Indigenous, or people of color.

[7] https://blacklegacynowsd.com/about/

**SUBJECT:** DEVELOPMENT OF A DOULA PILOT PROGRAM THAT ADDRESSES BIRTHING HEALTH DISPARITIES WHILE PRIORITIZING EQUITY AND COMMUNITY-BASED CARE (DISTRICTS: ALL)

- Organizations that are able to offer culturally-responsive doula training and/or certification to individuals who are Black, Indigenous, or people of color.
- Existing small, community-based San Diego County organizations.

To ensure the most significant impact, the County should use existing County programs and initiatives and partnerships with community organizations to provide targeted community outreach and advertisements about the program.

Data collection is instrumental in ensuring that programs operate and perform effectively. Collection of survey data by participants in the Doula Pilot Program, including by the organizations that will operate the program, will inform future policy decisions. Data on the program's effectiveness, the experience of the participants, demographics of participants, and whether the funding is adequate to cover the costs of the providers, should all be a part of this reporting. The results of these surveys should be shared with the Board of Supervisors. Additionally, throughout the duration of this program, my office will continue to meet with community stakeholders to receive feedback.

This program can save lives and improve the health and wellness of birthing people and their families. The program must be implemented to support the needs of these impacted communities.

I urge your support.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**
Today's proposed action to direct the Chief Administrative Officer to create a Request for Proposal for the Doula Pilot Program that incorporates the guidelines in this Board Letter supports the Equity and Community Strategic Initiatives in the County of San Diego's 2022-2027 Strategic Plan by addressing birthing health disparities while prioritizing culturally appropriate, diverse, and community-based care.

Respectfully submitted,

NATHAN FLETCHER
Supervisor, Fourth District

**ATTACHMENT(S)**
N/A

County of San Diego

**NICK MACCHIONE, FACHE**
AGENCY DIRECTOR

**HEALTH AND HUMAN SERVICES AGENCY**
BEHAVIORAL HEALTH SERVICES
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SAN DIEGO, CA 92108-3806
(619) 563-2700 • FAX (619) 563-2705

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

February 25, 2022

TO: Behavioral Health Advisory Board (BHAB)

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

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

## BEHAVIORAL HEALTH CRISIS SERVICES

The vision of the Behavioral Health Continuum of Care (CoC) is to achieve a transformational shift from a model of care driven by crises to one driven by chronic or continuous care and prevention through the regional distribution and coordination of resources to keep people connected, stable, and healthy.

To achieve this vision, BHS is developing immediate and long-term strategies to expand chronic and continuous care capacity, which includes coordination of ongoing care, linkages to housing, and seamless connections to integrated primary care. Services will be regionally distributed and designed to work in coordination with various partners, including hospitals, community-based providers, cities, law enforcement, and many others.

Included in this continuum are Mobile Crisis Response Teams and Crisis Stabilization Units. These services provide early intervention and prevention options for service recipients that are designed to reduce avoidable intervention with law enforcement, potential for incarceration, and the burden on hospital emergency departments. Additional models of crisis service care include the Tri-City Psychiatric Health Facility and the Children, Youth, and Families System of Care Emergency Screening Unit.

Implementation of the Behavioral Health CoC supports the development of effective preventive solutions, along with the design of a more cohesive, efficient care and treatment system that optimizes patient outcomes and achieves overall cost-savings. The CoC adopts the Triple Aim objectives of improving the patient experience, improving population health outcomes, and reducing long-term costs.

### Mobile Crisis Response Team (MCRT) Program

On June 25, 2019, the County Board of Supervisors (BOS) approved a recommendation to enhance the crisis intervention options available to the community by establishing an MCRT pilot program which became operational in January 2021. MCRT was designed to help people who are experiencing a mental health or substance use crisis by dispatching behavioral health experts to emergency calls instead of law enforcement, when appropriate.

The MCRT program provides a person-centered approach to respond to non-violent behavioral health situations in the community. These situations are often more effectively addressed, and with less risk of trauma to already vulnerable service recipients, by trained clinicians and peers. MCRTs are comprised of

licensed mental health clinicians, case managers, and peer support specialists who respond to behavioral health crisis calls that do not involve known threats of violence or medical emergencies.

On June 23, 2020, the Board further expanded the MCRT program by approving an expedited rollout of MCRT services countywide. In June 2021 the regional MCRT contract was established and, through a phased roll out approach, the MCRT program was expanded to all regions in the County.

As of February 14th, the MCRT has responded to 647 referrals, assisting in facilitating 110 individuals to new admissions to ongoing outpatient services. The majority of calls responded to have resulted in the individual receiving intervention services and able to remain in the community.

**Crisis Stabilization Units (CSU)**
CSUs serve individuals experiencing a mental health crisis and provide services for up to 24 hours. CSUs provide immediate stabilization, and on-going clinical assessment and stabilization – which includes treatment with medication and linkages to other behavioral health services. These services ensure those in a mental health crisis can continue to avoid unnecessary use of hospital emergency room resources. CSUs also allow for a timelier transition of individuals from law enforcement custody to a hospital care setting.

2021 saw incredible growth of this critical service through the expansion of CSU capacity throughout the County, adding 32 more recliners, with another 12 planned for this spring to be co-located inside the North Coastal Live Well Center which will bring our total capacity to 64 recliners and 18 CSU beds at the San Diego County Psychiatric Hospital. Additionally, BHS is actively seeking a location for a community-based CSU in the East County. The CSU programs have been working in collaboration with community providers, MCRT, and local law enforcement to provide safe, clinically appropriate services.

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

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

Design of the facility site has been completed, and construction will proceed in anticipation for the facility to begin seeing patients in late 2023. The services provided will complement other recent continuum of care investments in the North County region. Community engagement forums were held on February 2, 2022, and February 16, 2022, to provide the community with project information and answer questions. Details and additional resources for this project can also be found at: www.sandiegocounty.gov/TriCityPHF .

**Children, Youth, and Families (CYF) System of Care Emergency Screening Unit**
The Emergency Screening Unit (ESU) provides crisis stabilization services to children and youth experiencing an acute psychiatric crisis. The ESU team offers comprehensive screening services, crisis stabilization, and facilitates inpatient hospitalization when clinically necessary.

In Fiscal Year (FY) 2020-21, the ESU:

- Had an overall decrease in utilization of 5% when compared to the prior fiscal year; crisis stabilization services decreased by 4%, and direct admissions decreased by 6%.

- Screened 1,699 children and youth in total, with a diversion rate of 65.2%; a 4.1% reduction when compared to the prior fiscal year.

In FY 2021-22, the ESU:

- Screened 941 children and youth through Quarter 2 (Q2) with a diversion rate of 70.9%.
- Current Q2 diversion rate is in line with pre-pandemic norms and year to date (YTD) represents an 11.2% increase in diversion compared to FY 2020-21.
- Based on Q2 outcomes, ESU is projected to serve approximately 1,882 children and youth for FY 2021-22 representing an overall increase in utilization of 11% when compared to the prior fiscal year, as well as 12% increase in crisis stabilization services, and a 4% increase in direct admissions.
- These increases are in comparison to FY 2020-21 where a decrease was experienced due COVID-19 pandemic impacts.

The following table provides a summary of the data including the variance from FY 2019-20 to FY 2020-21, and FY 2020-21 to FY 2021-22 through Q2, with anticipated projections through Quarter 4 (Q4) of FY 2021-22.

The ESU is located at 4309 Third Ave, San Diego, 92103. The phone number is 619-876-4502.

| | FY 19-20* | FY 20-21** | Variance from FY 19-20 to FY20-21 | Q2 FYTD 21-22 | FY 21-22 Projection | Projected Variance from FY 20-21 to FY21-22 | Projected Variance from FY 19-20 to FY21-22 |
|---|---|---|---|---|---|---|---|
| **Crisis Services Admissions** | 1558 | 1489 | -4% | 832 | 1664 | 12% | 7% |
| **Direct Admissions** | 223 | 210 | -6% | 109 | 218 | 4% | -2% |
| **Total Admissions** | **1781** | **1699** | **-5%** | **941** | **1882** | **11%** | 6% |
| **Diversion Rate** | 68% | 59.7% | 4.1% | 70.9% | 70.9% | 11.2% | 2.9% |
| ***FY 2019-20 COVID March-June<br>**FY 2020-21 COVID July-June** | | | | | | | |

## BEHAVIORAL HEALTH SPECIAL EVENTS AND ANNOUNCEMENTS

**7th Annual Critical Issues in Child and Adolescent Mental Health Conference**

The 7th Annual Critical Issues in Child and Adolescent Mental Health (CICAMH)-Managing Change in a Changing World conference is scheduled for March 11, 2022. The focus of this conference is to raise awareness of the most current and relevant issues facing youth today. The topics to be addressed include foster

care issues; human trafficking in social media; youth drug use during the COVID-19 pandemic; unaccompanied minors at the border and their stay in San Diego; impact of extended screen time on developing youth; gender affirming care; and more. The 2022 conference will offer a hybrid format with the option to attend virtually or in-person, with a limited capacity for in-person attendance to ensure social distancing guidelines. Additional conference information and registration can be found at: https://cicamh.com/

**May Is Mental Health Month 2022**

May Is Mental Health Month (MIMHM) raises awareness of, and supports those living with, mental health conditions. Across the county, BHS and many providers will be hosting events to bring greater understanding and open conversations around issues related to mental illness.

BHS staff are currently planning for this year's MIMHM activities. Throughout the month of May, activities (both virtual and in-person) will take place with a focus on celebrating this year's theme of "Take Action for Mental Health". The NAMI Walk/Run and HHSA Wellness Expo will kick off the month's activities on Saturday, April 30, 2022 (details below). Plans also include a MIMHM webpage on the BHS website, with an event calendar, activity ideas, and many other resources.

Providers and community- or faith-based organizations are encouraged to submit planned activities in recognition of the month to Dawn Hull (dawn.hull@sdcounty.ca.gov) for inclusion on the MIMHM calendar. More information about MIMHM will be shared leading up to May.

**NAMI Walk / HHSA Wellness Expo**

BHS and the National Alliance on Mental Illness (NAMI) San Diego are hosting a 5K Walk/Run and a HHSA Wellness Expo (resource fair) to kick-off MIMHM activities. This annual event will return to an in-person setting this year, and will be held on Saturday, April 30, 2022, at Liberty Station. The event is designed to raise awareness of, and de-stigmatize, mental health conditions. For more information and to register for the 5k Walk/Run, please visit: www.namiwalks.org.

**Youth Mental Health Well-Being Virtual Celebration**

The BHS Children, Youth, and Families (CYF) System of Care unit is joining forces with NAMI San Diego to recognize and celebrate the importance of children's mental health with a special celebration on May 6, 2022. The Youth Mental Health Well-Being Virtual Celebration event will use art, in many forms, to engage youth and families who are living with serious mental health challenges. The virtual gathering setting is a reminder that we can be physically distanced and still remain socially connected.

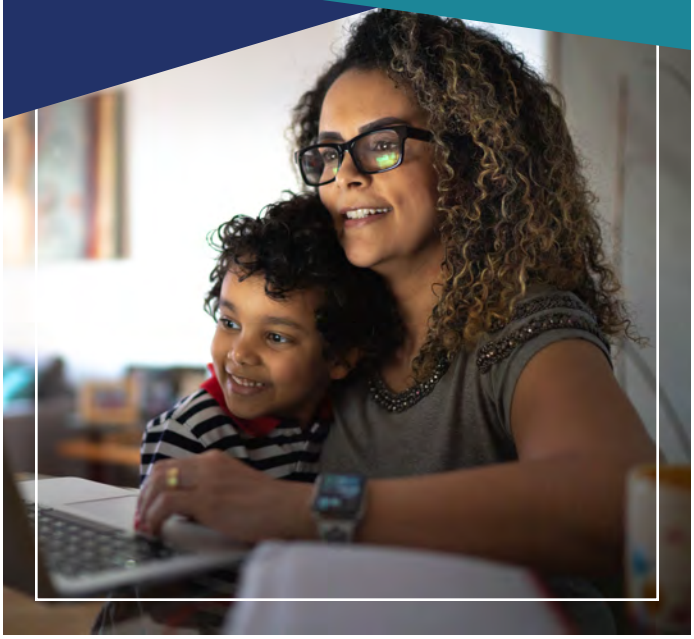
This event is free of charge and open to the public; BHAB members are encouraged to attend. On May 6, 2022, at 4:00 p.m. the event will kick-off with a virtual resource fair, followed by the live virtual celebration event starting at 5:00 p.m. The Youth and Families Support Partners subcommittee is diligently working on creating a meaningful event for all attendees. Visit May 2021 - Child, Youth, & Families Liaison (namisandiego.org) to view last year's event and artwork. More information will be shared prior to the event.

