

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

MEETING AGENDA

March 9, 2020 – 9:00-10:30 A.M.

Scottish Rite Center-Shell Room- 1895 Camino Del Rio South, San Diego, CA 92108

- | | |
|--|-------------------|
| I. Welcome and Introductions (Dori Gilbert) | 3 minutes |
| II. Approval of Minutes (Minola Clark Manson) | 3 minutes |
| <ul style="list-style-type: none"> • February 10, 2020 minutes-Handout-Pages 3-9 • Review Action Items from February 10, 2020 | |
| III. Business Items (Yael Koenig) | 12 minutes |
| <ul style="list-style-type: none"> • Coronavirus Disease 2019 (COVID-19)-Handout-Pages 11-17
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV.html • December 14, 2020 Meeting cancelled-Handout-Page 19 • Recognition to Travis Webster (Family Sector) • Youth Mental Health Celebration reminders (Family Sector) • Update on the Strong Families, Thriving Communities Initiative Board of Supervisors (BOS) Letter-Agenda Item 07-February 11, 2020-Handouts-Pages 21-28 • Local Oversight of Medication Assisted Treatment (MAT) Programs BOS Letter-Agenda Item 7-February 25, 2020-Handout-Pages 29-33 • Authorization to submit an application for the Mental Health Student Services Act Grant, Approval to receive awarded funds and authorization to apply for future funding opportunities to support Behavioral Health Services BOS Letter-Agenda Item 13-February 25, 2020-Handout-Pages 35-38 • Adopting Best Practices to Promote Recovery and Protect Public Health BOS Letter-Agenda Item 03, March 10, 2020-Handouts-Pages 39-46 • Update on Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation-BOS Letter-Agenda Item 04-March 10, 2020-Handout-Pages 47-50 | |
| IV. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela) | 10 minutes |
| V. Hot Topic: Adverse Childhood Experiences (ACEs)-Panel (Minola Clark Manson) | 60 minutes |
| <ul style="list-style-type: none"> • Leon Altamirano, PsyD-North County Health Services (NCHS), Director of Integrated Behavioral Health (20 minutes) • Meghan Lukasik, PhD-Rady Children's Hospital Developmental Evaluation Clinic (DEC) and KidSTART programs (10 minutes)-Handouts-Pages 51-54 • Jeffrey Rowe, MD (10 minutes)-Handout-Pages 55-57 • Open discussion (20 minutes) | |
| VI. Announcements (Dori Gilbert) | 2 minutes |
| <ul style="list-style-type: none"> • Critical Issues in Child and Adolescent Mental Health Conference-March 12-13, 2020-Handout-Page 59 • Brain XP Day 2020: Teens Helping Teens- Scheduled for April 4, 2020-Handout-Page 60 • Combined Councils scheduled for April 13, 2020 from 10:00 to 11:30 A.M.-Handout-Page 61 • Save the Date: May 8, 2020: Youth Mental Health Well Being Celebration-Handout-Page 62 | |

Next Executive Committee Conference Call:

Date: March 23, 2020

Time: 10:00 to 10:30 A.M.

Location: Via Conference Call

Next Combined Councils Meeting:

Date: Monday, April 13, 2020

Time: **10:00 to 11:30 A.M.**

Location: Shell Room- Scottish Rite Center

Sub-Committees/Sectors/Workgroups Meetings Information:

Behavioral Health Advisory Board (BHAB) meeting: Meets the first Thursday of the month, currently at the County Operations Center's (COC) Hearing room, located at 5520 Overland Ave, San Diego, CA 92123 from 2:30 to 5:00 P.M.

CCRT: Meets the 1st Friday of the month-6367 Alvarado Court Ste. 105, San Diego, CA 92120 from 10:00 to 11:30 A.M.

CSOC Academy: Meets the 1st Wednesday of the month-6505 Alvarado Road, Suite 107, San Diego, CA 92120 from 9:00 to 10:00 A.M.

CYF CADRE: Meets quarterly 2nd Thursday of the month- 5095 Murphy Canyon Rd, San Diego 92123-Suite 320 from 1:30 to 3:00 P.M.

Early Childhood: Meets the 2nd Monday of the month- 3160 Camino Del Rio South Suite 101, San Diego, CA 92108 from 10:45 A.M. to 12:15 P.M.

Education: Meets as needed.

Family and Youth As Partners: Meets the 3rd Thursday of the month at 5095 Murphy Canyon Rd – Suite 320, San Diego, CA 92123 from 1:30 to 3:00 P.M.

Family/Youth Sector: Meets quarterly the 4th Thursday of the month at 5095 Murphy Canyon Rd - Suite 320, San Diego, CA 92123 from 6:30 to 8:00 P.M.

Outcomes: Meets the 1st Tuesday of every other month-La Vista Room from 11:30 A.M. to 12:30 P.M. Next meeting is April 7, 2020

Private Sector: Meets as needed.

TAY Council: Meets the 4th Wednesday of the month-National University, 9388 Lightwave Ave. Room #118, San Diego, CA 92123 from 3:00 to 4:30 P.M.

For Council materials go to:

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

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

Council Vision:

Wellness for children, youth and families throughout their lifespan.

Council Mission:

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

Council Principles:

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

May 1, 2018

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

MEETING MINUTES

February 9, 2020 – 9:00-10:30 A.M.

Scottish Rite – Shell Room -1895 Camino del Rio South, San Diego CA 92108

+ = Member in Attendance O = Absent E = Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Rebecca Hernandez	O	Bill Stewart	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	VACANT	
3	Public Safety Group/ Probation	Dr. Geoff R. Twitchell	O	Chrystal Sweet	O
4	Child Welfare Services (CWS)	Steve Wells	O	Kimberly Giardina	O
5	HHSA Regions	Dori Gilbert	+	Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	+	Adrienne Yancey	O
7	Juvenile Court	H. Judge Kimberlee Lagotta	O	Beth Brown	+
8	First 5 Commission	Alethea Arguilez	O	Dulce Cahue-Aguilar	+
EDUCATION SECTOR					
9	Special Education Local Plan Area (SELPA)	Cara Schukoske	+	Jamie Tate - Symons	O
10	Regular Education Pupil Personnel Services	Violeta Mora	O	Heather Nemour	+
11	School Board	Barbara Ryan	O	VACANT	
12	Special Education	Yuka Sakamoto	O	Aidee Angulo	O
PRIVATE SECTOR					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggie Webb	O	Therese Davis	+
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	John Laidlaw	+
15	Alcohol and Drug Service Provider Association (ADSPA)	Marisa Varond	+	VACANT	
16	Mental Health Contractors Association	Julie McPherson	E	Minola Clark Manson	+
17	Mental Health Contractors Association (MHCA)	Michelle Ly	O	Michelle Hogan	O
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	VACANT	
19	Managed Care Health Plan	George Scolari	O	Kathleen Lang	+
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	O	VACANT	

FAMILY AND YOUTH SECTOR					
21	Family and Youth Liaison	Renee Cookson	O	Valerie Hebert	+
22	Caregiver of child/youth served by the Public Health System	Debbie Dennison	+	Sue McCoy	+
23	Youth served by the Public Health System (up to age 26)	Micaela Cunningham	+	Emma Eldredge	O
24	Youth served by the public health system (up to age 26)	VACANT	+	Christine Frey	+
SUB-COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive Sub-Committee	Dori Gilbert/ Minola Clark Manson	+/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson/ Marisa Varond	E/+		
-	Early Childhood Sub-Committee	Aisha Pope/ Autumn Weidman	+/+		
-	Education Sub-Committee	Heather Nemour/Violeta Mora	+E		
-	Family and Youth as Partners Sub-Committee	Renee Cookson/ Valerie Hebert	O/+		
-	Outcomes Sub-Committee	Emily Trask/Eileen Quinn-O'Malley	E/+		
-	Training Sub-Committee	Rose Woods	E		

CYF Council Staff: Yael Koenig, Edith Mohler, and Darwin Espejo

I. Welcome and Introductions (Minola Clark Manson)

II. Approval of Minutes (Dori Gilbert)

- January 13, 2020 meeting minutes –Approved
- Review of action items from the January 13, 2020 meeting. See meeting minutes.

III. Business Items (Yael Koenig)

- Update on Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation-Board of Supervisors (BOS) Letter-Agenda Item 03-January 28, 2020-Handout
 - ✓ Updates are categorized as Hubs, Networks, and Bridge Planning Strategies
 - Creation of Regional Hubs

Defined as integrated care environments designed to accelerate transition from behavioral health crisis to sustainable continuous chronic care management. Robust care coordination for individuals with higher needs

 - Central Region Behavioral Health Hub

This is the first hub and will be located on third Avenue (Hillcrest).
 - Behavioral Health Hub for Children and Youth (Rady Children's Hospital Hub)

Planning conversations had begun with Rady Children's Hospital to establish a hub for children and youth in the vicinity of Rady Children's main campus to address the unique

behavioral health conditions among youth which can result from complex combinations of factors including: genetic, medical, developmental and environmental. An array of inpatient psychiatric services is being explored with opportunities for enhancing traditional short-term care, creating new longer-term programming, and developing specialized care for subgroups of clinical needs. New levels of care, such as partial hospitalization and care coordination programs, are being considered to offer a broader range of services

o **Networks: Youth and Young Adult Crisis Response program**

BHS, the San Diego County District Attorney Office, San Diego County Office of Education (SDCOE), and Public Safety are partners in the development of an enhanced school-based crisis response

- **Student Psychiatric Emergency Response Team (PERT)**: This is an enhancement of the existing PERT. It includes feedback from the CYF Council as this program is being developed with at Trauma Informed Continuum of options with a goal of ensuring the well-being and safety of youth and young adults experiencing a behavioral health crisis while in an educational setting utilizing the least restrictive response. Youth and young adult safety and stabilization will be attained through active coordination and collaboration of the natural supports that comprise the youth's circle of influence. Three response options will be available:

- Law Enforcement led (Traditional) with Clinician support
- Clinician led with Law Enforcement support
- Clinician led with a Partner/Paraprofessional

- **School Safety Program**

CYF has initiated research and planning efforts in implementing a specialized, forensically-informed, non-crisis School Safety Program. The preliminary vision is for the program to provide evaluation and clinical treatment services to students who exhibit signs or behaviors that may pose a threat of violence

- **Threat Assessments**

A Threat Assessment Clinical Specialty Criteria program was developed to ensure that Treatment and Evaluation Resources Management (TERM) psychologists have the appropriate training and tools to complete psychological evaluations of Juvenile Court cases involving school threats

- **Juvenile Health and Justice Symposium**

BHS staff, including Fran Cooper, Dr. Danyte Mockus-Valenzuela, Dr. Carlos Nelson, Elizabeth Dauz, Dr. Charmi Patel, Dr. Laura Vleugels, and Yael Koenig, will be participating in the Juvenile Health and Justice Symposium hosted by District Attorney Summer Stephan, Supervisor Greg Cox, and the Children's Initiative to map the intersection of youth and the Juvenile Justice System. The symposium is scheduled for March 17, 2020.

- **Mental Health Services Oversight and Accountability Commission (MHSOAC) Vision for Mental Health Services Act Grant-Handout**
 CYF partnered with the SDCOE in applying for the MHSOAC Mental Health Services Act Grant. If funded, it will utilize a multi-layered approach to build school district and charter capacity with a goal of suicide prevention. Some services and interventions will be universal while others will be based on identified needs. BHS will be the fiscal administrator of the \$1.5 million annual allocation for four years, and SDCOE will coordinate the program delivery. Notice of award is projected for May 2020
- **Family First Prevention Services Act (FFPSA) -Handout**
 The FFPSA changes the way Juvenile Probation and CWS receive funding. This change provides opportunities to assess current available services in a systemic manner and determine what services are most appropriate. Under the FFPSA, services must be evidence-based. CWS is leading the local efforts. Forums will be scheduled for input
 Discussion:
 - ✓ Remain mindful of the FFPSA funding requirements
 - ✓ Evaluate the current Prevention structure
- **Meth and Families Newsletter-Handout**
 This quarterly newsletter issued in January 2020 by the Meth Strike Force Meth and Families Committee highlights 211 San Diego and the Access and Crisis Line.