Respectfully submitted,

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

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

# File a Tax Return to Get Money Back



You could be eligible for thousands of dollars in your tax refund when you claim the federal Earned Income Tax Credit, Child Tax Credit, or Child and Dependent Care Credit. If you are newly eligible for one or more tax credits this year, you could get more money than ever before.

## How to Get Your Tax Credits:

1 **See if you qualify**
Find out how much you may receive at TaxOutreach.org/TaxCredits.

2 **Find FREE tax help**
Go to GetYourRefund.org/SanDiego or call 800-906-9887, even if you don't normally file taxes.

3 **File your taxes**
Get free help filing your tax return by April 18.

## What to bring to a tax appointment:

- ❑ Valid picture ID
- ❑ Social Security card, Social Security number verification letter, or ITIN for everyone on your tax return
- ❑ W-2 or 1099 forms
- ❑ Form 1095-A
- ❑ Records of child care payments (if claiming the Child and Dependent Care Tax Credit)
- ❑ Any IRS notices including IRS Letter 6419, Advance Child Tax Credit Payments

**For more information, go to TaxOutreach.org/TaxCredits or call the IRS at 1-800-829-1040.**

Email: ctc@mhasd.org

# Do I Qualify?

For the first time, more people than ever before will qualify for federal tax credits and could get money back at tax time.

**Earned Income Tax Credit (EITC):** If you worked in 2021, you may qualify for the EITC even if you didn't in the past.

**Child Tax Credit (CTC):** Almost every family with kids at home qualifies for the CTC in 2021. You can get this credit even if you are retired, on disability, or were not eligible in the past. File a tax return to get the full credit even if you got advance CTC payments in 2021.

**Child & Dependent Care Credit (CDCTC):** Millions of families paying for child and adult care qualify for the CDCTC.

**Public Benefits:** Claiming these tax credits will not change your eligibility for federal benefits like SNAP (food stamps), SSI, Medicaid, cash assistance, or public housing. If you save your tax refund, it will not count against federally-funded benefit program resource/asset limits for 12 months after the refund is received.

## Eligibility breakdown for the EITC, CTC, and CDCTC:

**If you don't have children** you could qualify for the EITC if:

**Age:**
You are 19 years old and up.
You cannot claim the credit if you were a student for more than 5 months in 2021 and are 19-23.

**2021 Income:**
You earned less than $21,430 ($27,380 if married), you could receive an EITC up to $1,502.

**If you are not a U.S. citizen** you could qualify for any of the three tax credits if:

- **EITC:** You, your spouse, and any child you claim have a valid Social Security number (SSN).
- **CTC:** Any child you claim has an SSN, even if you do not have an SSN yourself.
- **CDCTC:** Any child you claim has an SSN, even if you do not have an SSN yourself.

**If you have children** you could qualify for any of the three tax credits if:

**Residency:**
Your children lived with you for more than half of 2021.

**Age – children must be:**

- **EITC:** 18 or under on December 31, 2021 *(full-time students can be under 24 and children who are permanently and totally disabled can be any age).*
- **CTC:** 17 or under on December 31, 2021.
- **CDCTC:** 13 or under on December 31, 2021, or a dependent who is unable to care for themselves.

**Income for 2021:**

- **For the federal CTC,** there is no minimum income requirement to get this credit. It is worth up to $3,600 for children 5 and younger, and up to $3,000 for children ages 6-17.
- **For the federal EITC,** your earnings must be lower than the following limits:

| Number of Children | Single workers with income less than: | Married workers with income less than: | EITC up to: |
|---|---|---|---|
| 1 child | $42,158 | $48,108 | $3,618 |
| 2 children | $47,915 | $53,865 | $5,980 |
| 3 or more children | $51,464 | $57,414 | $6,728 |

- **For the federal CDCTC,** the amount of money you can get back depends on the number of children in care, your family's income, and the amount spent on care.

| Number of Children | Amount of care expenses in 2021 | Income | Maximum credit |
|---|---|---|---|
| 1 child | Up to $8,000 | $0-$125,000 | $4,000 |
| | | $125,000-$183,000 | Varies |
| | | $183,000-$400,000 | $1,600 |
| 2 children | Up to $16,000 | $0-$125,000 | $8.000 |
| | | $125,000-$183,000 | Varies |
| | | $183,000-$400,000 | $3,200 |

SAMHSA

Substance Abuse and Mental Health Services Administration

## Children's Mental Health: Understanding an Ongoing Public Health Concern

A new report on children's mental health used data from different sources to describe mental health and mental disorders in children during 2013–2019. Poor mental health among children continues to be a substantial public health concern. Attention-deficit/hyperactivity disorder (ADHD) and anxiety among children of all ages, and symptoms related to depression among adolescents, are the most common concerns.

More information on positive indicators of mental health such as emotional well-being and resilience is needed to truly understand children's mental health.

**Read the Report**

*Substance Abuse and Mental Health Services Administration*

*5600 Fishers Lane Rockville, MD 20857 USA*

*1-877-SAMHSA-7 (1-877-726-4727) | www.samhsa.gov | Privacy*

# ADVANCING SCHOOL-BASED MENTAL HEALTH IN CALIFORNIA

## Introduction

### School-Based Mental Health Strategies Are Essential for California Students

School-based mental health centers are integral to the achievement of students in California. Prevention and early intervention of mental health issues are critical to ensuring student success - students who are experiencing socioemotional, behavioral or psychological distress will struggle to engage with the curriculum and maintain positive relationships with peers and adults. **In several studies, researchers have found that mental health conditions, such as depression and anxiety, are related to school avoidance behaviors, including chronic absenteeism and children refusing to attend school.** California has experienced one of the greatest declines in children's mental health services during the pandemic (Centers for Medicare & Medicaid Services, 2020). Suicides among children, especially girls and Black children and youth, increased markedly in 2020 compared to adults (California Department of Public Health, 2020).

It is clear that students in California have not been spared the impacts of the ongoing and exacerbated mental health crisis in the wake of the global pandemic.

**Even before the pandemic, California's students were struggling, especially students of color:**

- 33.33 percent (1,980,000 out of 6,000,000) of 7th, 9th and 11th grade students in 2017-19 reported feeling depressed in California schools (Kidsdata.org, 2020).
- 32-47 percent of African American students and Latinx students in Grades 7, 9 and 11 experienced chronic sadness/hopelessness in 2018-19 (CalSchls, 2019).
- 52.7 percent (3,120,000 out of 6,000,000) of African American students in California were chronically absent in 2019 compared to 24.9 percent of their white counterparts (CDE, 2019).

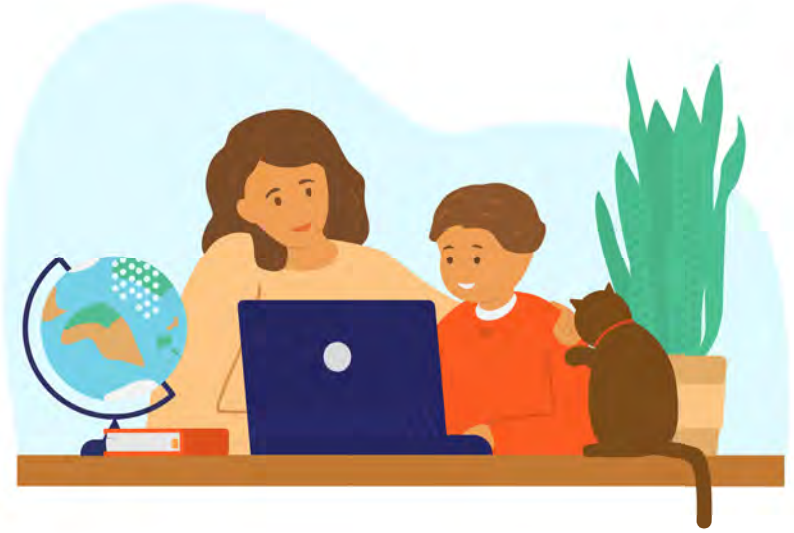
The pandemic has shown that students are facing escalating mental health issues such as suicidal behaviors and suicidal ideation, particularly for Latinx children, who represent the majority of students in California. According to The Children's Partnership's Latinx Children's Health Fact Sheet, "Latinas, in particular, are facing the greatest disparities when it comes to their mental health. 62 percent of Latina teens felt chronic sadness or hopelessness in the last year. 34 percent of Latina teens have considered suicide and 13 percent have attempted suicide, compared to 27 percent and 9 percent of all high school youth, respectively. For lesbian, bisexual and queer Latina youth, the reality is even worse: nearly half (48 percent) have considered suicide, and one in three (33 percent) lesbian, bisexual and queer Latina youth have attempted suicide."

**California must act quickly to address the historic and increasingly precarious mental health of its students by bringing necessary care and support to its campuses across the state through the expansion of school-based mental health centers.** School-based mental health centers can include an array of integrated services such as one-on-one therapy, meditation and other non-clinical wellness services, as well as peer-to-peer youth support groups and programs. These mental health centers can also provide a collaborative space for students and staff to receive resources and services that will empower them to tend to their own well-being as well as that of their peers, building a culture of positive support on campus. Not only will these mental health centers foster stigma reduction, but they will also serve as a place for students, families and school staff to learn and promote culturally responsive ways to address mental health needs.

# The Case for Mental Health Centers in Schools

Educators know that keeping students healthy is vital to improving their academic achievement and life prospects. Unfortunately, most of California's more than 10,000 schools do not have the resources to meet their students' physical and mental health care needs. Only 43 percent of public-school districts in California have a nurse, and only two percent of schools have a school-based health center. **And yet, students are six times more likely to receive evidence-based services in a school as compared to other community settings** (Nadeem, Jaycox, Kataoka, Langley, & Stein, 2016). School-based services are therefore essential to ensuring students have access to timely and quality mental health care.

Across the nation and state, school-based mental health centers have proven to be a valuable tool to meet the mental health care needs of children by bringing timely, high-quality care to them at school, where they spend a significant amount of their time. **With school-based mental health centers, parents and students can also participate in learning components regarding the stigma of mental health, as well as other student wellness and prevention activities.**



CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
Putting Health Care Where Kids Are

The California School-Based Health Alliance recently created the Student Health Index as a Relative Needs Assessment to identify marginalized communities in California that are in need of a student health center based on a combination of features. According to the **Student Health Index**, it is **"the first comprehensive analysis to show the counties, districts, and schools where new SBHCs will have the greatest return on investment for improving student health and education."**

According to the Student Health Index's Relative Needs Assessment, **the top five counties** in California with the highest need compared to all schools are: Lake County with four out of its five schools in high need; Madera County, with 20 out of its 26 schools in high need; Monterey County, with 38 out of its 67 schools in high need; Yuba County, with six out of its 11 schools in high need; and lastly, Tehama County with three out of its six schools in high need. This list highlights the often-overlooked health and mental health needs of students in rural areas.

# Key Components of a School-Based Mental Health System:

According to the National Conferences of State Legislatures, there are eight core components of an effective school-based mental health system:

1. **Well-trained educators and specialized instructional support personnel**—A full complement of school and district professionals, including personnel who can support the mental health needs of students in the school setting.
2. **Family-school-community collaboration and teaming**—Partnerships among students, families, schools, community partners, policymakers, funders and providers to address the academic, social, emotional and behavioral needs of all students.
3. **Needs assessment and resource mapping**—Ongoing evaluations of students and school and community resources to inform decision-making about needed support and services.
4. **Multi-tiered systems of support**—A full array of tiered, evidence-based processes, policies and practices that promote mental health and reduce the prevalence and severity of mental illness.
5. **Mental health screening**—Use of screening and referral as a strategy for prevention, early identification, treatment and recovery.
6. **Evidence-based and emerging best practices**—Use of effective strategies to ensure quality in the services and supports provided to students.
7. **Data**—Use of statistical information to monitor student needs and progress, assess quality of implementation and evaluate supports and services.
8. **Funding**—Use of diverse models and resources to track or identify new funding opportunities from federal, state and local sources to support a sustainable school mental health system.

**Building a school-based mental health system that upholds appropriate levels of confidentiality is also essential to ensuring equitable access for students from marginalized communities or identities.** In addition to ensuring the system is legally compliant from an education and a health care information perspective, appropriate confidentiality policies and practices can help students feel safe to disclose personal details, including issues related to immigration, gender identity and sexual orientation, or histories of past traumas or abuse that do not pose an immediate risk of harm to themselves or others.

## How to Structure School-Based Mental Health Programs

### School-Based Mental Health Centers

Incorporating a dedicated school site-based center would centralize programs and services on a campus and facilitate access to clinical and non-clinical mental health and wellness supports, including virtual therapy via telehealth partnerships, that may be harder for students to access in the community. School-based mental health centers are composed of program administrators and staff who are trained in therapy, socioemotional learning, as well as facilitating peer support. These centers can provide additional cultural resources to students to help connect their racial, ethnic, community and other identities to their experiences. This can help to put community or personal traumas or stressors into a wider historical context and provide hope and connection to their peers with similar experiences These centers can also lead community and parent engagement to help parents and caregivers understand the connection between student well-being and academic achievement.

A diverse array of services and programming that reflects the students' and community's experiences will create the best foundation for key components of traditional clinical and non-traditional non-clinical services.

## School-Based Health Centers (SBHCs)

This type of model addresses both the physical and mental health of students. SBHCs can include dedicated mental health and wellness centers with some or all of the components of a school-based mental health center, but also includes physical health services such as well-child visits, vaccinations, health screenings and even partnerships with telehealth providers for acute illness – all efforts which can support improved attendance and engagement. SBHCs can also provide health care services to parents and community members, ensuring that students' families are healthy and can support the success of the student. As reflected in the Student Health Index, California is one of only 15 states that does not provide state level funding and support for SBHCs. The types of resources and services that can be found in such a model include trauma support and other mental health services.

## Community Schools

A community school framework emphasizes partnerships with community-based organizations to provide a variety of services, including health and mental health services, that represent a whole-child approach. The key components of this model include relationship-centered supports, culturally relevant teachings for students and parents, and healing centers that provide a space for students, staff and family members. Community engagement is one of the integral components of this model and should be reflected in all stages of development.

It is possible for a community schools framework to provide the foundation for community engagement and partnerships to build dedicated school-based mental health or school-based health centers.

## Essential Strategies

The following services should be essential strategies of effective school-based mental health centers in California that are designed and delivered through an assets-based approach that is culturally relevant, gender-affirming, and reduces stigma around receiving mental health services:

- **Therapy**
- **Non-Traditional, Culturally/ Community-Defined Wellness Programs**
- **Peer to Peer Support**
- **LGBTQIA Support**
- **Parent, Caregiver and Family Education and Support**
- **Stigma Reduction**

**Sufficient staffing, particularly for programs with a direct-service component, will be paramount to school-based mental health efforts.** Programs should be designed so that staff are permanently assigned to one school site or center, carry reasonable caseloads that allow for meaningful direct one-on-one student engagement, and are sufficiently supported by administrators so that staff involved in student engagement can focus on providing direct services and not office or center administration.

# Funding School-Based Health Efforts

Two historic opportunities to fund appropriate staffing of school-based mental health programs in California are the Children and Youth Behavioral Health Initiative (CYBHI) and the Community Schools Initiative (CSI) which together represent up to $7 billion in one-time funding over the next few fiscal years to support student mental health. These opportunities are in addition to ongoing Local Control Funding Formula (LCFF) Base, Supplemental, and Concentration grants that school districts are allocated on a per-student basis. LCFF funds must be allocated via a public planning process and documented within a school district's Local Control and Accountability Plan (LCAP).

**School districts should ensure that any additional funds received through the CYBHI and CSI go through the LCAP process to ensure that community stakeholders, parents and students have the opportunity to identify specific programming needs, including those related to student mental health, resulting in alignment and coherence of priorities across funding streams within the district.**

## Children and Youth Behavioral Health Initiative

There is over $4 billion being invested in the Children and Youth Behavioral Health Initiative (CYBHI) over the next four years, making this one of the largest investments in behavioral health in state history. Within CYBHI is the Student Behavioral Health Incentive Program (SBHIP), also known as AB 133. The SBHIP is a one-time expenditure of $400 million for Medi-Cal managed care plans to partner with schools and school-affiliated behavioral health agencies to increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for K-12 children in schools. The SBHIP has outlined possible target interventions including implementing culturally appropriate mental health interventions, expanding peer support programs, increasing telehealth for mental health services, increasing ACE screenings and developing wellness programs. Youth that will be considered as possible focus areas for the SBHIP include students experiencing homelessness, pregnant students, students in small and rural schools and students in the child welfare system. **School districts should begin reaching out to their local county Medi-Cal administrators and Medi-Cal managed-care plans to begin collaborative conversations about this investment.**

## Community Schools Initiative

Over the next three years, $2.8 billion is being invested into the Community Schools Initiative. This is a *competitive grant program* for school districts to increase partnerships with community-based organizations to include a whole child approach to student success and well-being. It is important to look at this funding for school-based mental health because it creates opportunities to provide integrated support as well as a space for capacity building between schools and community members and organizations, with parents and youth at the center of these collaborations. Emphasizing this integrated focus within contracts with CBOs and school-based health providers is essential to ensuring these grants meet the needs of students.

# Getting Started: Tips for Developing a School-Based Mental Health Program

Building on lessons from school-based mental health programs from across the country, including California, listed below are select elements for building successful programs.

**Form a Planning Committee.** To get started, form a planning committee in your local counties or districts. These planning committees should be composed of various personnel such as parents, school administrators and staff members, local community health workers and community- based organizations focused on health.

**Identify Lead Structural Model.** Next, it is important to identify a lead agency in your local school district. These models can include: School-Based Mental Health Centers, School-Based Health Centers or Community Schools.

**Community Engagement & Engaging all stakeholders.** Successful school-based mental health centers engage the right stakeholders at the right time, ranging from school administrators, to parents and teachers, to a broad array of providers and payers.

**Assess health care needs.** When establishing a mental health center, it is important to first gather data and determine areas of greatest need for children's health in the school community to prioritize new investments and programming.

**Develop project scope and workflow.** Once needs are identified, the next phase is to develop a scope that outlines how the mental health center can address the needs. From there, one can identify how the program will run on a day-to-day basis.

**Assess technology and internet needs.** Schools are increasingly relying on tele-mental health models to meet the needs of students who are remote or participating in distance learning. Central to the success of any telehealth model is the quality and efficacy of equipment that enables a high-quality visit and resources.

**Develop a funding and sustainability plan.** From purchasing equipment, to paying for salaries, to billing for reimbursable services and funding non-reimbursable services, a thorough funding and sustainability plan is key to success. Most school-based health centers bill Medi-Cal and commercial health insurance carriers for providing services and also rely on outside funding from foundations and local, state and federal agency grants.

**Measure and document success.** Data collection and storytelling are vital to ensuring children's health care needs are being met and "selling" best practices to the community, policymakers and funders.


# Conclusion

School-based mental health programs provide an opportunity to improve mental health and student achievement in California, while addressing barriers that many families from low-income, BIPOC (Black, Indigenous, people of color), and medically underserved communities face in ensuring their children get the mental health care they need. California schools have a historic opportunity to ensure equity and well-being for students across the state by investing in, establishing or expanding their own school-based mental health systems.

***For more information***, contact Alexis Martin (amartin@childrenspartnership.org).

The Children's Partnership (TCP) is a California advocacy organization advancing child health equity through research, policy and community engagement.

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## Supporting Californians' Ability to Stay Healthy in All Areas of Life

The Department of Health Care Services (DHCS) is innovating and transforming the Medi-Cal delivery system. CalAIM is moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care. Our goal is to extend supports and services beyond hospitals and health care settings directly into California communities.

Our vision is to meet people where they are in life, address social drivers of health, and break down the walls of health care. CalAIM will offer Medi-Cal enrollees coordinated and equitable access to services that address their **physical, behavioral, developmental, dental, and long-term care needs,** throughout their lives, from birth to a dignified end of life.

Click HERE for more information about CalAIM or visit: https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx

Department of Health Care Services Webpage: https://www.dhcs.ca.gov/

DHCS
California Department of
HealthCareServices

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

## CalAIM Goals

- Implement a whole-person care approach and address social drivers of health.
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation.
- Create a consistent, efficient, and seamless Medi-Cal system.

## Population Health Management

Children and families | Adults | People with disabilities | Older Californians

Identifying Needs → Prevention → Wellness

- Long-Term Services and Supports
- Physical Health Care
- Behavioral Health Care
- Enrollee
- Developmental and Intellectual Disabilities Services
- Social Drivers of Health
- Oral Health Care

Enhanced Care Management | Community Supports

- People with serious mental illness/ substance use disorder
- Medically complex
- People who are justice involved
- People experiencing homelessness or housing instability
- Foster youth
- People at risk of institutionalization

# California Advancing and Innovating Medi-Cal (CalAIM)
## Our Journey to a Healthier California for All

**CalAIM is a long-term commitment to transform Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory. The success of CalAIM will be a model for transformation of the entire health care sector.**

**Everyone benefits from a better Medi-Cal. Many of us know someone who depends on it for health coverage.**

- One in three Californians.
- More than half of California's school-age children.
- Half of California births.
- More than two in three patient days in California long-term care facilities.

## CalAIM

- Puts people's needs at the center of care.
- Provides coordinated support to meet each Medi-Cal enrollee's physical, developmental, behavioral, and dental health needs as well as long-term services and health-related social supports.
- Shifts Medi-Cal to a population health approach, prioritizing prevention, addressing social drivers of health, and transforming services for communities who historically have been under-resourced and faced structural racism in the health care system.
- Includes specific initiatives on equity designed to provide equal access to health and well-being for individuals transitioning from incarceration to community re-entry, from homelessness to housing, and from institutional to home-based care.
- Works to align funding, data reporting, quality, and infrastructure to mobilize and incentivize progress toward common goals.
- Reduces variation across counties and plans, while recognizing the importance of local innovation and supports, community activation, and engagement.

## Faces of CalAIM: Meet Ana and Maria

Ana is 27 years old and has schizophrenia and a substance use disorder. She was living on the street, got pregnant, and went to live with her sister, Maria. In the current Medi-Cal system, Maria manages Ana's care, medications, and is the go-between for mental health and substance use disorder providers, and Ana's OB/GYN. Maria is struggling to figure out how to get the specialized care her sister needs, and the time and effort needed to manage this responsibility is taking a toll on Maria's health and other family members.

Through CalAIM, Ana will get better support through her health plan, including an Enhanced Care Manager who will help communicate with her providers and arrange for services, including transportation to appointments, medication-assisted treatment, and case conferences with her OB/GYN. Ana's Enhanced Care Manager will help her connect to Community Supports, including housing assistance, and local organizations that assist with baby supplies to help the family live independently.