IV. Mental Health Services Act (MHSA) Updates (Dr. Danyte Mockus-Valenzuela)

- **Community Engagement Forums Update**
 - ✓ Community Engagement forums concluded, there were about 300 participants, including a considerable number of youth at the Oceanside forum on January 11, 2020

- ✓ A youth focus group to discuss Substance Use Prevention was held on Thursday, February 6, 2020. Participants represented Central Region high schools
- ✓ Per recommendation of BHAB and additional focus group for Caregivers for 0-5 age children and additional support needed
- ✓ The contractor is working on the Community Engagement Forums report
- ✓ The Prevention and Community Engagement unit is assessing the need to procure a longer contract for year-round community engagement and different was of community engagement
- Other MHSA activities
 - ✓ Working on the next MHSA Three-Year Program and Expenditure Plan. This document includes outcomes
 - ✓ Working on the procurement of an Adverse Childhood Experiences (ACEs) Prevention Family Functional program. Services seek to promote resilience. The program will support different parent dyads to minimize risk or development of ACEs. This is a different program from the Positive Parenting Program
- Input/Feedback/Questions
 - ✓ As an alternative to attending the Community Engagement forums, surveys could be made available for families at the BHS sites
 - ✓ Family Partners could help obtaining input from families by using a couple of questions requesting specific information
 - ✓ Community Engagement forums registration allowed for “boxes” to identify the number participants receiving services and other stakeholder categories like community members, providers, etc.
 - ✓ Faith Based organizations were invited to attend the Community Engagement Forums, but have not completed the analysis of Community Engagement Forums attendance
 - ✓ It was recommended to organize the concerns/priorities by age group and plan for interventions by age group as well
 - ✓ Walmart and Target gift cards were supported as incentives for Community Engagement Forums participation
 - ✓ Input and feedback related to MHSA can be provided at any time at: MHSPop63.HHSA@sdcounty.ca.gov
 - ✓ The upcoming ACEs Prevention Family Functional program is an opportunity to collaborate with other partners like the First 5 California Work Opportunity and Responsibility to Kids (CalWORKS) Home Visiting program, SDCOE (Trauma Sensitive School Initiative and other related projects), Public Health Maternal Child and Family Health programs. The CYF Council will include ACEs as a Hot Topic for the March 9, 2020 meeting.

V. Sector “Hot Topics” (Dori Gilbert)

- Biannual updates
 - ✓ Transition Age Youth (TAY) Council: (Michael Miller)
 - The purpose of the TAY Council is to facilitate the design and implementation of TAY services by providing feedback to the Behavioral Health Director
 - The TAY Council was established in 2018 with 10 members and two co-chairs. Currently, 20 of the 25 TAY Council seats are filled with four sector representation
 - CYF Council member, Micaela Cunningham and CYF Council alternate, Christine Frey, are also members of the TAY Council
 - TAY Council Fiscal Year 2019-20 goals:
 - Social Connectedness
 - Care Coordination-Treatment of Co-Occurring disorders
 - LGBTQI TAY
 - School Based Crisis Response recommendations (completed)
 - Non-uniformed officers in conjunction with a clinician and with increased supports if Psychiatric Emergency Response Team (PERT) is to be used in schools
 - Fill remaining open TAY Council seats; Primary Healthcare, Law Enforcement, Foster Youth, Hospital Partners
 - Presentations
 - Supported Employment (completed)
 - PERT (completed)
 - Opioid Treatment Provider (OTP)
 - Mental Health Systems Sexual Treatment, Education and Prevention Services (STEPS) program

- NAMI
- Center for Community Solutions
- Southern Indian Council
- San Diego Metropolitan Transit Services
- ✓ Family and Youth as Partners Sub-committee: (Valerie Hebert and Eva Melendez)
 - Purpose
 - To promote the CYF System of Care voice and support CYF Peer Partner staff and families by:
 - Sharing resources and information, including but not limited to CYF Council updates, Peer Partner jobs opportunities, and SB 803 updates Effects of peer support
 - Provide peer partner development through trainings and support groups
 - Fiscal Year 2019-20 Goals/Focus Area
 - To fill a recently vacated CYF Council Youth Served by the Public Health System seat
 - Coordination of the 6th Annual Youth Mental Health Well Being Celebration
 - Scheduled for May 8, 2020 at Centro Cultural de la Raza from 3:30 to 6:00 P.M. and all CYF/legal entities programs are encouraged to actively participate
 - The art project (packets with materials and instructions provided) will focus on a “Power word” and could take many forms, from decorating the cut out provided, writing a song, poem, sculptures, etc. Youth are welcome to present their art project at the celebrations. The final project will be placed in a “mobile” style. The deadline to submit the art projects is April 15, 2020
 - To provide support families and Family Support Partners through the following presentations
 - BHS cross-sharing of the Child and Adolescent Needs and Strengths (CANS) Tool
 - San Diego Center for Children – Programs benefiting Mental Health Consumers, including residential
 - Supplemental Security Income (SSI) for families with youth, presented by Legal Aid Society of San Diego
 - Attention Deficit Hyperactivity Disorder (ADHD) Strategies for families and providers by Dr. Cindi Britton, past school Principal and Special Education specialist Dr. Cindi Britton, past school Principal and Special Education specialist:
<https://www.coachbrittonadhd.com/>
 - Rapid Response Housing providers (presenter pending)
 - Recovery residences by Lana Lo, Program Manager, Recovery Residence Association, Community Health Improvement Partners (CHIP)
 - Update
 - The Family and Youth as Partners Sub-Committee has four sector representation but welcomes new participants
 - Continued identification of “Hot topics” and shared with CYF
 - Continues to follow the California Association of Mental Health Peers Organization (CAMHPRO) activities and updates and share them with the Family Peer Partners
- ✓ Cultural Competence Resource Team (CCRT) Rosa Ana Lozada
 - Purpose

The purpose of the CCRT was provided through a context/grounding exercise: “Think of a word in terms of culture that gives you joy”. Some of the responses provided included: family, unconditional support and love, resilience, hospitality, Italian cookies at Christmas, kindness, celebration, compassion. This exercise was meant to demonstrate the basic cultural elements that all of us share regardless of ethnic/cultural background
 - Fiscal Year 2019-20 Goals/Focus Area
 - Continue to serve as an advisory group to the BHS Director
 - Best practices
 - Promote the use of Strategic, Measurable, Ambitious, Realistic, Time-Bound, **Inclusive** and **Equitable** (SMARTIE) goals: <http://www.managementcenter.org/resources/smartie-goals-worksheet/>
 - Provide Contracting Officer Representative (COR) training to County staff on Culturally and Linguistically Appropriate Services (CLAS) National Standards to help monitor effectively on Cultural Competence
 - Support the update of the BHS Cultural Competence Plan due to the State at the end of June 2020

- Policy
 - Identify and implement strategies to strengthen CLAS National Standards by looking at Cultural Competence terms conversations for uniformity rather than fragmentation
 - Update
 - Some members of the CCRT have been working on reviewing providers Cultural Competence plans
- ✓ Outcomes (Eileen Quinn-O'Malley)-Handouts
 - Purpose

Outcomes Sub-Committee members are tasked with measuring and evaluating outcome results and resources to provide recommendations to the CYF Council
 - Update FY 2019-20 Accomplishments
 - Developed Child an Adolescent Needs and Strengths (CANS) and CANS Early Childhood (EC) Definitions to facilitate families understand CANS assessments results
 - CANS conversations with families have a lot of information and include the use of various tools. Some CYF programs, participated in the development of six CANS definitions, and the plan is to embed these definitions into the CANS Assessment Summary as a resource for families to access after meeting with the CYF clinician.
 - The CANS Individual Report was developed to show progress and additional needs and it can be shared with families. Clinicians can use it to support the need for additional sessions
 - Pediatric Symptoms Checklist (PSC) Provider
 - The PSC tip sheet was developed and made available in December 2019 for providers to improve completion rate of PSC
 - PSC Family Handout
 - The PSC for families Frequently Asked Questions was developed as a resource for families
 - CYF Mental Health Outcomes Management System (mHOMS) Manual and How to Utilize Outcomes Clinically
 - Outlines how the tools were selected
 - Explains what tools measure; CANS, PSC, and Personal Experience Screening Questionnaire (PESQ)
 - Highlights the strengths for utilization
 - Identifies limitations of tools
 - PSC Provider Reports (In development)
 - Reviewing Quarterly Status Reports (QSRs) Outcome Data
 - Reviewing the Fiscal Year 2019- CYF programs to see the baseline from improvement rates and evaluating completion rates
 - SchoolLink Thresholds
 - The Outcomes Sub-Committee is looking at the baseline data to see how resources are being utilized; number of children being served at schools,
 - Telehealth Utilization
 - The Outcomes Sub-Committee is looking at the baseline data of family participation to determine if telehealth is increasing participation
 - Update
 - Working on the final revision of the PSC Clinician Report
 - Population Health
 - Exploring the utilization CANS and PSC data to measure the effectiveness of services in the Live Well Areas of Influence
 - Discussion/Input/Feedback
 - Recommended the development of a CANS family visual handout like the PSC Family Handout
 - A CANS informational document for families to explain the CANS is under development
 - Recommended an alternate term to the State "Seriously Emotional Disturbance" (SED) term
 - Outcomes Resources/tip sheets can be found at:
<https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx>.

- ✓ Private Sector
 - The Private Sub-Committee is inactive. It will remain inactive until an issue for the Private sector to address arises
- ✓ Training (Minola Clark Manson for Rose Woods)-Handout
 - The CYF System of Care Training Academy annual conference is scheduled for May 28, 2020. This year's conference will focus on Youth Substance Use: Risk, Resilience, Reconnection. The Save the Date flier will be available soon.

VI. Announcements (Minola Clark Manson)-Handouts

- Working Together Training
- Critical Issues in Child and Adolescent Mental Health Conference-March 12-13, 2020. Register at <https://cicamh.com/>
- Brain XP Day 2020: Teens Helping Teens- Scheduled for April 4, 2020
- Save the Date: April 13, 2020 Combined Councils from 10:00 to 11:30 A.M. at the Scottish Rite Center
- Save the Date: May 8, 2020: Youth Mental Health Well Being Celebration.

VII. Director's Report

CYF Deputy Director provided system updates within the Business Items meeting agenda section.

VIII. Action Items

Action Item(s)	Action By	Action Due
• Provide update on the March 17, 2020 Juvenile Health and Justice Symposium	• BHS Staff participants	• May 11, 2020 CYF Council meeting
• Forward the Family Sector and Outcomes PowerPoint slides presented at the February 9, 2020 CYF Council meeting	• CYF Council Staff	• Completed February 12, 2020
• Family First Prevention Act conversations	• CYF Council	• March 12, 2020 at the CYF Program Managers meeting • Additional dates to be determined; may include future Council meeting

Next CYF Council Meeting: March 9, 2020
Scottish Rite Center, Shell Room
9:00 to 10:30 A.M.

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Outcomes: Meets the first Tuesday of every other month at- 3255 Camino del Rio South, San Diego CA 92108 in La Vista Room- from 11:30 A.M. to 12:30 P.M.

Early Childhood: Meets the second Monday of the month- at the San Diego Center for Children-FFAST office located at 8825 Aero Drive, Suite 110, San Diego, CA from 11:00 A.M. to 12:00 P.M.

Education Advisory Ad Hoc: Meets As Needed.

TAY Council: Meets the fourth Wednesday of the month 3:00 to 4:30 P.M. at National University, 9388 Lightwave Ave. Room 118, San Diego, CA 92123.

CYF CADRE: Meets quarterly on the second Thursday of the month at NAMI San Diego, 5095 Murphy Canyon Road, Suite 320, San Diego, CA 92123 from 1:30 to 3:00 P.M.

CCRT: Meets the first Friday of the month at the Health Services Complex- 6367 Alvarado Ct. Ste. 105, San Diego, CA 92120 from 10:00 to 11:30 A.M.

Family and Youth Sector: Meets quarterly –Contact CYFLiaison@namisd.org for schedule.

Family and Youth as Partners: Meets every third Thursday of the month at NAMI San Diego, 5095 Murphy Canyon Road, Suite 320, San Diego CA 92123 1:30 to 3:00 P.M.

Private Sector: Ad Hoc/Meets As Needed.



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2019 Novel Coronavirus (COVID-19) Frequently Asked Questions

Current as of March 4, 2020

What is 2019 Novel Coronavirus (COVID-19)?

A new (novel) respiratory virus first identified in Wuhan, Hubei Province, China.

What is COVID-19?

On February 11, 2020, the World Health Organization (WHO) announced COVID-19 as the official name of the disease responsible for causing the 2019 novel coronavirus outbreak. The breakdown of this new name COVID-19 is “CO” for corona, “VI” for virus, “D” for disease, and “-19” for 2019. This name now officiates the naming convention for this new virus. We will be updating our website and materials to reflect this updated name.

How serious is this threat to the public?

Any outbreak of a novel virus is always a public health concern. The risk to individuals however, depends on the characteristics of the virus, including how easily it spreads between people, the severity of illness that it causes, and the medical measures available to control the virus and its impact (such as vaccines or medications). This virus is spreading quickly and has caused illness that has resulted in death in a small percentage of those who develop symptoms.

As community spreading occurs in more and more countries, the world moves closer toward meeting the third criteria of worldwide spread of the new virus. The potential public health threat posed by COVID-19 continues to grow both globally and in the United States.

Remember however, that individual risk is dependent on exposure.

- The general American public is not likely to be exposed to this virus at this time and the immediate health risk from COVID-19 is still considered low.
- Certain populations may have an increased risk of infection, including healthcare workers caring for patients with COVID-19 and other close contacts of persons with COVID-19.
- Visit the [CDC website for the current risk assessment in the United States](https://www.cdc.gov/media/releases/2020/s0305-covid-19-risk-assessment.html)

What is the source of the COVID-19 virus?