## CalAIM Initiatives and Services

**Population Health Management**
Managed care plans will be required to implement a whole-system, person-centered strategy that includes assessments of each enrollee's health risks and health-related social needs, focuses on wellness and prevention, and provides care management and care transitions across delivery systems and settings.

**Enhanced Care Management**
Enhanced Care Management is person-centered care management provided to the highest-need Medi-Cal enrollees, primarily through in-person engagement where enrollees live, seek care, and choose to access services.

**Community Supports (also known as "In Lieu of Services")**
Medi-Cal managed care plan partners will begin offering "Community Supports," such as housing supports and medically tailored meals, which will play a fundamental role in meeting enrollees' needs for heath and health-related services that address social drivers of health including food insecurity and social support.

**New Dental Benefits**
CalAIM will expand key dental benefits statewide, including a tool to identify risk factors of dental decay, and silver diamine fluoride for children and certain high-risk populations. Statewide pay-for-performance initiatives will reward dental providers for focusing on preventive services and continuity of care.

**Behavioral Health Delivery System Transformation**
DHCS will strengthen the state's behavioral health continuum of care for all Californians and promote better integration with physical health care. CalAIM will streamline policies to improve access to behavioral health services, simplify how these services are funded, and support administrative integration of mental illness and substance use disorders treatment.

**Services and Supports for Justice-Involved Adults and Youth**
These initiatives help California address poor health outcomes and disproportionate risk of illness and accidental death among justice-involved Medi-Cal eligible adults and youth as they re-enter their communities.

**Transition to Statewide Dual Eligible Special Needs Plans and Managed Long-Term Services and Supports**
CalAIM will expand statewide a special kind of managed care plan that coordinates all Medicare and Medi-Cal benefits in one plan for enrollees who are eligible for both programs. CalAIM will also transition Medi-Cal to statewide managed long-term services and supports for dual eligible enrollees to better coordinate care, simplify administration, and provide a more integrated experience.

**Standard Enrollment with Consistent Managed Care Benefits**
To improve each enrollee's experience, CalAIM will expand the use of managed care plans and standardize benefits so that each enrollee will have access to a consistent set of services, no matter where they live.

**Delivery System Transformation**
CalAIM will explore other ways to improve care, including developing a long-term plan of action for foster youth; seeking a federal waiver for short-term residential treatment for enrollees with a Serious Mental Illness or Serious Emotional Disturbance; and piloting full integration of physical health, behavioral health, and dental health in one managed care plan.

# California Advancing and Innovating Medi-Cal (CalAIM)
# Population Health Management

## The Issue

Population Health Management is a cohesive plan of action for addressing needs for all enrollees across the continuum of care. Under CalAIM, managed care plans will be required to implement a whole-system, person-centered strategy that focuses on wellness and prevention, includes assessments of each enrollee's health risks and health-related social needs, and provides care management and care transitions across delivery systems and settings. Currently, many managed care plans offer only partial components of a Population Health Management Program. This contributes to poor health outcomes, including:

**Wide disparities in treatment outcomes for people of color:** The Department of Health Care Services (DHCS) Health Disparities Report shows that people of color fared worse in several Managed Care Accountability Measures, including children's immunization status, breast cancer screening, and diabetes control.

**Low preventive care rates for children:** The Preventive Services Report found that only 26 percent of children aged 0-30 months attend six or more well-child visits compared to the national benchmark of 68 percent.

**High unplanned hospital readmissions:** In 2019, the statewide unplanned hospital readmissions rate within 30 days of discharge was 14.9 percent, approximately 25 percent higher than the Let's Get Healthy California goal of 11.9 percent.

CalAIM's Population Health Management Program is designed to proactively assess and address the care needs of enrollees with tailored interventions. By 2023, managed care plans are expected to be responsible for the care of more than 90 percent of Medi-Cal enrollees. Establishing a cohesive, statewide approach to population health management ensures that all members — children, their parents, pregnant persons, elderly and other adults, and people with disabilities — have access to a comprehensive program that leads to longer, heathier lives, improved clinical outcomes and a reduction in disparities.

## Faces of CalAIM: Meet Maria and Roberto

Maria is three years old and lives with her father, Roberto. Both were newly assigned to a managed care plan. Based on data analysis, Roberto was flagged as high risk and Maria as missing key preventive services. In CalAIM's Population Health Management Program, Roberto's managed care plan will talk with him about his and Maria's health and range-of-care needs and learn that Roberto has uncontrolled diabetes, and that Maria has not seen a pediatrician in the past year. The plan will be able to place Roberto in a Complex Case Management Program and pay for a medically tailored meal service to help him manage his diabetes. The plan can also ensure that adequate transportation is available for Roberto to take Maria to a pediatrician for a well-child visit, where she can receive her immunizations and age-appropriate developmental screenings.

## CalAIM Initiatives to Advance Population Health

Starting in 2023, all managed care plans will be required to meet the National Committee for Quality Assurance's standards for Population Health Management as well as additional DHCS statewide Population Health Management standards. These standards address data-driven risk stratification (a process of identifying the health risk of each enrollee), predictive analytics, identifying gaps in care, and standardized assessment processes. Population Health Management standards also require that plans effectively manage all enrollees by keeping members healthy via preventive and wellness services, and assessing and identifying member risks to guide care management, care coordination, and care transition needs.

Another DHCS initiative to support this work will be the launch in 2023 of the Population Health Management Service. It will serve as the data and analytic backbone of the Population Health Management Program and will enable data sharing across multiple delivery systems (e.g., physical, behavioral health, pharmacy, dental health) and with Medi-Cal enrollees, their providers, human services programs, and other partners.

## Positive CalAIM Impact on Medi-Cal Population Health

**California anticipates that CalAIM's focus on population health will:**

**Improve whole person health for Medi-Cal enrollees.** CalAIM will put people in the center, with a focus on prevention, wellness, and care coordination services for all enrollees through the Basic Population Health Management Program.

**Reduce health disparities** through improved community partnerships, enrollee engagement, and a broader focus on addressing unmet health and health-related social needs.

**Make meaningful advances in quality.** DHCS will establish targets and benchmarks to measure quality, with a focus on preventive care and wellness.

# California Advancing and Innovating Medi-Cal (CalAIM)
# Enhanced Care Management

## The Issue

Over half of Medi-Cal spending is attributable to the **5 percent of enrollees with the highest-cost needs.**

Medi-Cal enrollees typically have **several complex health conditions** involving physical, behavioral, and social needs.

Enrollees with complex needs must often engage **several delivery systems to access care,** including primary and specialty care, dental, mental health, substance use disorder, and long-term services and supports.

California introduced community-based care management with promising results in many counties through the Health Homes Program and Whole Person Care Pilots. **CalAIM is California's first statewide effort to address complex care management.**

## Faces of CalAIM: Meet Frank

Frank has struggled with opioid addiction while living on the streets of San Francisco for the past four years. Frank visited the emergency department seven times in the last two years because of overdoses and he returns to the streets after brief stays in shelters. In 2020, Frank contracted COVID-19 and continues to experience long-term symptoms. CalAIM's Enhanced Care Management connects Frank with a care manager. They can meet at a nearby food bank to make plans for him to see his mental health provider to get his medication adjusted, and to follow up with his primary care doctor. The case manager can also connect Frank to a local Community Supports provider who will help him secure safe, supportive housing.

## Key CalAIM Initiatives to Advance Enhanced Care Management

CalAIM will improve Medi-Cal for people with complex needs and who are facing difficult life and health circumstances. It is focused on breaking down the traditional walls of health care – extending beyond hospitals and health care settings into communities. As a key part of CalAIM, Enhanced Care Management will be a new statewide Medi-Cal benefit available to "populations of focus," including:

- Individuals and families experiencing homelessness.
- Adults, youth, and children who are high utilizers of avoidable emergency department, hospital, or short-term skilled nursing facility services.
- Adults with serious mental illness or substance use disorder.
- Children and youth with serious emotional disturbance, identified to be at clinical high risk for psychosis or experiencing a first episode of psychosis.
- Adults and youth who are incarcerated and transitioning to the community.
- Adults at risk of institutionalization and eligible for long-term care.
- Adult nursing facility residents transitioning to the community.
- Children and youth enrolled in California Children's Services (CCS) with additional needs beyond CCS.
- Children and youth involved in child welfare (including those with a history of involvement in welfare, and foster care up to age 26).

Enhanced Care Management will address clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services. It will meet enrollees wherever they are – on the street, in a shelter, in their doctor's office, or at home. Additionally, enrollees will have connections to Community Supports to meet their social needs, including medically supportive foods or housing supports. Enrollees will have a single Enhanced Care Manager who will coordinate care and services 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.

The Providing Access and Transforming Health (PATH) initiative will provide funding for providers, community-based organizations, and other entities to expand capacity to better service these enrollees.

## Positive Impact of CalAIM's Enhanced Care Management

**Benefits of the Enhanced Care Management pilots expanded to a statewide program.**

During the pilots, emergency department and inpatient utilization rates decreased, and indicators of preventative care and engagement increased. Justice-involved individuals saw a 29 percent improvement in control of high blood pressure. In 2022, about 95,000 Medi-Cal enrollees will be able to use Enhanced Care Management, including those experiencing homelessness, high utilizers, and adults with serious mental illness or substance use disorders. California expects to see positive impacts on outcomes and total costs when comprehensive, community-based care coordination is available to those with the highest needs across the state.

# California Advancing and Innovating Medi-Cal (CalAIM)
# Community Supports for Social Drivers of Health

## The Issue

Medi-Cal enrollees with **complex health needs and unmet social needs** are at high risk of hospitalization, institutionalization, and other higher cost services.

People experiencing homelessness have higher rates of diabetes, hypertension, HIV, and mortality **resulting in longer hospital stays and higher readmission rates than the general public.**

**About 20 percent of Californians** are food insecure. California spends approximately $7.2 billion annually on health care associated with food insecurity.

**More than 65 percent of Medi-Cal enrollees** are from communities of color. Addressing social drivers of health is key to advancing health equity and helping people with high health care and social needs.

A key focus of CalAIM is addressing the challenges facing people with complex and unmet needs. One of the main tools for achieving that is Community Supports.

## Faces of CalAIM: Meet Jackie

Jackie has diabetes and had a foot amputated. While recuperating in the hospital, Jackie was scared she wouldn't be able to manage living alone in her townhouse. In CalAIM's Community Supports services, Jackie's Enhanced Care Manager will work with a Community Supports navigator to help arrange home improvements like a ramp to her front door, and grab bars in areas like the bathroom, so she can live independently despite her new limited mobility. CalAIM will help Jackie live a full and dignified life.

## Key CalAIM Initiatives to Advance Community Supports for Social Drivers of Health

Community Supports are new statewide services provided by Medi-Cal managed care plans as cost-effective alternatives to traditional medical services or settings. Community Supports are designed to address social drivers of health (factors in people's lives that influence their health). These services are building on and scaling existing work in the Whole Person Care Pilots, the Health Homes Program, and Home and Community Based Service Waivers. All Medi-Cal managed care plans are encouraged to offer as many of the following 14 Community Supports as possible:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Day Habilitation Programs
- Caregiver Respite Services
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Medically Supportive Food/Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation

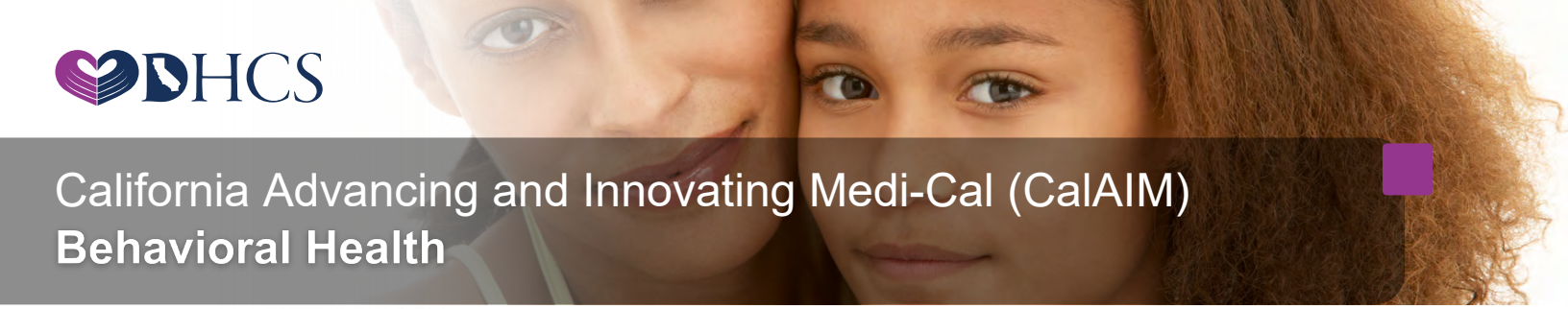
## Positive Impact of CalAIM's Community Supports

**Statewide implementation of proven whole person health benefits and services.**

Approximately 40,000 enrollees will transition into Community Supports from existing Whole Person Care Pilots and the Health Homes Program. Statewide, many high-need, complex populations will also gain access to these important services.

**Improve whole person health for Medi-Cal enrollees.**

- Safe and stable housing for homeless individuals can reduce health care utilization and costs, as can short-term supports that provide a safe and stable environment where individuals can recover upon discharge from a hospital.
- Los Angeles County saw a 71 percent reduction in hospital readmissions and 24 percent reduction in emergency department visits from the use of a psychiatric recuperative care service.
- Delivering meals to individuals recently discharged from a hospital or suffering from chronic conditions can reduce the need for emergency department visits, hospitalizations, and readmissions.
- A California pilot program that provided medically tailored meals to individuals with Type 2 diabetes, HIV, and comorbidities realized a 58 percent reduction in emergency department visits.
- Home modifications, adaptations, and remediation can support individuals in maintaining or improving their health and reduce emergency department visits and inpatient stays.
- A study of asthma remediation services for households with children with asthma-related hospitalizations or emergency department visits in the prior year showed an 85 percent reduction.



# California Advancing and Innovating Medi-Cal (CalAIM)
# Behavioral Health

## The Issue

California's focus on improving its behavioral health system is driven by the stark inequities in access to health care by race, ethnicity, and income. The COVID-19 public health emergency amplified these inequities:

| | | |
|---|---|---|
| Worsened existing gaps in the care continuum | Dramatically expanded the demand for behavioral health services | Exposed mounting stress on the behavioral health workforce |

The pandemic also highlighted the importance of integrated, whole person care that takes into account an enrollee's physical, behavioral, and dental health as well as their social and economic circumstances. Pre-pandemic, California faced a rising prevalence of mental health issues and substance use disorders, and new pressures on the state's public behavioral health system.

- Nearly 1 in 20 California adults (4.5 percent) is living with a serious mental illness and more than twice as many have a substance use disorder (nearly 1 in 10 or 9.2 percent).
- Among Medi-Cal enrollees, 8.1 percent are living with a serious mental illness, substantially more than those on any other type of insurance.
- As of July 2020, nearly half (50 percent) of all Californians reported symptoms of generalized anxiety disorder or major depression tied to the public health emergency, with a disproportionate impact on under-resourced communities.
- The rates of substance use disorders, overdoses, and death remain high, increasingly driven by fentanyl, including its use in combination with methamphetamine and other substances as well as its unintentional use by individuals using adulterated methamphetamine and other substances. San Francisco General Hospital reports that half of psychiatric emergency room admissions are methamphetamine-related.
- Among individuals who are justice-involved, rates of serious mental illness and substance use disorder remain high.

## Faces of CalAIM: Meet Sandra and Natasha

Sandra is a single mother of two teenagers – Natasha and Dominic. During the COVID-19 pandemic, Natasha began showing signs of depression. Sandra became increasingly concerned as her daughter expressed suicidal thoughts. She reached out to Natasha's pediatrician who referred the family for treatment. Sandra was also assessed and diagnosed with anxiety and offered food assistance given her income level and loss of hours at her job during the pandemic. The entire family now participates in a treatment plan, including one-on-one counseling for Natasha, dyadic therapy (joint counseling) with Natasha and Sandra, and anxiety medication for Sandra. Both Sandra and Natasha are improving, and the family is enjoying spending time together again.

## CalAIM's Positive Impact on Behavioral Health

California is taking major steps to improve access to mental health and substance use disorder services overall and specifically for those insured through Medi-Cal:

- Establishing a "no wrong door" approach for enrollees to quickly and easily access mental health and substance use disorder services, regardless of the delivery system where they initially seek care. Statewide screening and transition tools are standardized and barriers to care are reduced by streamlining criteria for accessing services.
- Offering intensive, community-based care coordination for enrollees living with serious mental illness, substance use disorder, or serious emotional disturbance through Enhanced Care Management.
- Providing Community Supports (e.g., housing supports, sobering centers, or day habilitation) if offered by the enrollee's managed care plan.
- Modernizing reimbursement for providers to incentivize outcomes and quality over volume and cost.
- Clarifying that children can receive family therapy services without a diagnosis and expanding use of dyadic therapy (i.e., treatment delivered to a parent and child simultaneously).
- Helping counties optimize resources through collaborative and regional administration and delivery of specialty mental health and substance use disorder services.
- Funding development of critical infrastructure to expand the continuum of behavioral health services in the community (e.g., mobile crisis, wellness centers, residential, acute psychiatric).
- Offering enrollees incentive rewards and payments for positive behavioral changes through a significant contingency management pilot program. Contingency management is a promising, evidence-based treatment for stimulant use disorder that requires abstinence from stimulants as part of comprehensive treatment programs.
- Streamlining the administration of substance use and mental health services to address the reality that many people live with both mental health and substance use disorders, and to support integrated care delivery.
- Creating a new model of care for foster children and youth, with a strong emphasis on behavioral health services and care coordination, aligned with national reform efforts.
- Preparing to submit a Medicaid 1115 waiver (Serious Mental Illness/Serious Emotional Disturbance Demonstration) to strengthen the behavioral health continuum of care, including through broader use of community-based and inpatient care for mental health issues.

**These behavioral health care delivery system and programmatic administration improvements will strengthen the state's behavioral health continuum of care, including the mental health and substance use disorder systems, promote better integration with physical health care, and improve access and outcomes for all Californians.**

# California Advancing and Innovating Medi-Cal (CalAIM)
# Justice-Involved Adults and Youth

## The Issue

People who are now, or have spent time, in jails, youth correctional facilities, or prisons are at higher risk for injury and death than the general public. They face disproportionate risk of trauma, violence, overdose, and suicide.

Incarcerated individuals in California jails **under active care for mental health issues rose by 63 percent over the last decade.**

**66 percent Californians in jail or prison have high or moderate need for substance use disorder treatment.**

Overdose death rates are **more than 100 times higher in the two weeks after release from incarceration** than for the general population.

In California, **28.5 percent of incarcerated males are Black, while Black men make up only 5.6 percent of the state's total population.**

California is taking significant steps to address poor health outcomes among justice-involved individuals. Key to that is ensuring continuity of coverage after incarceration. At least 80 percent of justice-involved individuals are eligible for Medi-Cal. CalAIM has the potential to make a significant difference in the health of this population.

## Faces of CalAIM: Meet Cameron

Cameron is completing his time in jail. He was formally diagnosed with bipolar disorder and is on medication to manage his condition. He will need care after he is released but is unsure what he needs to do to get it. Under CalAIM, Medi-Cal will extend services to Cameron prior to his release from county jail. He will work with a care manager and receive a physical and behavioral consultation to assess his health, social, and economic needs to prepare for a successful transition. Cameron's re-entry plan will include "warm handoffs" to behavioral health providers, medication, and other transition services. He will also be given 30 days of medications and any equipment or medical supplies he needs for a successful re-entry. Cameron will also have access to Community Supports, including housing and food supports so that he can improve his life trajectory.

## Key CalAIM Initiatives to Improve the Health of Justice-Involved Individuals

CalAIM builds on Whole Person Care Pilots, Medication Assistance Treatment in criminal justice settings and community mental health services block-grant funding in county jails. These initiatives focus on ensuring continuity of coverage through Medi-Cal pre-release enrollment strategies and provide key services to support a successful re-entry into the community. CalAIM will build on existing requirements through new initiatives across jails, youth correctional facilities, and prisons that will:

- Ensure all eligible individuals are enrolled in Medi-Cal prior to release from county jails and youth correctional facilities by 2023 (this process is already in place in all state prisons).
- Engage with individuals who meet specific clinical criteria (e.g., pregnant or chronically ill, including behavioral health) in the 90 days prior to re-entry to stabilize their health, and to assess their health, social, and economic needs to prepare for a successful re-entry.
- Provide “warm handoffs” to health care providers to ensure that individuals who require behavioral and other health care services, medications, and other medical supplies (e.g., a wheelchair), have what they need upon re-entry.
- Offer intensive, community-based care coordination for individuals at re-entry, including through Enhanced Care Management.
- Make Community Supports (e.g., housing supports or food supports) available upon re-entry if offered by their managed care plan.
- Provide funding to build capacity for workforce, technology changes, data sharing, and infrastructure to support justice-involved initiatives.

California is one of a few states requesting federal authority (and federal matching funds) to provide these services that align with the Biden-Harris Administration and congressional priorities.

## CalAIM’s Positive Impact on Justice-Involved Individuals

The overwhelming majority of Medi-Cal individuals leaving jail and prison are people of color, often incarcerated due to inequitable treatment and stigmatization. Providing targeted pre-release services to Medi-Cal eligible individuals leaving incarceration will avoid unnecessary admissions to inpatient hospitals, psychiatric hospitals, nursing homes, and emergency departments. The justice-involved component of CalAIM will also help realize the goals of the Americans with Disabilities Act as affirmed by the U.S. Supreme Court’s 1999 Olmstead decision by strengthening community integration for individuals with mental illness and other disabilities.

**CalAIM will allow California to address the unique and considerable health care needs of justice-involved individuals. It will help to improve health outcomes, deliver care more efficiently, and advance health equity across California.**

# Healthy San Diego

## CalAIM Presentation

*Presented by*

*George Scolari, Chair*

***Healthy San Diego***

**CalAIM Work Group**

1

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*Objectives:*

- Provide a brief Overview of Healthy San Diego (HSD)
- Learn about California Advancing and Innovating Medi-Cal (CalAIM)

2

2

Healthy San Diego is the
Medi-Cal
Managed Care system in
San Diego County

3

3

## Healthy San Diego Vision

- Patient choice
  - selecting health plans
- "Value added"
  - local involvement in assuring quality and access
- Local oversight
  - problem solving and continuous quality improvement of the delivery system

4

4

This is a unique Partnership of:

- Consumers
- Advocates
- Providers
- Hospitals
- Health Plans
- State Department of Health Care Services/Medi-Cal Managed Care Division
- County of San Diego Health and Human Services Agency

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Participating Health Plans:

- Aetna Better Health
- Blue Shield Promise Health Plan
- Community Health Group
- Health Net
- Kaiser Permanente
- Molina Healthcare
- UnitedHealthcare

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## San Diego Medi-Cal Enrollment

- More than 900,000 Medi-Cal beneficiaries in San Diego County.
- Approximately 820,000 enrolled in a Healthy San Diego Health Plan.