The exact source is not yet known; public health officials across the world are working to identify the source of the COVID-19 virus. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, and bats. Early on, many of the patients in the outbreak in Wuhan reportedly had some link to a large seafood and animal market, suggesting the virus likely emerged from an animal source.

How does the COVID-19 virus spread?

When the virus was first detected in Wuhan City, China, the people infected reported some link to a live animal market, suggesting animal-to-person spread, the virus is now spreading from person-to-person. Person-to-person spread is believed to be the main way the COVID-19 virus is spreading, meaning through close contact (within 6 feet/2 meters) with someone who is infected with the virus. It's important to note that person-to-person spread can happen on a continuum. Some viruses are



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2019 Novel Coronavirus (COVID-19) Frequently Asked Questions

Current as of March 4, 2020

highly contagious (like measles), while other viruses do not spread as easily. The COVID-19 virus seems to be spreading easily and sustainably in the areas or communities affected by the virus (community spread). Investigations are ongoing to learn more about the transmissibility, severity, and other features associated with the COVID-19 virus.

What is community spread?

Community spread means that people are becoming infected with a virus or illness in an area or community, but the source of the infection is not known. During community spread, the virus is spreading from person-to-person without newly infected people knowing how or where they were exposed to the virus.

What are the symptoms?

Patients infected with the COVID-19 virus have reported mild to severe respiratory illness with symptoms that include:

- Fever
- Cough
- Difficulty Breathing

How is COVID-19 diagnosed?

At the onset of the outbreak, the only way to confirm the COVID-19 virus was to send specimens to the CDC to perform laboratory testing. The CDC has since developed a laboratory testing kit for qualified state and local public health laboratories, Department of Defense laboratories, and international laboratories to detect the COVID-19 virus. The ability of more laboratories to perform testing greatly increases our capacity to detect the COVID-19 virus in the United States and reduce the time it takes to get test results.

The [County of San Diego Public Health Lab](#) has received the COVID-19 laboratory test kit and as of February 26, 2020 is able to perform local testing for the COVID-19 virus. Local healthcare providers should continue to coordinate with the local public health department to arrange testing for persons who meet the CDC criteria for testing.

How is COVID-19 treated?

There is no specific antiviral treatment recommended for COVID-19 infection. People infected with the COVID-19 virus should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

What can I do to prevent getting COVID-19?

There is currently no vaccine available to protect against COVID-19, but it is recommended for everyone to get their flu vaccine and practice proven and routine preventive actions to help prevent the spread of respiratory viruses, including:



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2019 Novel Coronavirus (COVID-19) Frequently Asked Questions

Current as of March 4, 2020

- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What do travelers need to know about COVID-19?

In an effort to control the outbreak and slow the spread of the COVID-19 virus into the United States, new travel-related measures are being implemented.

- Several countries and territories throughout the world, including the United States, are implementing health screenings of travelers. Passengers undergo a health screening upon arrival in the United States and depending on their health and travel history may have some restrictions placed on their movement, such as, a federally mandated quarantine or home isolation and self-monitoring.
- A [Presidential Proclamation](#) has been issued outlining suspension of entry into the United States for Foreign Nationals who have visited China in the last 14 days.
- The CDC lists destinations where nonessential travel should be avoided and also lets people do a COVID-19 Risk Assessment search by country. Anyone considering international travel should visit the [CDC Coronavirus Disease 2019 Information for Travel](#) page.

Countries currently experiencing sustained community transmission of the novel coronavirus where travel health notices have been issued* include:

- [China](#)
- [Iran](#)
- [South Korea](#)
- [Italy](#)
- [Japan](#)

**Since this is a rapidly evolving situation, visit the [CDC Travel Information](#) page for the current list of areas with widespread or ongoing community spread of COVID-19 where travel health notices have been issued.*



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2019 Novel Coronavirus (COVID-19) Frequently Asked Questions

Current as of March 4, 2020

What is the difference between quarantine and isolation?

Isolation and quarantine are used to protect the public by preventing exposure to infected people or to people who may be infected.

Quarantine is used to separate and restrict the movement of people who are well but who may have been exposed to an infectious disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but are not showing symptoms. A quarantine can help limit the spread of infectious diseases.

Isolation is used to separate sick people (who have or may have an infectious disease) from people who are healthy. Isolation restricts the movement of ill people to help stop the spread of certain diseases. Isolation typically occurs in a hospital setting but can be done at home (self/home-monitoring) or in a special facility. Usually individuals are isolated, but larger groups can be isolated as well.

What should I do if I think I have COVID-19?

If you have traveled to an area affected by COVID-19* within the last 14 days **or** had close contact (within 6 feet/2 meters) with someone who has been laboratory confirmed to have COVID-19 **and** developed a fever and symptoms of respiratory illness, such as cough or shortness of breath, you should:

- Call a healthcare provider and seek medical advice—It is important that you call ahead before going to a doctor's office or emergency room and tell them about your recent travel or close contact and your symptoms.
- Avoid contact with others—Do not go to work, school, or travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Wash your hands with soap and water immediately after coughing, sneezing, or blowing your nose. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

Your healthcare provider will work with the health department to determine if you need to be tested for the COVID-19 virus.

**Since this is a rapidly evolving situation, visit the [CDC Travel Information](#) page for the current list of areas with widespread or ongoing community spread of COVID-19 where travel health notices have been issued.*



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2019 Novel Coronavirus (COVID-19) Frequently Asked Questions

Current as of March 4, 2020

What should I do if I think I have been exposed to the COVID-19 virus?

If you have had close contact (within 6 feet/2 meters) with someone who is confirmed to have, or being evaluated for, COVID-19 infection, you should:

- Monitor your health starting from the day you first had close contact with the person and continue for 14 days after you last had close contact with the person. Watch for these signs and symptoms:
 - Fever of 100.4°F/38°C or higher—Take your temperature twice a day.
 - Coughing.
 - Shortness of breath or difficulty breathing.
 - Other early symptoms to watch for are chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, and runny nose.
- If you develop fever or any of these symptoms, call your healthcare provider right away.
- Before going to your medical appointment, be sure to tell your healthcare provider about your close contact with someone who is confirmed to have or is being evaluated for COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected. Ask your healthcare provider to call the local or state health department.
- **If you do not have any symptoms**, you can continue with your daily activities, such as going to work, school, or visiting other public areas.

Should I wear a face mask?

The CDC does not recommend the use of face masks for the **general public** to prevent the spread of the COVID-19 virus. Face masks are useful at preventing diseases from spreading when they are worn by people who have symptoms. Masks can help reduce the spread of illness when a sick person coughs or sneezes, this is why people are sometimes asked to wear a mask at a doctor's office or hospital if they are coughing or sneezing. Although there will likely be more cases of COVID-19 reported in the U.S. in the coming days and weeks, there is extremely limited person-to-person spreading of the COVID-19 virus in the U.S. The health risk to the general public from this virus remains low.

Risk, however, is dependent on exposure, **healthcare providers** working with patients with confirmed COVID-19 or patients under investigation for COVID-19 in healthcare settings should take the [precautions outlined by the CDC](#), with specific recommendations for personal protective equipment (PPE) including proper use of N-95 respirators.

Most **law enforcement, border protection officers and other workers** are unlikely to need PPE beyond what they would use to protect themselves during routine job tasks. If officers are entering rooms where travelers with suspected COVID-19 have been isolated, such as during augmented (i.e.



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2019 Novel Coronavirus (COVID-19) Frequently Asked Questions

Current as of March 4, 2020

secondary and tertiary) screening steps, higher-level PPE, including a gown and N-95 respirator may be required.

What happened to the individuals from the repatriation flights into Marine Corps Air Station (MCAS) Miramar?

The County of San Diego worked closely with our federal and state partners to coordinate care for the U.S. citizens that arrived on planes from the Hubei province of China at MCAS Miramar on 2/5/20 and 2/7/20. The federal government led this federally mandated quarantine effort and the County of San Diego supported their efforts to monitor and care for these repatriated citizens.

As of 2/24/20, all local quarantine efforts have discontinued. One of the two cases identified with COVID-19 was transferred to a military base in San Antonio, Texas to continue care and all persons have been cleared and released to travel to their final destinations and resume regular day-to-day life.

What is the County of San Diego Health and Human Services Agency (HHSA) doing to help prepare for any COVID-19 cases that might occur in San Diego County residents?

HHSA is working with the CDC, the California Department of Public Health (CDPH) and the local medical community and is utilizing standard procedures already in place to isolate, test, and investigate Patients Under Investigation (PUI). For information on the current situation in San Diego county, visit www.coronavirus-sd.com

What can I do to help prepare myself and my family in case COVID-19 starts spreading in our community?

- Talk with family members and loved ones about how they would like to be cared for if they got sick, or what would be needed to care for them in your home.
- Develop childcare plans in case local schools close, and work with your employer to explore options that enable you to telework and decrease face-to-face meetings.
- Store a two-week supply of food, beverages, water, and medications for all those living in your home, including your pets.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Get copies and maintain electronic versions of health records from doctors, hospitals, pharmacies and other sources and store them, for personal reference.

Where can I find more information about COVID-19?



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2019 Novel Coronavirus (COVID-19) Frequently Asked Questions

Current as of March 4, 2020

Please see the following resources for more information about the 2019 novel coronavirus outbreak:

- [County of San Diego Epidemiology Unit 2019 Novel Coronavirus \(COVID-19\) web page: **www.coronavirus-sd.com**](https://www.coronavirus-sd.com)
- [California Department of Public Health Novel Coronavirus 2019 \(n-CoV 2019\) web page](#)
- [CDC Coronavirus Disease 2019 \(COVID-19\) web page](#)
- [World Health Organization Novel Coronavirus web page](#)
- **For general information about the 2019 Novel Coronavirus in San Diego County, call 2-1-1.**

***Dear Children, Youth and Families
System of Care
Council Members, Alternates
and Meeting Attendees:***

**The December 14, 2020
CYF Council meeting
will be **DARK****

For more information, please contact:
Darwin Espejo (619) 584-3024 | Darwin.Espejo@sdcounty.ca.gov





COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: February 11, 2020

07

TO: Board of Supervisors

SUBJECT

**UPDATE ON THE STRONG FAMILIES, THRIVING COMMUNITIES INITIATIVE
(DISTRICTS: ALL)**

OVERVIEW

In 2017, the County of San Diego (County) partnered with a multitude of local and national organizations, including stakeholders from Live Well Communities, the Clinton Health Matters Initiative, and The San Diego Foundation, in an effort to advance health equity and reduce disproportionality and disparity among African American, Latino, and Native American children interacting with the child welfare and juvenile justice systems in San Diego County. The partnership became known as the *Strong Families, Thriving Communities* coalition. The *Strong Families, Thriving Communities* coalition embarked on a three-year collaboration, bringing together individuals from various sectors with diverse expertise to develop the *Strong Families, Thriving Communities* Blueprint for Action (Blueprint) and identify goals for systems change through the development of 29 Bold Action Steps. The Bold Action Steps identify the extent of system changes required and provide timelines for completing these changes. Significant accomplishments of the coalition include:

- Development of the Trauma-Informed Care Code of Conduct by youth to ensure that all child and family-serving systems and community supports have policies and practices that demonstrate trauma-informed principles;
- Creation of the San Diego Mentorship Network which supports the work of community mentors and evaluates the impact of mentoring; and
- Partnership with the Health and Human Services Agency (HHSA) Behavioral Health Services to create behavioral health hubs to increase access to clinical care in communities.

SUBJECT: UPDATE ON THE STRONG FAMILIES, THRIVING COMMUNITIES INITIATIVE (DISTRICTS: ALL)

On December 10, 2019 (8), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer to report back to the Board within 90 days with a presentation and update on the *Strong Families, Thriving Communities* initiative and provide a list of recommendations for continued implementation of the Blueprint. Today's actions will accept the recommendations for the continued implementation of *Strong Families, Thriving Communities*. These actions support the County's *Live Well San Diego* vision by providing services that support children and strengthen families to ensure communities are healthy, safe, and thriving.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Receive the *Strong Families, Thriving Communities* presentation.
2. Report back to the San Diego County Board of Supervisors (Board), within 180 days, on the feasibility of implementing the Trauma-Informed Care Code of Conduct while incorporating youth feedback.
3. Report back to the Board, within 180 days, with a plan to gather survey data from youth participating in services to determine the extent to which services are trauma-informed and meeting youths' needs.
4. Direct the Child and Family Strengthening Advisory Board (CFSAB) to review the remaining Bold Action Steps to determine which align with the Child Welfare Services Working Group recommendations or other areas the CFSAB is addressing.

FISCAL IMPACT

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

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This update will be presented to the Child and Family Strengthening Advisory Board on March 13, 2020 as an informational item.

BACKGROUND

On December 10, 2019 (8), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer to report back to the Board within 90 days with a presentation and update on the *Strong Families, Thriving Communities* initiative and provide a list of recommendations for implementation. In response to this direction, the following list of recommendations was developed for the continued implementation of the *Strong Families, Thriving Communities* initiative:

- Receive the presentation regarding *Strong Families, Thriving Communities*.
- Report to the Board, within 180 days, on the feasibility of implementing the Trauma-Informed Care Code of Conduct while incorporating youth feedback.
- Report to the Board, within 180 days, with a plan to gather survey data from youth participating in services to determine the extent to which services are trauma-informed and meeting youths' needs.

SUBJECT: UPDATE ON THE STRONG FAMILIES, THRIVING COMMUNITIES INITIATIVE (DISTRICTS: ALL)

- Direct the Child and Family Strengthening Advisory Board (CFSAB) to review the remaining Bold Action Steps to determine which align with the Child Welfare Services Working Group recommendations or other areas the CFSAB is addressing.

Today's action requests the Board to accept the recommendations for the continued implementation of *Strong Families, Thriving Communities*.

The County Picture and the Collective Efforts

The U.S. Department of Health & Human Services Child Welfare Information Gateway defines disproportionality as “the underrepresentation or overrepresentation of a racial or ethnic group compared to its percentage in the total population.” Analysis of national, California and San Diego County data on the races and ethnicities of children in child welfare and juvenile justice systems compared to their presence in the general population clearly indicates that there is a disproportionate involvement of children of color in both systems. Children of color in child welfare and juvenile justice systems are more likely than their Caucasian counterparts to be affected by the outcomes associated with spending significant amounts of time in care and custody.

The County of San Diego (County) Health and Human Services Agency (HHS), Child Welfare Services (CWS) and the County Probation Department are dedicated to and engaged in continuing efforts to reduce racial and ethnic disparities within their systems. Both systems have made improvements in reducing disproportionality and are committed to further progress. Over the last 10 years, the number of African American youth with an open CWS case has been reduced by 63 percent compared to a 56 percent reduction of the overall number of children with an open case. For the Probation Department, over the last five years, the number of youths of color on probation has been reduced by 48 percent compared to a 47 percent reduction in the overall number of youths on probation. CWS and the Probation Department continue to advance their work around these issues and have focused their efforts to ensure that all staff receive trainings in trauma-informed care and an awareness of how biases impact decisions, relationships, and healthy outcomes for children and families in the child welfare and juvenile justice systems.

The Partnership

In 2017, the County partnered with a multitude of local and national organizations, including stakeholders from Live Well Communities, the Clinton Health Matters Initiative (CHMI), and The San Diego Foundation (TSDF), in an effort to accelerate work aimed at improving health equity and reducing disproportionality and disparity amongst African American, Latino, and Native American children interacting with the child welfare and juvenile justice systems. Partners came from diverse sectors and brought their expertise to help create a strategic plan for improving health equity and well-being for people of color in San Diego County.

SUBJECT: UPDATE ON THE STRONG FAMILIES, THRIVING COMMUNITIES INITIATIVE (DISTRICTS: ALL)

The partnership became known as the *Strong Families, Thriving Communities* coalition and involved stakeholders from Live Well Communities. Live Well Communities builds upon the County's *Live Well San Diego* vision of a region that is healthy, safe, and thriving and uses its framework to address wellness and health equity in all underserved communities in the region beginning with Southeastern San Diego, Lemon Grove, Spring Valley, and National City. The goal of Live Well Communities is to address long-standing inequities, disparities, and disproportionality in these geographic areas, by focusing on key interventions that will engage the community and strengthen existing services to attain improved results.

The CHMI works with partners throughout the United States and worldwide to improve the health and well-being of all people and close gaps in health equity. They provided their expertise and technical assistance to convene stakeholder groups and help identify goals and solutions to create equitable outcomes for those disproportionately affected by the child welfare and juvenile justice systems.

TSDF is a community foundation that improves the quality of life in San Diego by providing leadership for effective philanthropy and promotes community solutions through research, convenings, and actions that advance the common good. TSDF provided the funding for the *Strong Families, Thriving Communities* initiative, as well as providing leadership as a member of the steering committee and a space for coalition members to convene.

Through this partnership, the *Strong Families, Thriving Communities* coalition embarked on a three-year collaboration from 2017 to 2019, bringing together individuals from various sectors with diverse expertise to talk about key issues, resources, and solutions. Together the coalition developed the *Strong Families, Thriving Communities* Blueprint for Action (Blueprint) and outlined goals for changes through the identification of Bold Action Steps. The Blueprint serves as the strategic plan to improve health equity of children and families and address disproportionality, disparities, and inequities in the child welfare and juvenile justice systems. It establishes the foundation of work, addresses key issues and solutions, sets goals, measures progress, and provides a voice for the community. Within the Blueprint are 29 Bold Action Steps identified by the community and prioritized based on impact, feasibility, sustainability, and implementation time frame. The implementation of the Bold Action Steps was well supported by the existing infrastructure and work already being done through the County's *Live Well San Diego* vision.

The Strong Families, Thriving Communities Launch

The *Strong Families, Thriving Communities* initiative provided a platform for strategic and robust conversations with new partners, including youth in the community, about improving health equity and reducing and eliminating disproportionality and disparity in the child welfare and juvenile justice systems. The timeline below describes significant events that occurred over the last three years.

SUBJECT: UPDATE ON THE STRONG FAMILIES, THRIVING COMMUNITIES INITIATIVE (DISTRICTS: ALL)

2017	2018	2019
<ul style="list-style-type: none">• Began stakeholder engagement process• Conducted an Environmental Scan• Hosted Blueprint for Action workshops• Finalized mission and vision statement for <i>Strong Families, Thriving Communities</i> coalition	<ul style="list-style-type: none">• Finalized and launched the Blueprint• Formed the Trauma-Informed Care workgroup and Peer Mentorship workgroup• Youth began to develop the Trauma-Informed Care Code of Conduct	<ul style="list-style-type: none">• Launched the San Diego Mentorship Network• Began the Behavioral Hub workgroup• Hosted Trauma-Informed Care Code of Conduct Learning Collaboratives• Began sustainability planning

Additional significant accomplishments due to the work of the coalition include:

- Development of the Trauma-Informed Care Code of Conduct by youth to ensure that all child and family-serving systems and community supports have policies and practices that demonstrate trauma-informed principles;
- Creation of the San Diego Mentorship Network which supports the work of community mentors and evaluates the impact of mentoring; and
- Partnership with HHSA, Behavioral Health Services to create behavioral health hubs to increase access to clinical care in communities.

The Collective Impact

The *Strong Families, Thriving Communities* coalition advanced the collective impact of efforts for meaningful change to improve the health, safety and overall well-being of residents. Key takeaways as a result of the work from the *Strong Families, Thriving Communities* coalition include:

- Supported reductions in disproportionate exposure and disparity of underserved families and communities interacting with child welfare and juvenile justice systems;
- Formed a broad and robust coalition of community partners from multiple sectors with diverse expertise, experience, and knowledge to contribute to solutions and approaches to address key obstacles to better outcomes in child welfare and juvenile justice systems; and
- Extended systems-change efforts and deepened collective impact efforts in further support of the work of the CFSAB, which is positioned to take the lead role in the continued commitment to the *Strong Families, Thriving Communities* initiative.

**SUBJECT: UPDATE ON THE STRONG FAMILIES, THRIVING COMMUNITIES
INITIATIVE (DISTRICTS: ALL)**

Other tasks identified by the remaining Bold Action Steps are at various stages of planning and implementation. Some Bold Action Steps may be more extensive and require a longer time frame for completion depending on the complexity of systems changes or socio-economic conditions. Key departments have been identified to carry on Bold Action Steps that are already poised and aligned with existing County initiatives and programs. For the remaining Bold Action Steps, it is recommended that the CFSAB determine which align with the Child Welfare Services Working Group recommendations or other areas the CFSAB is addressing. The Bold Action Steps align and intersect with the Child Welfare Services Working Group Recommendations provided to the Board in December 11, 2018 (12). The CFSAB has established three subcommittees focusing on Workforce Development, Child and Family Services, and Organizational Structure. These subcommittees have the capacity and infrastructure to address both the Child Welfare Services Working Group Recommendations and Bold Action Steps, given the significant alignment between the two.

The blending of the Bold Action Steps with the Child Welfare Services Working Group Recommendations maximizes time, resources, partnerships, and infrastructure. The CFSAB provides the common agenda, mutually reinforcing activities, and continuous communication that are key components of successful collective impact initiatives.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

This action supports the Living Safely Initiative in the County of San Diego's 2020-2025 Strategic Plan, as well as the County of San Diego's *Live Well San Diego* vision, by ensuring services are provided that strengthen families and that children and families are healthy, safe, and thriving.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A - Trauma-Informed Care Code of Conduct

ITEM #7: UPDATE ON THE STRONG FAMILIES, THRIVING COMMUNITIES INITIATIVE

Nick Macchione, Agency Director, Health and Human Services Agency (HHSA)
Kim Giardina, Director, HHSA Child Welfare Services
Katie Rast, Director of Community Impact, The San Diego Foundation
 February 11, 2020

BACKGROUND



BLUEPRINT FOR ACTION



BOLD ACTION STEPS FOCUS AREAS



Healthy Behaviors



Clinical Care



Social and Economic Factors



Physical Environment

ACCOMPLISHMENTS



- Reductions in disproportionate exposure and disparity of underserved families and communities interacting with child welfare
- Formation of a broad and robust coalition to develop solutions and approaches for better outcomes
- Collective impact and alignment with other County and community goals

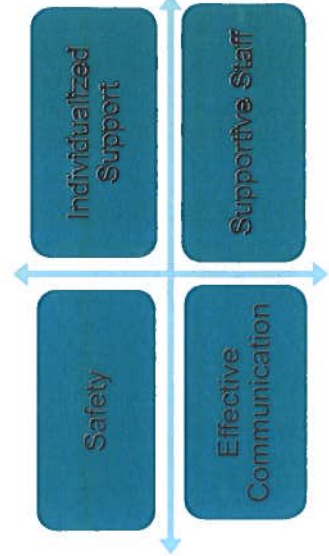
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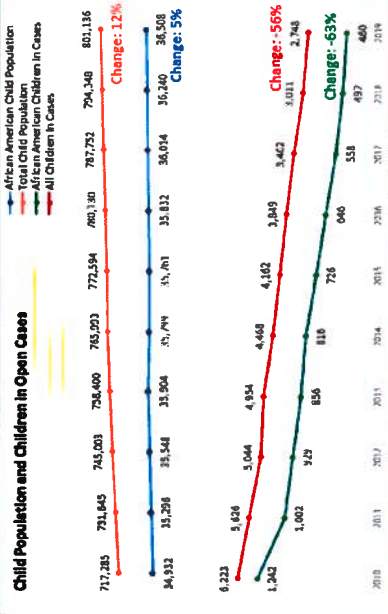
YOUTH VOICE



TRAUMA-INFORMED CARE CODE OF CONDUCT



CHILD WELFARE DATA



RECOMMENDATIONS



1. Report to the Board, within 180 days, on the feasibility of implementing the Trauma-Informed Care Code of Conduct that incorporates youth feedback.
2. Report to the Board, within 180 days, with a plan to gather survey data from youth participating in services to determine the extent to which services are trauma-informed and meeting youths' needs.
3. Direct the Child and Family Strengthening Advisory Board (CFSAB) to review the remaining Bold Action Steps to determine which align with the Child Welfare Services Working Group recommendations or other areas the CFSAB is addressing.

ITEM #7: UPDATE ON THE STRONG FAMILIES, THRIVING COMMUNITIES INITIATIVE

Nick Macchione, Agency Director, Health and Human Services Agency (HHS)

Kim Giardina, Director, HHS Child Welfare Services

Katie Rast, Director of Community Impact, The San Diego Foundation

February 11, 2020





COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

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Second District

KRISTIN GASPAR
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NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: February 25, 2020

7

TO: Board of Supervisors

SUBJECT

**LOCAL OVERSIGHT OF MEDICATION ASSISTED TREATMENT PROGRAMS
(DISTRICTS: ALL)**

OVERVIEW

On March 27, 2018 (2) the San Diego County Board of Supervisors (Board) authorized implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) in San Diego County. This service delivery system transformation aims to reduce barriers to care and to increase access to all effective forms of treatment for Substance Use Disorder (SUD), including medication for addiction. Within the DMC-ODS network, Medication Assisted Treatment (MAT) for SUDs is offered to those covered by Medi-Cal through County of San Diego-contracted Opioid Treatment Programs (OTPs). There are other settings where MAT, excluding Methadone, can be offered, including Federally Qualified Health Centers and primary care settings.

On August 6, 2019 (6), the Board directed staff to:

1. Develop local criteria, within the scope of Federal law, for siting and operating Medication Assisted Treatment (MAT) clinics;
2. Provide a corrective action plan for clinic locations that are not in conformance; and
3. Create an outreach plan to facilitate and encourage the mobilization of primary care physicians to offer MAT services.

Approval of today's action will authorize the implementation of actions to further support local oversight of OTPs providing MAT services within San Diego County in order to ensure best practices are utilized and the highest quality care is provided to those we serve.

Today's action supports the countywide *Live Well San Diego* vision by ensuring safe access to behavioral health services, which promotes a region that is building better health, living safely, and thriving.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

Approve the implementation of action steps to support local oversight of County-contracted Opioid Treatment Programs (OTPs) providing Medication Assisted Treatment (MAT).