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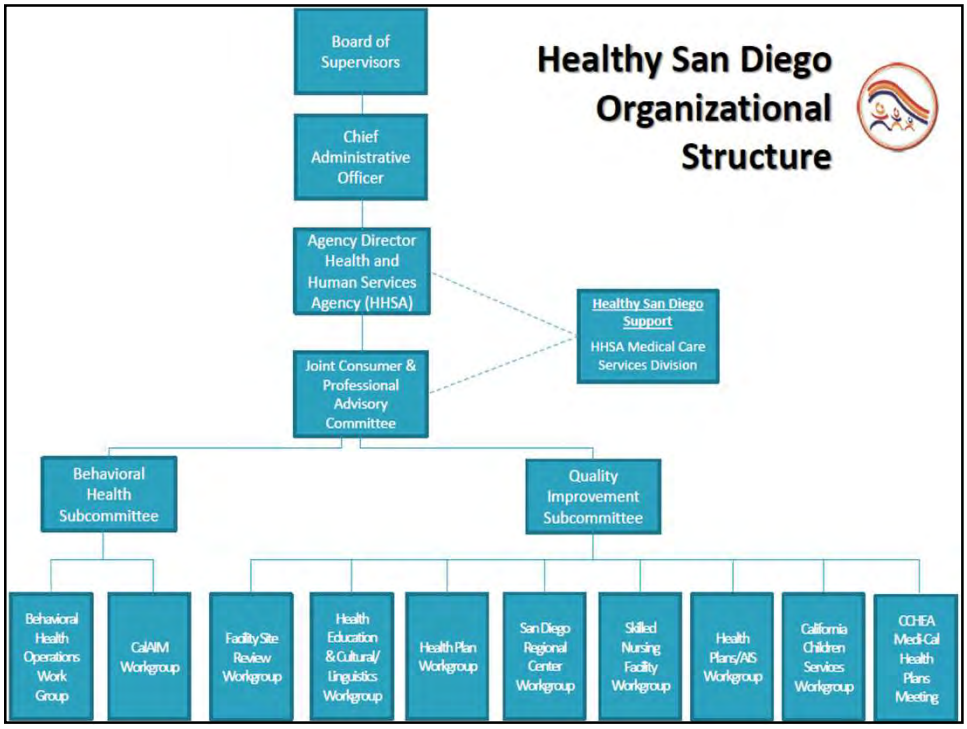


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# Introduction to CalAIM

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## What is CalAIM?

**CalAIM**
**California Advancing and Innovating Medi-Cal**

- CalAIM is a multi-year initiative led by DHCS that aims to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing delivery system and payment reforms across the program.
- CalAIM leverages Medicaid as a tool to help address many of the complex challenges facing California's most vulnerable residents and takes a person-centered approach that targets social determinants of health and reduces health disparities and inequities.

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## CalAIM Goals

- ☐ Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health
- ☐ Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility
- ☐ Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform

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## Major CalAIM Initiatives

**Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility**

| Implement changes to improve and streamline **Managed Care**, **County-Based Services**, **Behavioral Health**, and **Dental Services**. Specific initiatives in one or more of these programs include: | |
|---|---|
| Standardized Enrollment and Benefits | Streamlining and Integration of Administrative Functions and Information |
| Payment Reforms | Quality Standards |
| Enhanced Oversight and Monitoring | Regional Contracting or Rates |

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## Major CalAIM Initiatives

**Identify and Manage Member Risk and Need through Whole Person Care Approaches and Addressing Social Determinants of Health**

| | |
|---|---|
| Population Health Management | Serious Mental Illness (SMI) /Serious Emotional Disturbance (SED) Demonstration |
| Enhanced Care Management | Medi-Cal Enrollment Prior to Release from County Jail |
| Community Supports (ILOS)* | Care Integration Pilots |
| Shared Risk, Shared Savings & Incentive Payments | Improve Outcomes for Foster Care Children and Youth |

*DHCS is transitioning to the name Community Supports to refer to CalAIM ILOS.

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## ECM & Community Supports (ILOS)

**Enhanced Care Management**

A **Medi-Cal managed care benefit** that will address clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management.

**Community Supports (ILOS)**

Services that **Medi-Cal managed care plans are strongly encouraged but not required to provide** ~~"in lieu of"/~~ as substitute for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

ECM and Community Supports (ILOS) will build on the design and learnings from California's **Whole Person Care Pilots (WPC)** and **Health Homes Program (HHP)** and will replace both models to scale interventions to a statewide care management approach.

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## ECM Core Services


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## Community Supports (ILOS) Menu of Options

- Housing Transition and Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Services
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition Services
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations
- Medically Supportive Food/ Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation

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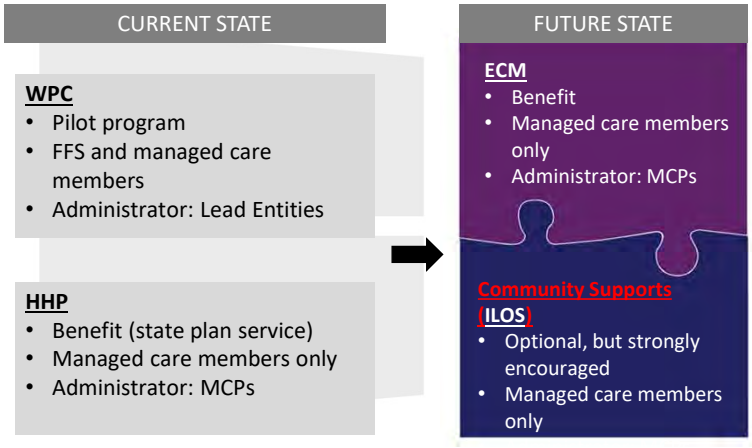
## HHP/WPC Transition to ECM/Community Supports (ILOS)

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## ECM Populations of Focus

| Adults | Children/Youth up to 21 |
|---|---|
| 1) Individuals and families experiencing Homelessness; | |
| 2) High Utilizers; | 2) High utilizers; |
| 3) Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD); | 3) SED, identified to be at Clinical High Risk (CHR) for psychosis or experiencing a First Episode of Psychosis; |
| 4) Incarcerated and Transitioning to the Community; | |
| 5) At risk for Institutionalization and Eligible for LTC; | 5) Enrolled in CCS / CCS Whole Child Model (WCM) with Additional Needs beyond CCS; |
| 6) Nursing facility Residents Transitioning to the Community. | 6) Involved in Child Welfare (including those with a history of involvement, and foster care up to 26). |

Populations have been defined

Additional details are forthcoming

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## ECM/Community Supports (ILOS) Implementation Timeline

**ECM go-live will occur in stages, by Population of Focus.**

| Populations of Focus | Go-Live Timing |
|---|---|
| 1. Individuals and Families Experiencing Homelessness<br>2. Adult High Utilizers<br>3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD) | **January 2022** (WPC/HHP counties); **July 2022** (other counties) |
| 4. Incarcerated and Transitioning to the Community<br>5. At Risk for Institutionalization and Eligible for LTC<br>6. Nursing Facility Residents Transitioning to the Community | **January 2023** |
| 7. Children / Youth Populations of Focus | **July 2023** |

Note: This timeline is simplified. Stakeholders in WPC Counties should refer to the more detailed timelines here.

**Community Supports (ILOS) will launch as an option statewide in January 2022.**

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## CalAIM Incentive Programs

**CalAIM Incentive Payment Program**

- 100 Million dollars to the Medi-Cal Managed Care Plans to build infrastructure and capacity for Enhanced Care Management and Community Supports.

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

- 25 Million dollars to the Medi-Cal Managed Care Plans to enhance student behavioral health.

**CalAIM Housing & Homeless Incentive Program**

- 100 Million dollars to the Medi-Cal Managed Care Plans to support Housing & Homeless programs.

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# ECM/Community Supports (ILOS) Guidance and Resources

**DHCS Websites**

- CalAIM
- ECM/ILOS

**Available DHCS Policy Decisions and Guidance**

- Finalized DHCS-MCP ECM and ILOS Contract Template
- Finalized ECM and ILOS Standard Provider Terms and Conditions
- Finalized CalAIM ECM and ILOS Model of Care Template
- Finalized ECM Key Design Implementation Decisions (includes Populations of Focus definitions and ECM overlap guidance)
- Finalized ECM & ILOS Coding Options
- ECM/ILOS FAQs (updated ~monthly)
- ILOS Pricing Guidance (non-binding)
- ECM Policy Guide
- ILOS Policy Guide

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HHSA

## Healthy San Diego

### CalAIM ECM/Community Supports Contact Card

| Health Plan | Member Services/ Transportation | Health Plan Case Management/Clinical Review Team Liaison | Health Plan Contracting Contact | Health Plan Primary Liaison |
|---|---|---|---|---|
| Aetna Better Health | 1-855-772-9076 | Aulina Bradley<br>(909) 453-5820<br>BradleyA5@aetna.com | Jane Flanagan Brown<br>(619) 536-2663<br>flanaganbrownj@aetna.com | **Aulina Bradley**<br>**(909) 453-5820**<br>**BradleyA5@aetna.com** |
| Blue Shield CA Promise Health Plan | 1-855-699-5557 | Carmen Katsarov<br>(619) 719-4508<br>Carmen.Katsarov@blueshieldca.com | Skylar Fordahl<br>(323) 827-6782<br>Skylar.fordahl@blueshieldca.com | **Kim Fritz**<br>**(619) 528-4817**<br>**Kimberly.fritz@blueshieldca.com** |
| Community Health Group | 1-800-224-7766 | Yousaf Farook<br>(619) 498-6540<br>Yfaroo@chgsd.com | David Ritchie<br>(619) 498-6526<br>dritch@chgsd.com | **George Scolari**<br>**(800) 404-3332**<br>**gscola@chgsd.com** |
| Health Net | 1-800-675-6110 | Kelly Nokleby<br>(916) 246-3590<br>Knokleby@cahealthwellness.com | Kathleen Lang<br>(916) 307-1081<br>Klang@cahealthwellness.com | **Sydney Turner**<br>**(916) 833-3256**<br>**Sydney.a.turner@healthnet.com** |
| Kaiser Permanente | 1-800-464-4000 | Complex Case Management<br>(866) 551-9619 | Martha Shenkenberg<br>(626) 720-3208<br>Martha.X.Shenkenberg@kp.org | **Sarah Legg**<br>**(619) 372-1861**<br>**Sarah.j.legg@kp.org** |
| Molina Healthcare | 1-888-665-4621 | Lily Wang<br>(858) 974-1737<br>Lily.Wang@MolinaHealthcare.com | Viviana Urquizo<br>(858) 614-1580 ext. 121589<br>Vivian.urquizu@molinahealthcare.com | **Lily Wang**<br>**(858) 974-1737**<br>**Lily.Wang@MolinaHealthcare.com** |
| UnitedHealthcare | 1-866-270-5785 | Deborah Tanabe<br>(952) 202-5699<br>Deborah_tanabe@uhc.com | Brian Lopez<br>(714) 226-6641<br>Brian.lopez@uhc.com | **Christina Ciliberto**<br>**(763) 361-1920**<br>**Christina.ciliberto@uhc.com** |
| HHSA Deputy Chief Medical Officer<br>Jennifer Tuteur, M.D.<br>(619) 380-8578<br>Jennifer.Tuteur@sdcounty.ca.gov | | HHSA Behavioral Health Services<br>Nilanie Ramos<br>(619) 584-5022<br>Nilanie.Ramos@sdcounty.ca.gov | HHSA Office of Homeless Solutions<br>Heather Summers<br>(619) 240-6424<br>Heather.Summers@sdcounty.ca.gov | San Diego County Sheriff's Department<br>Kathy Myers<br>Program Coordinator<br>(619) 405-3819 |

aetna · blue shield california · Community Health Group · health net · KAISER PERMANENTE · MOLINA HEALTHCARE · UnitedHealthcare

9-22-21

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## Whole Person Wellness /Legal Aid/County BHS

| ECM/ILOS Team (Agency Name) | Area Served | Program Director/Manager | Clinical Lead | Contracting Contact | Service Integration Team Primary Liaison |
|---|---|---|---|---|---|
| **PATH** | Central & South/East County | Nancy Behm (619) 708-5365 NancyB@epath.org | Joe Grady, Psy.D. (619) 309-8204 JoeG@epath.org | Glen Hilton, LMFT (858) 260-8694 glenh@epath.org | **Jorge Orozco (619) 302-4063 JorgeO@epath.org** |
| **Exodus** | North County | Noelani Dizon (760) 201-5998 ndizon@exodus recovery.com | Nina Careri (760) 212-6518 ncareri@exodus recovery.com | Tamara Stark (760) 310-6774 tstark@ exodusrecovery.com | **Noelani Dizon (760) 201-5998 ndizon@exodusrecovery.com** |

**Legal Aid Society of San Diego SSI Advocacy Program (877) 534-2524**

**The Legal Aid Society of San Diego SSI Advocacy Program assists consumers filing for SSI and Social Security Disability Insurance benefits. They represent consumers through the entire application process including the initial application, reconsideration, administrative hearing, and appeal of unfavorable hearing decisions. They assist those who have a behavioral health condition or who are receiving General Relief benefits. All services are completely FREE. (For information call (877) 534-2524).**

**HHSA Behavioral Health Services Clinical Consultation**

Service Integration Teams who feel they have a client that may benefit from a high level **of psychiatric** treatment such as inpatient, Crisis Stabilization or long term psychiatric residential treatment, and who are not currently in a life threatening situation, can call the Clinical Directors office for consultation.