SUBJECT: LOCAL OVERSIGHT OF MEDICATION ASSISTED TREATMENT PROGRAMS (DISTRICTS: ALL)

FISCAL IMPACT

There is no fiscal impact associated with today's recommendations. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Behavioral Health Advisory Board supported the recommendation at its meeting on February 6th, 2020.

BACKGROUND

According to the Substance Abuse and Mental Health Administration (SAMHSA), Medication Assisted Treatment (MAT) is defined as the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Across the U.S., opioid use and overdose deaths are at epidemic proportions. According to the Substance Abuse Center for Behavioral Health Statistics and Quality, in 2017, 2.1 million people in the United States had an opioid use disorder (OUD) and according to the Centers for Disease Control and Prevention, nearly 68 percent of overdose deaths in 2017 involved opioids. Studies show that Medication Assisted Treatment (MAT) reduces drug use, disease rates, and overdose events and promotes recovery among individuals with Substance Use Disorder (SUD). County of San Diego (County)-contracted Opioid Treatment Programs (OTP) combine behavioral therapy and MAT to treat SUD. Individuals receive medications, counseling, and case management services while participating in these programs. However, Medi-Cal clients may access MAT services through multiple avenues, as these services may also be delivered by primary care providers within Medi-Cal managed care health plan networks (MCPs) when MAT is within the scope of a client's routine medical care.

The delivery of MAT services is guided by both State and federal statutes and regulations, and includes accreditation standards, certification processes, and ongoing monitoring. The regulations acknowledge that OUD is a medical diagnosis and that different patients, at different times, could need vastly different treatment services. The regulations also preserve states' authority to regulate OTPs. Oversight of MAT remains a multilateral system involving states, SAMHSA, the Department of Health and Human Services, the Department of Justice, and the Drug Enforcement Agency (DEA).

Counties in California that are participating in DMC-ODS, including the County of San Diego, must also comply with “network adequacy standards” outlined by the State of California. This means that counties must make treatment services, including MAT, available to Medi-Cal clients and ensure measures of (1) “time and distance” and (2) “timely access” are achieved. “Time and distance” standards are defined by the number of minutes of travel and miles from a client's residence to a service provider. “Timely access” references the number of business days or calendar days from the date a client requests services to the next available appointment. These network adequacy standards, combined with other measures of quality, provide an important framework for determining the siting and oversight of treatment services like MAT. For example,

SUBJECT: LOCAL OVERSIGHT OF MEDICATION ASSISTED TREATMENT PROGRAMS (DISTRICTS: ALL)

federal guidelines require programs to be in full compliance with all relevant safety and environmental codes, as well as provide for client and staff safety and security. These regulations also require OTPs to have continuous quality improvement processes, including maintenance of a current quality assurance and quality control plan. Additionally, these regulations require OTPs to have community relations and education policies and procedures in place to measure and minimize the negative impact an existing or new program may have on a community, promote peaceful coexistence, and plan for change and program growth. While accreditation and certification of OTPs require this information to be submitted, continuous monitoring to ensure compliance with regulations is also necessary.

On August 6, 2019 (6), the San Diego County Board of Supervisors (Board) directed County staff to develop local guidelines for oversight of MAT services offered through local County-contracted Opioid Treatment Programs; the specific Board-directed actions and recommended action steps in response to this direction are outlined below.

1. Develop local criteria, within the scope of Federal law, for siting and operating Medication Assisted Treatment (MAT) Clinics. (August 6, 2019 (06))

The “MAT clinics” referred to herein are County-contracted OTPs offering MAT services.

SAMHSA’s Federal Guidelines for Opioid Treatment Programs, found in Title 42 of the Code of Federal Regulations, Part 8, provide guidance regarding practices to support patient and public safety. For example, areas addressed in the federal guidelines include facility management standards, medication administration procedures, staff credentialing, clinical service standards and quality, and community relations and education.

The County of San Diego Health and Human Services Agency (HHSA) will be further integrating these federal guidelines into contract monitoring activities. These include more specific requirements beyond federal and state guidelines in support of patient safety and clinical quality, as well as public safety and community relations. To support implementation of these requirements, HHSA will establish new structures for quality oversight of service delivery and new avenues for community engagement (see section 2, below).

Additional actions to support quality operations and service delivery, beyond those outlined in federal and State guidelines, will include the following:

- *Optimization of case management services* to ensure that clients are linked to transportation, housing, vocational services, behavioral therapeutics, and other social services critical for comprehensive care and recovery.
- *Medication monitoring*, so that wherever clinically appropriate and within Federal Guidelines and State and local requirements, patients of County-contracted OTPs are offered methadone and buprenorphine home medication.

Finally, siting requirements for OTPs will be based upon the following criteria:

- *Need*, or how the services are necessary to the community in which it is intending to locate, as informed by epidemiologic and service data;

SUBJECT: LOCAL OVERSIGHT OF MEDICATION ASSISTED TREATMENT PROGRAMS (DISTRICTS: ALL)

- *Accessibility*, as informed by network adequacy standards referenced above and including proximity to transit; and
- Conformance with local zoning requirements and guidelines for similar ambulatory clinical services.

2. Provide a corrective action plan for clinic locations that are not in conformance. (August 6, 2019 (06))

The County's General Management System requires that services and programs, including contracted services such as OTPs, have provisions for monitoring and regular evaluation to ensure performance is tracked and compliance issues are identified. The County has policies and practices related to contract administration which help to guide County departments on contract monitoring and contractor performance.

In alignment with these County policies and practices, County-contracted providers of MAT are engaged by the appropriate County Contracting Officer's Representative (COR) to resolve contract conformance and compliance problems as early as possible. The COR is responsible for ensuring issues requiring corrective action are addressed and resolved, and for documenting the process and related communication. Once any corrective action discussion is initiated, the COR must document communication and progress toward resolution. If corrective action activities do not result in a satisfactory resolution or progress toward correction, the COR will elevate, as appropriate, in order to determine available remedies or further action, including but not limited to contract termination.

Furthermore, OTP compliance with relevant State and federal regulations is required as part of initial licensing and monitored for ongoing compliance by federal (DEA, SAMHSA), State (DHCS), and County agencies through site visits, medical record reviews, and the medication monitoring process along with monitoring of outcomes data and client satisfaction.

In addition to the compliance and monitoring activities described above, HHSA will be establishing the role of "Local Opioid Treatment Authority." The Local Opioid Treatment Authority (LOTA) as designated by HHSA will provide additional quality oversight of County-contracted OTPs and their conformance with local, State, and federal guidelines and requirements. The LOTA will also provide oversight to community engagement efforts to ensure the OTPs are effectively integrated into the community and responsive to local concerns.

3. Create an outreach plan to facilitate and encourage the mobilization of primary care physicians to offer MAT services. (August 6, 2019 (06))

Given the multiple pathways by which an individual can be linked to MAT services, a multi-pronged approach is necessary to facilitate the mobilization of primary care physicians offering MAT services within San Diego County:

In order to determine which geographic areas of San Diego County may need additional MAT prescribers in order to meet the needs of the local population, network adequacy indicators as well as surveillance data indicators such as fatal and non-fatal overdoses will be used. This information will inform outreach and engagement efforts as outlined below:

SUBJECT: LOCAL OVERSIGHT OF MEDICATION ASSISTED TREATMENT PROGRAMS (DISTRICTS: ALL)

- i. The County will partner with Medi-Cal Managed Care Plans and leverage the Healthy San Diego partnership to coordinate with MCPs to track and promote coordination of MAT services across various care settings and to build and increase access to MAT services. Dissemination of educational resources and data tracking will be initiated to identify primary care providers providing MAT services within the scope of routine medical care.
- ii. Through the BHS Clinical Director's Office, the County will collaborate with community primary care providers, such as federally qualified health centers, to provide:
 - Trainings for providers on the prevention of opioid misuse and related harms;
 - Trainings and resources for providers on MAT education;
 - Required trainings and needed resources for interested providers to become MAT prescribers;
 - Resources for case management and administrative support services to assist MAT prescribers at primary care facilities; and
 - Assistance with coordination of care between DMC-ODS services and primary care services.

Approval of today's action supports continued progress in the implementation of DMC-ODS and ensures alignment with State and federal guidelines as well as healthcare industry best practices.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Building Better Health and Living Safely Strategic Initiatives in the County of San Diego's 2020-2025 Strategic Plan, as well as the County's *Live Well San Diego* vision, by ensuring the effective, efficient, and quality-driven provision of substance use disorder treatment to vulnerable populations.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

N/A



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: February 25, 2020

13

TO: Board of Supervisors

SUBJECT:

AUTHORIZATION TO SUBMIT AN APPLICATION FOR THE MENTAL HEALTH STUDENT SERVICES ACT GRANT, APPROVAL TO RECEIVE AWARDED FUNDS AND AUTHORIZATION TO APPLY FOR FUTURE FUNDING OPPORTUNITIES TO SUPPORT BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

OVERVIEW

On December 12, 2019, the Mental Health Services Oversight & Accountability Commission (MHSAOC) released a request for application for Mental Health Student Services Act of 2019 (MHSSA) fund. The MHSSA is a competitive grant that was established to fund partnerships between county behavioral health departments and local educational entities for the purpose of increasing access to behavioral health services at school sites.

Approval of today's action would authorize the County of San Diego Health and Human Services Agency to apply for an estimated \$6,000,000 in competitive grant funding in partnership with the San Diego County Office of Education. The grant application will focus on suicide prevention services; proposed activities include supporting the implementation of suicide prevention policies in school districts and charter schools, providing training and suicide awareness education for key staff, and educating parents and students in suicide prevention efforts.

Today's action supports the countywide *Live Well San Diego* vision by enhancing access to behavioral health services for youth, which promotes a region that is building better health, living safely, and thriving.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Waive Board Policy B-29 Fees, Grants, Revenue, Contracts – Department Responsibility for Cost Recovery which requires the item to be docketed so that the San Diego County Board of Supervisors can act upon the request at least fifteen (15) days in advance of the date on which the grant request must be received by the granting agency.
2. Authorize the Agency Director, or designee, Health and Human Services Agency, to apply for the State of California's Mental Health Services Oversight and Accountability Commission's Mental Health Student Services Act (MHSSA) competitive grant.

SUBJECT: AUTHORIZATION TO SUBMIT AN APPLICATION FOR THE MENTAL HEALTH STUDENT SERVICES ACT GRANT, APPROVAL TO RECEIVE AWARDED FUNDS AND AUTHORIZATION TO APPLY FOR FUTURE FUNDING OPPORTUNITIES TO SUPPORT BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

3. Authorize the acceptance of an estimated \$6,000,000 from Mental Health Services Oversight & Accountability Commission (MHSOAC) and authorize the Clerk of the Board to execute all required grant documents, upon receipt, including any annual extensions, amendments or revisions that do not materially impact or alter the services or funding level.
4. In accordance with Board Policy B-66, Procurement of Products and Services from Other Governmental Agencies (OGAs), authorize the Director, Department of Purchasing and Contracting, subject to successful negotiation and a determination of fair and reasonable price to enter into an agreement with San Diego County Office of Education, for an initial term of up to one year, with up to three option years, and up to an additional six months, if needed, and to amend the contract to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
5. Authorize the Agency Director, Health and Human Services Agency or designee, to apply for future funding opportunities for this fiscal year and future fiscal years, including grants, that would increase resources in order to support behavioral health services such as treatment, outreach, education, prevention and early intervention.

FISCAL IMPACT

Funds for this request are not included in the Fiscal Year 2019-21 Operational Plan in the Health and Human Services Agency. If awarded and approved, this request will result in no change in costs and revenue in Fiscal Year 2019-20 and estimated costs and revenue of \$1,500,000 for Fiscal Year 2020-21. The funding source is the Mental Health Services Oversight & Accountability Commission (MHSOAC). There will be no change in net General Fund costs and no additional staff years.

If the grant is awarded and approved, the County of San Diego is anticipated to receive a total of \$6,000,000 in program funds to be spent through Fiscal Year 2023-24, with an estimated annual amount of \$1,500,000. If the grant is awarded and approved, funds for subsequent years will be included in future Operational Plans.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This item will be presented to the Behavioral Health Advisory Board as an informational item at their March 5th meeting.

SUBJECT: AUTHORIZATION TO SUBMIT AN APPLICATION FOR THE MENTAL HEALTH STUDENT SERVICES ACT GRANT, APPROVAL TO RECEIVE AWARDED FUNDS AND AUTHORIZATION TO APPLY FOR FUTURE FUNDING OPPORTUNITIES TO SUPPORT BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

BACKGROUND

According to the Centers for Disease Control and Prevention, a young person dies by suicide every hour and 25 minutes in the U.S., on average, and for every young person who dies by suicide, an estimated 100-200 youth make suicide attempts. Youth suicide is preventable, and educators and schools are key to suicide prevention.

On December 12, 2019, the Mental Health Services Oversight and Accountability Commission (MHSOAC) released a competitive request for application for county behavioral health departments to create and strengthen school-based mental health services for children and youth across California. The grant application is due February 28, 2020. The County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) Children Youth and Families (CYF) System of Care requests authority to apply for this grant funding in partnership with the San Diego County Office of Education (SDCOE). If awarded, BHS will be the fiscal administrator and SDCOE will coordinate the program delivery. The proposed program goals under this grant are:

1. Preventing suicide and decreasing suicide ideation, depression and anxiety among K-12 students.
2. Reducing prolonged suffering of students experiencing mental health challenges and increasing help-seeking behaviors by reducing stigma and identifying school & community referral pathways.

In order to achieve these goals, BHS and SDCOE plan to implement suicide prevention activities, such as supporting the implementation of suicide prevention policies in school districts and charter schools, providing training and suicide awareness education for key staff, and educating parents and students in suicide prevention efforts. The collaboration with SDCOE is supported through infrastructure provided by BHS, specifically through the CYF System of Care Council. Additionally, SchoolLink would be leveraged to provide behavioral health services at participating schools. SchoolLink is a partnership between the County of San Diego and local school districts launched in 2018 to implement standardized practices and increase collaboration between schools and behavioral health treatment.

Approval of today's recommended action would allow for close coordination with local educational entities and additional suicide prevention services to be provided on school campuses.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Building Better Health and Living Safely Strategic Initiatives in the County of San Diego's 2020-2025 Strategic Plan, as well as the County's *Live Well San Diego* vision, by ensuring that vulnerable populations of persons with mental illness continue to have access to behavioral health services.

SUBJECT: AUTHORIZATION TO SUBMIT AN APPLICATION FOR THE MENTAL HEALTH STUDENT SERVICES ACT GRANT, APPROVAL TO RECEIVE AWARDED FUNDS AND AUTHORIZATION TO APPLY FOR FUTURE FUNDING OPPORTUNITIES TO SUPPORT BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

Respectfully submitted,

A handwritten signature in black ink, appearing to read "H. Robbins-Meyer", written in a cursive style.

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)
N/A



COUNTY OF SAN DIEGO

2020 MAR -2 PM 3:36

CLERK OF THE BOARD
OF SUPERVISORS

NATHAN FLETCHER

SUPERVISOR, FOURTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: March 10, 2020

03

TO: Board of Supervisors

SUBJECT

ADOPTING BEST PRACTICES TO PROMOTE RECOVERY AND PROTECT PUBLIC HEALTH (DISTRICTS: ALL)

OVERVIEW

Syringe Services Programs (SSPs) is a medically approved strategy with over 30 years of academic research to demonstrate its effectiveness. As the elected body that oversees the County Public Health Services and Behavioral Health Services, it is our obligation to ensure County staff have thoughtful, research-based tools and strategies at their disposal to save lives and protect public health. While some SSPs are perceived as controversial due to lack of education and understanding, we should not steer away from implementing evidence-based practices that promotes recovery, save lives and protects the public health.

Today, I am proposing to update the Board's position in a 1997 Board Resolution opposing needle exchange programs by directing the Chief Administrative Officer to develop a Comprehensive Harm Reduction Strategy, including Syringe Services Programs, engage a third-party subject matter expert to review local data, establish best practices and involve local advisory boards and coalitions to implement a harm reduction strategy in addition to pursuing available State and federal funding.

The benefits of SSPs include prevention of infectious disease, connections to treatment and reducing needlestick injuries and overdose. SSPs are associated with an estimated 50 percent reduction in HIV and HCV incidence. SSPs is also a bridge to substance use disorder treatment and other health services. New users of SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don't use the programs. SSPs also protect first responders and the public by providing safe needle disposal and reducing the presence of discarded needles in the community.

Despite these benefits, the Board's 1997 resolution about SSPs prevents SSPs from being used by our public health and/or behavioral health departments. This is putting our County at a disadvantage. Under the current policy our health professionals, highly trained and skilled individuals are prohibited from even studying SSPs. They cannot collect data on tactics, use and/or implementation strategies, or services to be administered by the County or a contractor.

**SUBJECT: ADOPTING BEST PRACTICES TO PROMOTE RECOVERY AND
PROTECT PUBLIC HEALTH (DISTRICTS: ALL)**

Additionally, due to our current policy opposing SSPs, our County Health and Human Services Agency and the citizens that should have benefited from the intervention have missed out on countless federal and state grants, including the recent \$15.2 million budget allocation establishing the California Harm Reduction Initiative for SSPs and technical assistance.

Annually, the County's funding award for HIV prevention has been reduced by the California Department of Public Health, Office of AIDS (CDPH-OA), due to the County's inability to include clean syringe exchange in our prevention strategy and contracts.

This 23-year-old policy is outdated and does not position our County health experts to most effectively protect the public health and safety of our residents.

I urge your support for developing a comprehensive harm reduction strategy.

RECOMMENDATION(S)

SUPERVISOR NATHAN FLETCHER

1. Direct the Chief Administrative Officer (CAO) to develop a Comprehensive Harm Reduction Strategy, including Syringe Services Programs that should be incorporated into current and future County initiatives that aim to prevent and reduce the transmission of disease and infection, and to engage individuals with substance use disorders by linking to treatment and other services to prevent and reduce substance use, drug related deaths, overdose and improve overall quality of life.
2. Direct the CAO to engage a third party subject matter expert, subject to available funding, to review local data, establish best practices, consider local resources and involve local advisory boards and coalitions such as the Methamphetamine Strike Force, County HIV Planning Council and Eliminate Hepatitis C Initiative Coalition in the implementation of a harm reduction strategy.
3. Authorize the CAO to apply for current and future fiscal year funding to support harm reduction strategies that would assist in achieving the County's HIV Getting to Zero and Eliminate Hepatitis C Initiatives among others.

FISCAL IMPACT

The one-time cost for procuring a third-party subject matter expert is estimated to be \$50,000 to \$70,000, subject to available program/grant revenue. There will be no change to general fund net costs and no additional staffing.

BUSINESS IMPACT STATEMENT

N/A

SUBJECT: ADOPTING BEST PRACTICES TO PROMOTE RECOVERY AND PROTECT PUBLIC HEALTH (DISTRICTS: ALL)

ADVISORY BOARD STATEMENT

On February 27, 2020, the San Diego County HIV Planning Group sent a letter to the Board of Supervisors urging the Board to reconsider their position on Syringe Services Programs.

BACKGROUND

Harm reduction is described as a strategy directed toward individuals or groups that aims to reduce harm associated with certain behaviors. Comprehensive Syringe Services Programs (SSPs) are a safe and effective harm reduction tactic. SSPs have also been shown to provide healthcare related cost-savings, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections.

According to the U.S. Department of Centers of Disease Control and Prevention (CDC), SSPs are part of a comprehensive community prevention strategy and are also referred to as syringe exchange programs and needle exchange programs. They provide access to sterile needles and syringes, facilitate safe disposal of used syringes and link to other important services and programs such as:

- Referral to substance disorder treatment programs.
- Screening, care and treatment for viral hepatitis and HIV.
- Education about overdose, prevention and safer injection practices.
- Vaccines, including those for Hepatitis A and hepatitis B.
- Screening for sexually transmitted diseases.
- Abscess and wound care.
- Naloxone distribution and education.
- Referral to social, mental health, and other medical services.

To determine if SSPs are necessary, it is recommended that local health departments use data on HIV, hepatitis, substance use and overdose rates to determine where services are needed.

Syringe Services Research

Over the last decade, the United States has seen an increase in injection drug use--including injection of opioids, heroin, methamphetamines and fentanyl. Concurrent to the drug epidemic, the HIV/AIDS crisis continues to be an ongoing public health issue in addition to rising outbreaks of Hepatitis C and Hepatitis B infections, which have been correlated with a rise in injection patterns and trends.

By providing access to sterile syringes and other injection equipment, SSPs help people prevent transmitting bloodborne and other infections when they inject drugs according to the CDC. In addition to being at high risk for HIV, viral hepatitis and sexually-transmitted disease, people who inject drugs (PWID) are at risk of other serious, life-threatening and costly health problems, such as infections of heart valves, serious skin infections and deep tissue abscesses. Access to sterile injection equipment prevents these infections, and health care provided at SSPs can address these problems early, providing easy access to treatment by a population that may be reluctant to go to a hospital or seek care.

**SUBJECT: ADOPTING BEST PRACTICES TO PROMOTE RECOVERY AND
PROTECT PUBLIC HEALTH (DISTRICTS: ALL)**

The estimated cost of treating one person living with HIV is nearly \$450,000. Hospitalization in the U.S. due to substance use related infections alone costs over \$700 million annually. In the U.S., the estimated cost of providing health care services for people living with chronic Hepatitis C infection is \$15 billion annually. SSPs can help reduce these health care costs by preventing viral hepatitis and other infections.

Studies also show SSPs help overcome substance use disorders. If people who inject drugs use SSPs, they are more likely to enter treatment for substance use disorder and reduce or stop injecting. A Seattle study found that new users of SSPs were five times more likely to enter drug treatment and nearly three times more likely to report reducing or discontinuing injection as those who have never used an SSP. Further, evidence shows that SSPs play a key role in preventing overdose deaths by providing naloxone.

Several studies cited by the CDC show that the presence of SSPs protect the public and first responders by providing safe needle disposal and reducing the presence of discarded needles in the community. In 2015, CDC's National HIV Behavioral Surveillance System found that the more syringes SSPs distributed per number of people who inject drugs in a geographic region, the more likely people who inject drugs in that region were to dispose of used syringes safely.

SSPs are also proven to not cause or increase illegal drug use or cause an increase in crime. For instance, a study in Baltimore and New York City found no difference in crime rates between areas with and areas without SSPs. In Baltimore, trends in areas were examined before and after a SSP was opened and found that there was no significant increase in crime. The study in New York City assessed whether proximity to an SSP was associated with experiencing violence in an inner city neighborhood and found no association.

Board of Supervisors Resolution Opposing Syringe Services Programs

In December 1997, the sitting Board of Supervisors supported a resolution opposing the establishment of needle exchange programs in San Diego County on the basis that they are illegal and facilitate the injection of illegal substances, and urged state and city officials and county law enforcement to oppose such programs. This resolution has prevented any syringe services program from being part of County Public Health Departments strategies for preventing blood borne infection nor as a strategy for our Behavioral Health Department to engage People Who Inject Drugs (PWID) to enroll in treatment. This resolution also prevents staff from collecting data, discussing or promoting the use of syringe services with our provider community and caused our County to miss out on millions of dollars of federal and State funding available to pursue this intervention.

The world has significantly changed since this resolution was put in place 23 years ago. It is widely accepted by academic and medical experts and other health officials that SSPs are effective in reducing deadly viral infections and lower rates of substance abuse.

It is a fact that for many years federal and State of California laws explicitly approves of and encourage local municipalities to implement SSPs when the data warrants the intervention. It is a

SUBJECT: ADOPTING BEST PRACTICES TO PROMOTE RECOVERY AND PROTECT PUBLIC HEALTH (DISTRICTS: ALL)

legal activity in federal and state laws and has been held up as a best practice with strong research.

Prevalence of HIV/AIDS, Hepatitis C, Sexually Transmitted Diseases

In 2018, the CDC reported that 37,832 people were diagnosed with HIV/AIDS in the U.S. Twenty-five thousand, or 10 percent, of new HIV diagnoses were reported among PWID. In San Diego, there have been 2,411 people newly diagnosed with HIV from 2013-2017.

The CDC also attributes most of the three-and-a-half-fold increase in Hepatitis C virus infections to injection drug users. There were 4,180 newly reported cases of chronic Hepatitis C in San Diego County in 2018, higher than the average of 2,800 cases over the previous 5 years. From 2014 to 2018, approximately 1,400 San Diego County residents died with chronic Hepatitis C listed as an underlying cause of death on the death certificate.

Cases of early-stage syphilis infections contracted recently enough to spread have increased more than 3,000 percent since 2000, with gonorrhea case rates up 185 percent and chlamydia up 115 percent. Local doctors diagnosed 662 cases of chlamydia per 100,000 San Diego County residents in 2018, a rate that was significantly higher than the 583 and 539 cases per 100,000 for the statewide and nationwide averages, respectively. The gonorrhea case rate was 185 last year in San Diego County, slightly less than the state rate of 199.4 and the same as the national rate. The syphilis rate for the county stood at 52.9 cases per 100,000.

San Diego Public Health Initiatives

San Diego County Initiatives pertaining to Eliminating Hepatitis C and Getting to Zero new HIV diagnosis were created with robust community involvement from consumers, social service providers, medical professionals and advocates, and aim to prevent and reduce the transmission of disease and infection. Neither of these plans currently include SSPs as a tactic to achieve goals of the initiatives. More recently, the federal government released its own plan, Ending the HIV Epidemic, which encourages SSPs as an effective tactic. San Diego could jeopardize funding it receives from the federal government for care, treatment and prevention of HIV and Hepatitis C due to a recent decision to tie SSPs to eligibility.