**Michael Krelstein, M.D.**
**HHSA Behavioral Health Services Clinical Director**
**(619) 692-8379**

**Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including services that are contractually carved out such as Specialty Mental Health, Substance Abuse Treatment and Denti-Cal.**

9-22-21

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## Healthy San Diego

### Health Plan/Behavioral Health Services (BHS) Contact Information

| Health Plan | Member Services/ Transportation | Pharmacy Line | Behavioral Health Liaison | Behavioral Health Dept. | Health Plan Primary Liaison |
|---|---|---|---|---|---|
| **Aetna Better Health** | 1-855-772-9076 | 1-866-785-5702 | Merrett Sheridan (916) 201-5595 Sheridanm1@aetna.com | 1-855-772-9076 | **Verne Brizendine (818) 551-9506 BrizendineL@aetna.com** |
| **Blue Shield CA Promise Health Plan** | 1-855-699-5557 | 1-855-699-5557 | David Bond (619) 719-4510 David.Bond@blueshieldca.com | 1-855-321-2211 | **Kim Fritz (619) 528-4817 Kimberly.fritz@blueshieldca.com** |
| **Community Health Group** | 1-800-224-7766 | 1-800-224-7766 | Salvador Tapia 1-800-404-3332 STapia@chgsd.com | 1-800-404-3332 | **George Scolari (800) 404-3332 gscola@chgsd.com** |
| **Health Net** | 1-800-675-6110 | 1-800-867-6564 | Tina Hendizadeh 1-818- 577-9041 Tina.hendizadeh@healthnet.com | 1-888-426-0030 | **Kathleen Lang (760) 679-5406 klang@cahealthwellness.com** |
| **Kaiser Permanente** | 1-800-464-4000 | 1-800-290-5000 | Simon Borger (619) 221-6115 Simon.p.borger@kp.org | 1-877-496-0450 | **Sarah Legg (619) 372-1861 Sarah.j.legg@kp.org** |
| **Molina Healthcare** | 1-888-665-4621 | 1-888-665-4621 | Elizabeth Whitteker (858) 974-1735 Elizabeth.Whitteker@Molina healthcare.com | 1-888-665-4621 | **Vivian Urquizu (858) 614-1580 ext. 121589 Viviana.Urquizu@Molinahealthcare.com** |
| **UnitedHealthcare** | 1-866-270-5785 | 1-800-310-6826 | Shelly Ray (952) 687-3304 Shelly.s.ray@optum.com | 1-866-270-5785 | **Valerie Martinez (858) 658-8584 Valerie_g_martinez@uhc.com** |

**Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including Specialty Mental Health and the Drug Medi-Cal Organized Delivery System. To access transportation members should call their health plan Member Services Department.**

| | | |
|---|---|---|
| HHSA Behavioral Health Services Nilanie Ramos (619) 584-5022 | Optum Public Sector (Access & Crisis Line) (888) 724-7240 Michelle Galvan (619) 641-6818 | Consumer Center for Health Education & Advocacy Carol Neidenberg (619) 471-2612 |

2-18-21 Note: This Contact Card is designed for County Behavioral Health, their contracted providers and Health Plans to coordinate care.

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## MEDI-CAL

LIVE WELL SAN DIEGO

- Medi-Cal is California's Medicaid program administered by the California Department of Health Care Services (DHCS)
- In 2021 ~14M enrollees, almost 1/3 of adult population and 1/2 of children
- Since early 2000s DHCS has received a series of Waivers to test innovations in Medi-Cal
  - Section 1915(b) Managed Care Waiver
  - Section 1115 Demonstration Waivers: 2015 – 2021 "Medi-Cal 2020"
- State contracts directly with Managed Care Plans (MCPs)
  - State contracts directly with counties for carved out Specialty Mental Health and Drug Medi-Cal Services

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SERVICES PROVIDED - 2021
LIVE WELL SAN DIEGO
Services Provided through Medi-Cal Managed Care Plans
Preventive/Wellness Services
Medical/Surgical
Pediatric
Maternity Care
Emergency Services
Hospital Services
Mental Health (for mild/moderate illness)
Prescription Drugs
Services "Carved Out" of Medi-Cal Managed Care
Specialty Mental Health Services
Substance Use Disorder (SUD) Treatment
Dental Services
Long-Term Care (LTC)
Long Term Services and Supports (LTSS)
California Children's Services (CCS)

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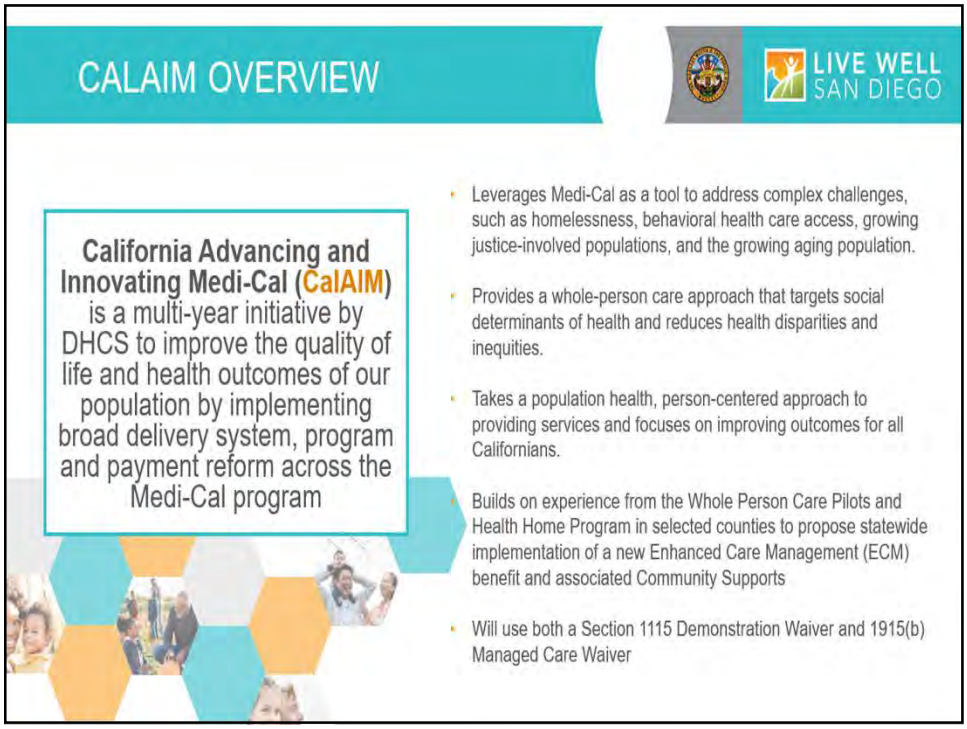
CALAIM OVERVIEW
LIVE WELL SAN DIEGO
California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program
Leverages Medi-Cal as a tool to address complex challenges, such as homelessness, behavioral health care access, growing justice-involved populations, and the growing aging population.
Provides a whole-person care approach that targets social determinants of health and reduces health disparities and inequities.
Takes a population health, person-centered approach to providing services and focuses on improving outcomes for all Californians.
Builds on experience from the Whole Person Care Pilots and Health Home Program in selected counties to propose statewide implementation of a new Enhanced Care Management (ECM) benefit and associated Community Supports
Will use both a Section 1115 Demonstration Waiver and 1915(b) Managed Care Waiver

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CALAIM GOALS
LIVE WELL SAN DIEGO
Identify and manage member risk and need through whole-person care approaches and by addressing Social Determinants of Health;
Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform

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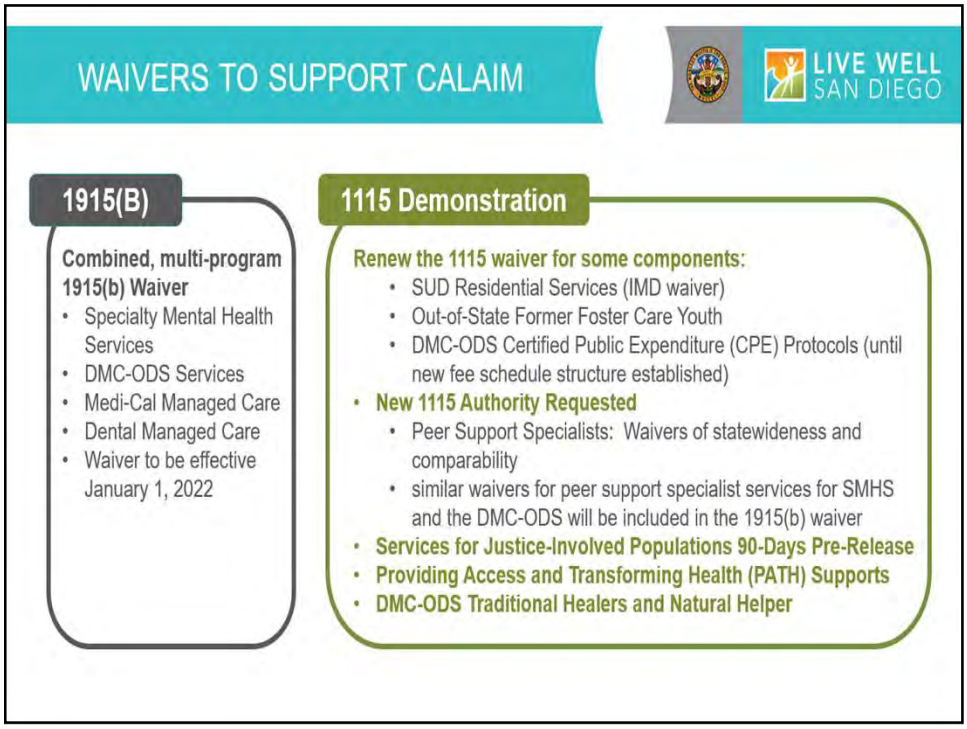
WAIVERS TO SUPPORT CALAIM
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1915(B)
Combined, multi-program 1915(b) Waiver
• Specialty Mental Health Services
• DMC-ODS Services
• Medi-Cal Managed Care
• Dental Managed Care
• Waiver to be effective January 1, 2022
1115 Demonstration
Renew the 1115 waiver for some components:
• SUD Residential Services (IMD waiver)
• Out-of-State Former Foster Care Youth
• DMC-ODS Certified Public Expenditure (CPE) Protocols (until new fee schedule structure established)
• New 1115 Authority Requested
• Peer Support Specialists: Waivers of statewideness and comparability
• similar waivers for peer support specialist services for SMHS and the DMC-ODS will be included in the 1915(b) waiver
• Services for Justice-Involved Populations 90-Days Pre-Release
• Providing Access and Transforming Health (PATH) Supports
• DMC-ODS Traditional Healers and Natural Helper