The County HIV Planning Group (HPG), who are community and professional stewards appointed by our Board to advise us on spending activities for Health Resources and Services Administration (HRSA) Ryan White Care Act funding sent a letter to our Board on February 27, 2020 expressing grave concern about our stance on SSPs and encouraging us to reconsider our position. The HPG points out that funding under the Ryan White Care Act could be used for SSPs and help achieve the County's Getting to Zero and Eliminate Hepatitis C goals and identified the absence of SSPs as a structural barrier to ending both syndemics.

Our Getting to Zero goal is the reduction of new HIV infections in the next 5 years by 75 percent and 90 percent in 10 years. Research shows that harm reduction strategies are effective to reach PWID and are vulnerable to HIV. Similarly, SSPs reduce Hepatitis C transmission and are a necessary tactic if San Diego is to meet their goals related to the Eliminate Hepatitis C Initiative, which aims to reduce new infections by 80 percent over the next 12 years.

SUBJECT: ADOPTING BEST PRACTICES TO PROMOTE RECOVERY AND PROTECT PUBLIC HEALTH (DISTRICTS: ALL)

Although progress has been made in reducing the amount of PWID getting HIV (48 percent decrease between 2008-2014), with the implementation of community-based prevention programs that include SSPs along with comprehensive services recent data shows that progress has stalled. This progress is threatened by national trends showing exponential increase in the use of heroin, opioids and methamphetamines that could lead to new HIV and Hepatitis C outbreaks. More access to SSPs, including in San Diego County, could prevent this from happening here.

CDC data indicates that in 2017 alone, there were 70,237 deaths from opioid overdoses associated with PWID in the United States. According to the San Diego Medical Examiner's Report, Fentanyl deaths have increased in San Diego County from 33 cases in 2016, to 84 in 2017 and 92 in 2018. In the first half of 2019, deaths in which Fentanyl was a causative factor were 68 percent higher than the year before. Methamphetamine related deaths reached a high of 483 cases in 2018, compared to 377 in 2017. Methamphetamine was also a causative factor in 62 percent of all unintentional overdose cases in the first half of 2019. There were 577 total deaths related to drugs, prescription medications and alcohol toxicity in 2018.

San Diego County Missing out on federal and State Funding

Due to our policy stance opposing SSPs over the past twenty-three years, our County Health and Human Services Agency and the citizens that should have benefited from the intervention has missed out on countless amounts of federal and state grants like the recent \$15.2 million budget allocation establishing the California Harm Reduction Initiative for syringe services programs and technical assistance.

Annually, the County's funding award for HIV prevention has been reduced by the California Department of Public Health, Office of AIDS (CDPH-OA), due to the County's inability to include clean syringe exchange in our prevention strategy and contracts. If you amortize the amount of the annual reduction in this grant over 23 years it would amount in a loss of over \$1.5 million dollars. Additionally, several federal funding opportunities from Health Resources and Services Administration (HRSA) and the CDC encourages clean syringe programs. If you added all of the other state and federal funding opportunities to support SSPs, we can safely say that not only has San Diego lost out on millions of dollars in program support, but the loss of life by not incorporating this strategy in our efforts is even more glaring and shameful.

Syringe Services federal and State Law

The Federal Consolidated Appropriation Act of 2016 includes language that gives states and local communities meeting certain criteria the opportunity to use federal funds provided through the Department of Health and Human Services to support certain components of SSPs. Recently, the federal government has decided that SSPs are beneficial to the HIV/AIDS and Hepatitis C control and have tied future funding eligibility to the implementation and maintenance of SSPs in the jurisdiction.

There are several references in California Legal Code that confirm the legality of SSPs. California Health and Safety Code and Business and Professions Code sections outline the regulations related to the possession of hypodermic needles and syringes and other injection

**SUBJECT: ADOPTING BEST PRACTICES TO PROMOTE RECOVERY AND
 PROTECT PUBLIC HEALTH (DISTRICTS: ALL)**

equipment pharmacies, and authorize syringe services programs, sale and provisions of syringes by physicians and safe syringe disposal.

Syringe Services in California

Since 1990, more than forty SSPs started operating within the State of California and have a substantial amount of evidence justifying the value they bring to their communities. A study on a San Jose SSP found a six-fold increase for those who were enrolled in the program to engage in less high-risk behaviors such as sharing needles, improperly discarding them, and using needles that were non-sterilized. While there are many programs throughout the country, modeling has shown that nationally these programs only provide coverage for about 18 percent of PWID.

Syringe Services in the City of San Diego

Beginning in 2001, the City of San Diego opened SSPs in East Village and North Park. Both sites are operated by Family Health Centers of San Diego. Since these programs have been implemented, they have dispersed 4,795,263 syringes and have received 5,313,619 total syringes from PWID. This is a difference of 518,356 syringes off of the streets of the City of San Diego. In FY 2019 alone these two sites saw a total of 2,659 unique clients. To receive access to these services, clients must schedule an intake appointment in order to access the services. The programs operate out of discrete motor homes that make weekly trips to the two designated locations. Due to state and federal government offering funds to support SSP, grant funding that Family Health Centers has relied on has been discontinued. As such the funding supporting the program has waned.

As illustrated in this board letter, SSPs are a proven strategy with over 30 years of academic research demonstrating its effectiveness in preventing infectious disease, providing a bridge to other health services and substance use treatment and reducing needlestick injuries and overdoses without increasing injection of drugs or criminal activity.

We must rise to the challenge and allow our County health professionals to adopt SSPs as a tool when crafting plans to eliminate blood borne infections as well as an engagement strategy with PWID to connect them to recovery and other health services. If we do not take prompt action to reverse our position and allow our public health and behavioral health department to provide these services in our region, we could see an increase in deadly infectious diseases. We cannot allow another life to be lost on our watch when we know a prevention service is within our reach.

Today, I am proposing to update the Board's position in the 1997 Board Resolution opposing needle exchange programs by directing the Chief Administrative Officer to develop a Comprehensive Harm Reduction Strategy, including Syringe Services Programs, that can be incorporated into current and future County initiatives, engage a third-party subject matter expert to review local data and best practice and involve local advisory boards and coalitions to implement a harm reduction strategy and seek available State and federal funding to support these activities.

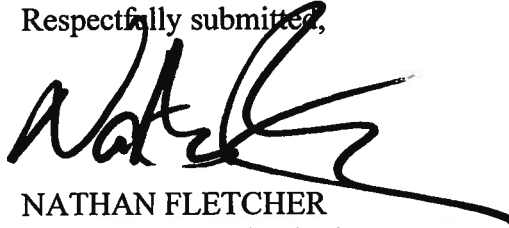
I urge your support.

SUBJECT: ADOPTING BEST PRACTICES TO PROMOTE RECOVERY AND PROTECT PUBLIC HEALTH (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed recommendation supports the Building Better Health and Living Safely initiatives in County of San Diego's 2020-2025 Strategic Plan.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Nathan Fletcher', with a long horizontal stroke extending to the right.

NATHAN FLETCHER
Supervisor, Fourth District

ATTACHMENT(S)

- 1.) Board of Supervisors Resolution (No. 97-381) to Oppose Needle Exchange Programs, 1997
- 2.) Center for Disease Control and Prevention, Syringe Services Programs Fact Sheet, 2019
- 3.) Letter from the San Diego County HIV Planning Group, February 27, 2020



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: March 10, 2020

04

TO: Board of Supervisors

SUBJECT

AGREEMENT BETWEEN THE COUNTY OF SAN DIEGO AND RADY CHILDREN'S HOSPITAL SAN DIEGO DESCRIBING POSSIBLE TERMS FOR THE DEVELOPMENT AND OPERATION OF A BEHAVIORAL HEALTH HUB FOR CHILDREN AND YOUTH AND A PARKING STRUCTURE ADJACENT THERETO (DISTRICTS: ALL)

OVERVIEW

In response to community need, the San Diego County Board of Supervisors (Board) has taken several actions to enhance, expand, and innovate the array of behavioral health programs and services in the region – broadly referred to as the Behavioral Health Continuum of Care. These actions have brought together justice partners, hospitals, community health centers, community-based providers, and other stakeholders to create system-wide changes to ensure people have access to behavioral health services to meet their immediate needs and support their long-term recovery.

Today's item provides an update on efforts to establish a behavioral health hub in North Central San Diego County which, when operational, will provide critical services to children and youth through a partnership between the County of San Diego (County) and Rady Children's Hospital - San Diego (Rady). In addition, today's action requests that the Board authorize the Agency Director, Health and Human Services Agency, to execute a Memorandum of Understanding between the County and Rady setting forth general terms for as-yet-to-be negotiated agreements between the two entities to develop the hub on County-owned property, to develop a parking structure for joint use, and to make the necessary environmental findings.

These actions complement the ongoing work across systems to provide optimal behavioral health resources that are regionally distributed and coordinated, thereby supporting the County's *Live Well San Diego* vision for a region where all residents have the opportunity to build better health, live safely, and thrive.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Find that the proposed actions are exempt from California Environmental Quality Act (CEQA) review pursuant to sections 15061(b)(3) and 15378(a) of the CEQA Guidelines.

SUBJECT: AGREEMENT BETWEEN THE COUNTY OF SAN DIEGO AND RADY CHILDREN'S HOSPITAL SAN DIEGO DESCRIBING POSSIBLE TERMS FOR THE DEVELOPMENT AND OPERATION OF A BEHAVIORAL HEALTH HUB FOR CHILDREN AND YOUTH AND A PARKING STRUCTURE ADJACENT THERETO (DISTRICTS: ALL)

2. Authorize the Agency Director, Health and Human Services Agency to execute the Memorandum of Understanding (MOU) between the County and Rady Children's Hospital - San Diego.
3. Direct the Chief Administrative Officer to return to the San Diego County Board of Supervisors with a final agreement or agreements between the County of San Diego and Rady Children's Hospital - San Diego or a related entity or entities, subject to and upon completion of any necessary environmental review, to make necessary environmental findings and take other appropriate actions.

FISCAL IMPACT

There is no current year fiscal impact with today's recommendations. The potential capital project is anticipated to be fully funded by Rady. The anticipated cost for the operations of the North Central Region Children's Health Hub is subject to negotiations and final agreement. It is anticipated that the operational costs would be funded by program revenue. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

On March 5, 2020, this item will be presented to the Behavioral Health Advisory Board as an informational item.

BACKGROUND

In response to community need, the San Diego County Board of Supervisors (Board) has taken several actions to enhance, expand, and innovate the array of behavioral health programs and services in the region – broadly referred to as the Behavioral Health Continuum of Care. These actions have brought together justice partners, hospitals, community health centers, community-based providers, and other stakeholders to create system-wide changes to ensure people have access to the appropriate level of behavioral health services to meet their immediate needs and support their long-term recovery. Updates are provided on an ongoing basis and within the domains of behavioral health hubs, networks, and bridge planning strategies.

The needs of children and youth, who have complex behavioral health needs that often result from genetic, medical, developmental, and environmental factors, remain a high priority across Behavioral Health Continuum of Care redesign efforts. Children are especially vulnerable to trauma, and the impacts of childhood trauma can last a lifetime and have far-ranging health consequences if they are not addressed through dedicated and specially designed resources.

Today's item provides an update on progress to establish a behavioral health hub serving children and youth. Behavioral health hubs are integrated care environments designed to accelerate transition from behavioral health crisis to sustainable continuous and chronic care management. The key components of a behavioral health hub include:

SUBJECT: AGREEMENT BETWEEN THE COUNTY OF SAN DIEGO AND RADY CHILDREN’S HOSPITAL SAN DIEGO DESCRIBING POSSIBLE TERMS FOR THE DEVELOPMENT AND OPERATION OF A BEHAVIORAL HEALTH HUB FOR CHILDREN AND YOUTH AND A PARKING STRUCTURE ADJACENT THERETO (DISTRICTS: ALL)

- co-location and affiliation with a general acute care hospital,
- access to inpatient acute psychiatric care,
- outpatient step-down services,
- co-located crisis stabilization, and
- linkage to care coordination that stays with the person for years into the future and through their engagement in other clinical and supportive services, and any justice system involvement.

Over the last several months, the County of San Diego (County) has engaged in collaborative discussion with Rady Children’s Hospital - San Diego (Rady) to establish a hub for children and youth and a parking structure on County-owned land currently used as a parking lot for the juvenile court, and that is adjacent to the Rady main campus. Under the proposed terms, the County will lease property to Rady on which Rady will build and lead operations of the hub, and Rady will fund an adjacent parking structure that the County and Rady will share. Services offered at the hub would be designed to address the unique needs of children and youth.

Services for this new behavioral health hub will include:

- *Inpatient acute care services*, reflecting traditional, long-term, and special population needs and allowing for cohorting within the care setting, and programming tailored to the needs of changing patient populations.
- *Crisis stabilization services*, which are intensive, short-term interventions of up to 24 hours to address psychiatric crisis and may divert inpatient admissions.
- *Partial hospitalization*, which is full-day (approximately 8 hours per day, 5 days per week) intensive programming for youth who require considerable support to regain higher levels of functioning and safety. This model allows for an alternative to inpatient care, a step-down from hospitalization, and an opportunity to regain functioning in a safe environment while maintaining living arrangements in the community.
- *Care coordination services* to support the child or youth and their family to successfully transition between levels of care; this care coordination will follow the person over a long-term period.
- *Medical and transitional care services* for the County’s Juvenile Hall.