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CalAIM
Key Components
Enhanced Care Management (ECM)
Community Supports
Population Health Management
MCP Shared Risk, Shared Savings, & Incentives
Behavioral Health, including DMC-ODS
Justice-Involved Populations
Full Integration Plans
Managed Long-Term Services and Supports (MLTSS)
Dental Services
Long-Term Plan for Foster Care

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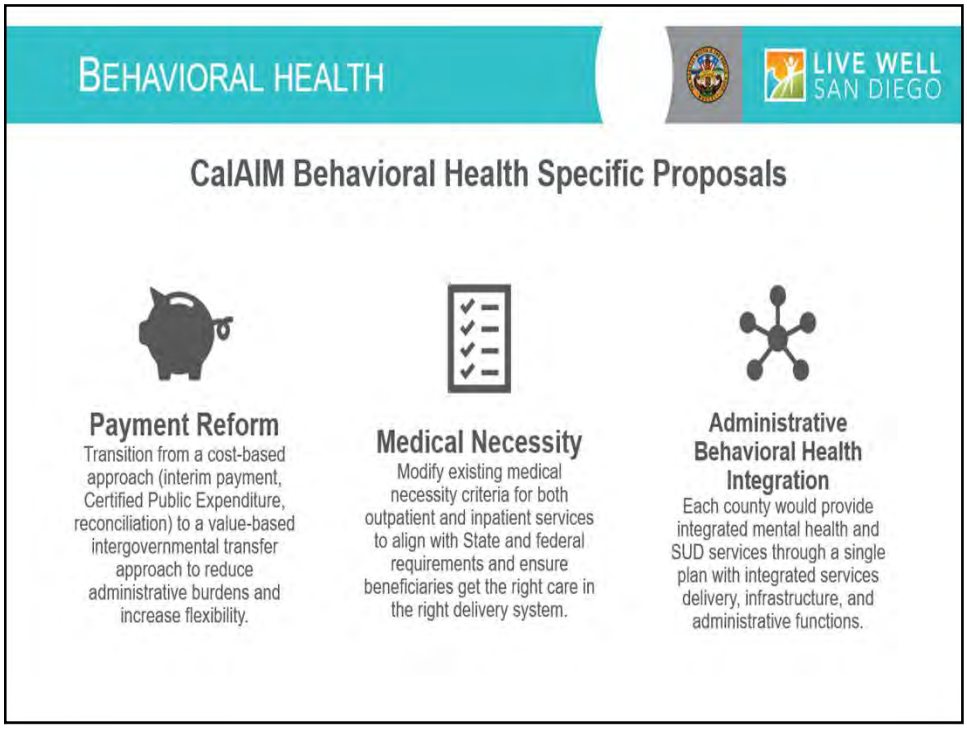
BEHAVIORAL HEALTH
LIVE WELL SAN DIEGO
CalAIM Behavioral Health Specific Proposals
Payment Reform
Transition from a cost-based approach (interim payment, Certified Public Expenditure, reconciliation) to a value-based intergovernmental transfer approach to reduce administrative burdens and increase flexibility.
Medical Necessity
Modify existing medical necessity criteria for both outpatient and inpatient services to align with State and federal requirements and ensure beneficiaries get the right care in the right delivery system.
Administrative Behavioral Health Integration
Each county would provide integrated mental health and SUD services through a single plan with integrated services delivery, infrastructure, and administrative functions.

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BEHAVIORAL HEALTH

LIVE WELL SAN DIEGO

## CalAIM Behavioral Health Specific Proposals: What do they mean?

- **Fiscal-related**
  - Transition to CPT coding
  - Electronic Health Record changes
  - Contract impacts to be determined
- **ASAM .5 (Screening assessment, brief interventions, counseling)**
  - Reimbursable through EPSDT funding for youth up to 21 years of age

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BEHAVIORAL HEALTH

LIVE WELL SAN DIEGO

CalAIM Behavioral Health Specific Proposals: What do they mean?

- **Documentation Reform**
  - Eliminate requirement for point-in-time treatment plan signed by the client, with progress notes tying to the treatment plan
  - Adopt simplified problem list approach to reflect the care given and to align with the appropriate billing codes
  - Revise clinical/chart audit protocol
  - Use disallowances only when there is evidence of fraud, waste, and abuse
  - Use QI methodologies (e.g., EQRO) for minor clinical documentation concerns

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BEHAVIORAL HEALTH

LIVE WELL SAN DIEGO

## CalAIM Behavioral Health Specific Proposals: What do they mean?

- **Clinical Integration**
  - Standardized statewide screening tool for beneficiaries 21 and over, and one for beneficiaries under 21,
  - Standardized transition tool to move to a different delivery system (MHP vs MCP)
  - Assessment mentioned, but more research will be needed
  - New, simplified, more client-centered and strength-based approach to behavioral health treatment planning and to align treatment planning and documentation standards with physical health care
  - DHCS will provide counties with relevant Medi-Cal services data, which may include managed care encounter and pharmacy claims data
  - Beneficiary handbook integration

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BEHAVIORAL HEALTH

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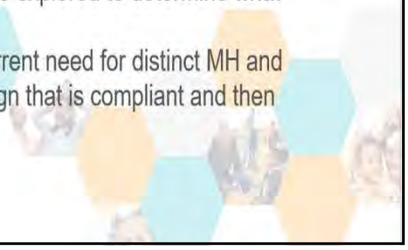
## CalAIM Behavioral Health Specific Proposals: What do they mean?

- **Administrative Integration**
  - One behavioral health managed care program with streamlined state requirements (single reviews)
  - One contract instead of three
  - Data sharing and privacy concerns need to be explored to determine what areas can be addressed
  - EHR integration and re-design: recognize current need for distinct MH and SUD systems. Need to explore a record design that is compliant and then make EHR modifications



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BEHAVIORAL HEALTH

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## CalAIM Behavioral Health Specific Proposals: What do they mean?

- **Integration of DHCS Oversight Functions**
  - One single behavioral health contract between DHCS and counties for all MH and SUD care
  - QI (one QI plan, one Quality Review/Improvement Committee, shared performance measures)
  - One External Quality Review for BH
  - Compliance reviews
  - Network adequacy
  - Streamline licensing and certification requirements, processes, and timeframes

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BEHAVIORAL HEALTH

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## CalAIM Behavioral Health Specific Proposals:

- **Some changes already implemented in the SUD system:**
  - Removed the limitation on the number of residential treatment episodes that can be reimbursed in a one-year period
  - Clarified criteria for services (including determination by a licensed provider and treatment post-incarceration) while reimbursing treatment prior to diagnosis in non-residential settings

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BEHAVIORAL HEALTH

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## CalAIM Behavioral Health Specific Proposals:

- **Some changes already implemented in the SUD system:**
  - Clarified the allowable components of recovery services, including when and how beneficiaries, including justice-involved individuals, may access recovery services, and the availability of recovery services to individuals receiving medication-assisted treatment (MAT)
  - Required counties to mandate that all DMC-ODS providers demonstrate they either directly offer or have effective referral mechanisms for MAT
  - Announced a Contingency Management Pilot

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BEHAVIORAL HEALTH

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## CalAIM Behavioral Health Specific Proposals:

- **Some changes already implemented in the MH system:**
  - Removed approved diagnosis list
  - Services can be provided due to a suspected mental health disorder that has not yet been diagnosed
  - Adult beneficiaries 21+ years of age: changes focused on impairments in social, occupational, or other important activities
  - Youth beneficiaries under 21 years of age: risk of disorders due to trauma, homelessness, involvement with CWS, involvement with juvenile justice system, impairment, or a need for services that a Medi-Cal Managed Care Plan is not required to deliver

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## BEHAVIORAL HEALTH

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### CalAIM Behavioral Health Specific Proposals:

- **Some changes already implemented in the MH system:**
  - No longer disallowing services prior to a Client Plan being in place
  - Progress notes that do not document impairment and intervention will not be recouped
  - Day treatment breaks and/or mealtimes counted in program are no longer considered to be reasons for recoupment

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## CURRENT PRIORITIES

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- Counties may receive incentive funding to assist with implementation of CalAIM
- A Behavioral Health Quality Improvement Plan (BHQIP) to be submitted to DHCS
  - Goals
  - Milestones
  - Deliverables
  - Action Steps

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## BHQIP AREAS RELATED TO MCPS

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- BHQIP milestones to overlap with HSD BHS Subcommittee
  - **Implement standardized transition tool in compliance with DHCS guidance**

    Reports showing tracking of referrals to and from MCPs, using the transition tool, showing closed-loop referrals

  - **Demonstrate direct sharing of data with MCPs**

    Outline of how data exchange used to improve care coordination and/or to implement CalAIM or other population health management programs

    Outline of how data exchange capabilities to achieve improved performance on Follow-up After ED Visit for AOD Abuse or Dependence (FUA), Follow-up after ED Visit for Mental Illness (FUM) and Pharmacotherapy for Opioid Use Disorder (POD) measures

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## TIMELINE

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### CalAIM Behavioral Health Initiatives Timeline Update

| Policy | Go-Live Date |
|---|---|
| Criteria for Specialty Mental Health Services | January 2022 |
| Drug Medi-Cal Organized Delivery System 2022-2026 | January 2022 |
| Drug Medi-Cal ASAM Level of Care Determination | January 2022 |
| Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022 | January 2022 |
| Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services | July 2022 |
| Co-Occurring Treatment | July 2022 |
| No Wrong Door | July 2022 |
| Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023 | October 2022 |
| Standardized Screening & Transition Tools | January 2023 |
| Behavioral Health CPT Coding Transition | July 2023 |
| County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers | July 2023 |
| Administrative Behavioral Health Integration | January 2027 |

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## Student Behavioral Health Incentive Program

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- Healthy San Diego Medi-Cal Managed Care Plans (MCP) are projected to receive approximately 25 million dollars over the next three years for the Student Behavioral Health Incentive Program (SBHIP). The MCP will manage the allocation that will ultimately be used to create local infrastructure to serve students in identified School Districts
- SBHIP is a program that originated from State law (AB 133, Welfare & Institutions Code Section 5961.3) and is intended to address behavioral health access barriers for students through targeted interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools. However, it is anticipated the behavioral health infrastructure investments will ultimately benefit all students, including Medi-Cal and non-Medi-Cal beneficiaries
- SBHIP is a three-year program which begins January 1, 2022 and ends December 31, 2024. While funding will no longer be available for the program after 2024, it is the State's goal that the infrastructure and partnerships developed as a result of the program will be sustained after the end of the three-year program.
- A local HSD SBHIP Task Force has formed and meets monthly. Participating districts are welcome to attend, and at a minimum will need to participate in occasional key informant dialog and provide input and potentially data to identify behavioral health access gaps.
- **Additional information about SBHIP can be accessed by e-mailing through:**

  Yael Koenig, Deputy Director, County of San Diego, Behavioral Health Services yael.Koenig@sdcounty.ca.gov

  George Scolari, Chair, HSD SBHIP Task Force Gscola@chqsd.com

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## CONCLUSION

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# Questions?

For more information, please visit https://www.dhcs.ca.gov/CalAIM/

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# Save the Date

**Children, Youth and Families (CYF) Council,**

**Transition Age Youth (TAY) Council, and**

**Adult and Older Adult (AOA) Council**

## Combined Behavioral Health ServicesCouncils Meeting

**Monday, April 11, 2022**

**From 10 to 11:30 AM**

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

# FRIDAY MAY 6, 2022

# YOUTH MENTAL HEALTH VIRTUAL CELEBRATION

**RESOURCE FAIR AT 4 PM • LIVE EVENT AT 5 PM**

*NAMI San Diego on Facebook • YouTube • Twitch*

Contact: CYFLiaison@namisd.org

NAMI San Diego and Imperial Counties
National Alliance on Mental Illness

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

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