Additional options which may be considered include:

- *Crisis residential services*, which are designed for youth who present with elevated levels of psychiatric care needs but who are not actively a danger to self or others; these services generally have an average stay of approximately 10 days.
- *Behavioral health urgent care* designed to provide walk-in psychiatric crisis care and support for children and youth with elevated psychiatric safety risks.
- Additionally, discussions have included the intent to have space dedicated to offer other County programs and services, such as those offered by the County’s Stabilization, Treatment, Assessment and Transition (STAT) team.

SUBJECT: AGREEMENT BETWEEN THE COUNTY OF SAN DIEGO AND RADY CHILDREN'S HOSPITAL SAN DIEGO DESCRIBING POSSIBLE TERMS FOR THE DEVELOPMENT AND OPERATION OF A BEHAVIORAL HEALTH HUB FOR CHILDREN AND YOUTH AND A PARKING STRUCTURE ADJACENT THERETO (DISTRICTS: ALL)

Today's action requests that the Board authorize the Agency Director, Health and Human Services Agency, to execute a Memorandum of Understanding (MOU) between the County and Rady setting forth general terms for as-yet-to-be negotiated agreements between the two entities to develop the hub on County-owned property, to develop a parking structure for joint use, and to make the necessary environmental findings.

ENVIRONMENTAL STATEMENT

Today's recommended actions are exempt from the California Environmental Quality Act (CEQA). The actions do not constitute a project for purposes Section 15378(a) of the CEQA Guidelines, which defines a project, in part, as an action that "has a potential for resulting in either a direct physical change in the environment, or a reasonably foreseeable indirect physical change in the environment." Section 15378(b)(4) defines project to exclude the creation of government funding mechanisms or other fiscal activities that do not involve commitment to any specific project that may result in a potentially significant physical impact on the environment. The approval of a non-binding MOU to negotiate a possible future lease and associated operating agreement(s) for a possible parking structure and health care facilities, could not potentially result in a direct or indirect physical change in the environment. Further, section 15061(b)(3) of the CEQA Guidelines provides that CEQA only applies to projects, which have the potential for causing a significant effect on the environment. Where it can be seen with certainty that there is no possibility that the activity in question may have a significant effect on the environment, the activity is exempt from CEQA. Today's actions would only authorize staff to negotiate a possible future lease and associated operating agreement(s) for a possible parking structure and health care facilities. It can, therefore, be seen with certainty that these actions will have no significant effect on the environment.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's actions support the County of San Diego's 2020-2025 strategic initiative of Building Better Health by supporting the achievement of our County of San Diego's goal of a fully optimized health and social service delivery system to make it an industry leader in efficiency, integration, and innovation.


Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)


N/A



**Kid
"START"**


Assessing and Treating the Impact of
Adverse Childhood Experiences

Meghan Lukasik
March 9, 2020




1

**Kid
"START"**




Screening
Triage
Assessment
Referral
Treatment




2

KidSTART serves children birth to age 5 in San Diego County, with complex needs, primarily in the areas of:



- **Developmental**
- **Social/behavioral/mental health**
- **Medical**
- **Family**



Using a trans-disciplinary approach to assessment and treatment



3

What does an "Eligible" Child Look Like?



- Inconclusive assessment results
- Poor response to intervention
- Expulsions from early childhood education
- Intensive care coordination needs

4

Why did KidSTART begin using an ACE Survey?


- Conflicting diagnostic picture that required us to learn in a deeper way
- Shift to treating based on experiences that will later show themselves through behavior
- Support increased understanding of parents' needs relative to their own engagement

5

Adverse Childhood Experiences (ACE) Survey

Child Abuse	<ul style="list-style-type: none"> • Emotional abuse • Physical abuse • Sexual abuse
Child Neglect	<ul style="list-style-type: none"> • Emotional neglect • Physical neglect
Household Dysfunction	<ul style="list-style-type: none"> • Parents separated/divorced • Intimate partner violence exposure • Parent substance abuse • Parent mental health problems • Parent incarceration/criminal involvement



6

KidSTART Center Administration

Who?

- Licensed Clinical Psychologist

When?

- During triage evaluation (comprehensive developmental evaluation)

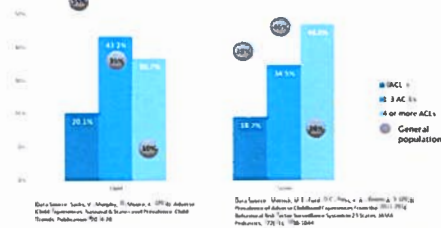
How?

- Paper and pencil with discussion afterward
- If literacy in question, then verbally administered



7

ACE Profile at KidSTART



8

A Child's Story



9

Administration Considerations

- Staff training and experience to discuss sensitive information
- Value of understanding both child and parent experiences
- Resources to support families after trauma history is identified
- Opportunity to educate parents on impact of early experiences on child's mental health



10

Systems Level Implications

- Survey could be used to meet medical necessity threshold for infants and our youngest children, whose symptoms may not be obvious (yet)
- Opportunity to educate providers on the relationship between early experiences and health
- How we use the Stress and Early Brain Growth handout



11

Questions



12

STRESS & EARLY BRAIN GROWTH

Understanding Adverse Childhood Experiences (ACEs)

What are ACEs?

ACEs are serious childhood traumas -- a list is shown below -- that result in toxic stress that can harm a child's brain. This toxic stress may prevent child from learning, from playing in a healthy way with other children, and can result in long-term health problems.

Adverse Childhood Experiences can include:

1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
11. Bullying (by another child or adult)
12. Witnessing violence outside the home
13. Witness a brother or sister being abused
14. Racism, sexism, or any other form of discrimination
15. Being homeless
16. Natural disasters and war

Exposure to childhood ACEs can increase the risk of:

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Depression
- Illicit drug use
- Heart disease
- Liver disease
- Multiple sexual partners
- Intimate partner violence
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies

How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.

Reduces the ability to respond, learn, or figure things out, which can result in problems in school.

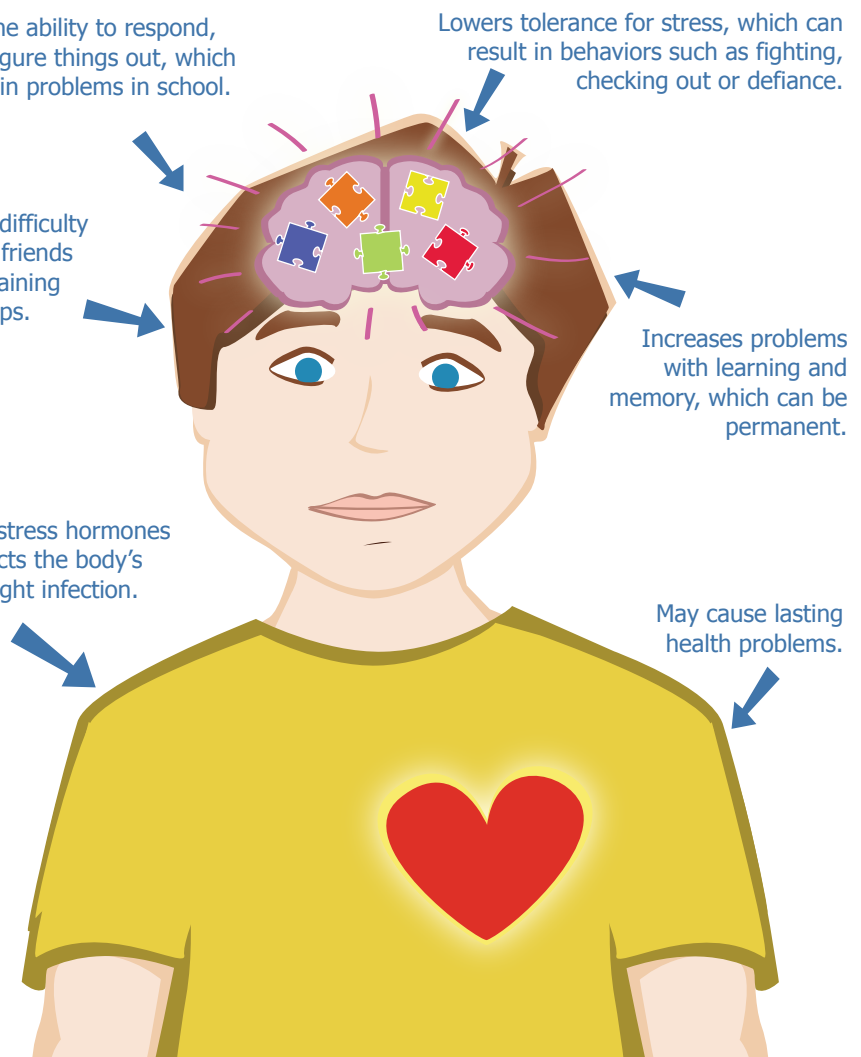
Lowers tolerance for stress, which can result in behaviors such as fighting, checking out or defiance.

Increases difficulty in making friends and maintaining relationships.

Increases problems with learning and memory, which can be permanent.

Increases stress hormones which affects the body's ability to fight infection.

May cause lasting health problems.



A Survival Mode Response to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority. In other words:
"I can't hear you! I can't respond to you! I am just trying to be safe!"

The good news is resilience can bring back health and hope!

What is Resilience?

Resilience is the ability to return to being healthy and hopeful after bad things happen. Research shows that if parents provide a safe environment for their children and teach them how to be resilient, that helps reduce the effects of ACEs.

Resilience trumps ACEs!

Parents, teachers and caregivers can help children by:

- Gaining an understanding of ACEs
- Creating environments where children feel safe emotionally and physically
- Helping children identify feelings and manage emotions
- Creating a safe physical and emotional environment at home, in school, and in neighborhoods

What does resilience look like?

1. Having resilient parents

Parents who know how to solve problems, who have healthy relationships with other adults, and who build healthy relationships with their children.

2. Building attachment and nurturing relationships

Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child's physical and emotional needs.

3. Building social connections

Having family, friends and/or neighbors who support, help and listen to children.

4. Meeting basic needs

Providing children with safe housing, nutritious food, appropriate clothing, and access to health care and good education.

5. Learning about parenting and how children grow

Understanding how parents can help their children grow in a healthy way, and what to expect from children as they grow.

6. Building social and emotional skills

Helping children interact in a healthy way with others, manage their emotions and communicate their feelings and needs.

Resources:

ACES 101

<http://acestoohigh.com/aces-101/>

Triple-P Parenting

www.triplep-parenting.net/global/home/

Resilience Trumps ACEs

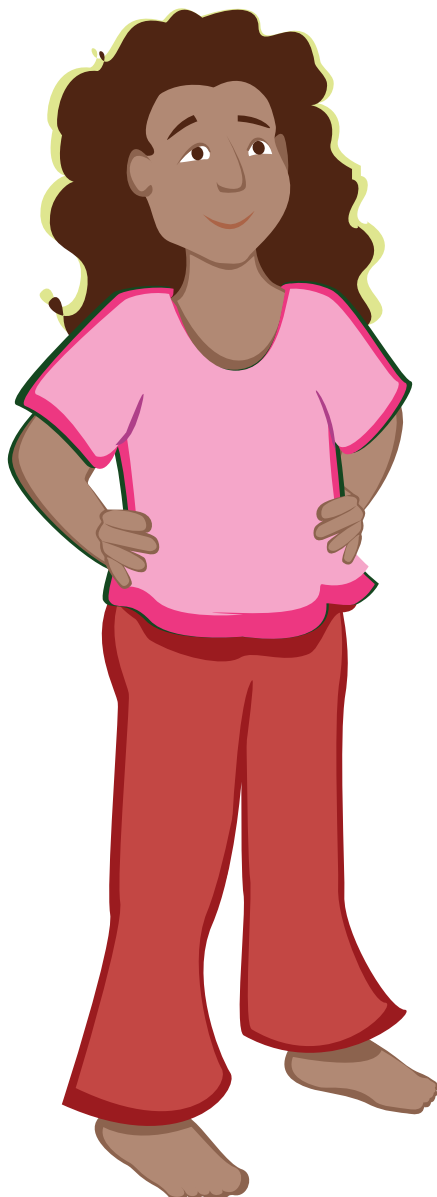
www.resiliencetrumpsACEs.com

CDC-Kaiser Adverse Childhood Experiences Study

www.cdc.gov/violenceprevention/acesstudy/

Zero to Three Guides for Parents

www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/





SmartCare Behavioral Health Consulting Services (BHCS) is a behavioral health integration partnership program of Vista Hill, funded by San Diego County Department of Behavioral Health Services.

Contact us at 858-880-6405
bhcs.provider@vistahill.org

E-WEEKLY

Adverse Childhood Experiences: California's ACEs Aware Initiative

February 13, 2020

"A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during childhood development, is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation." www.acesaware.org

ACEs are stressful or traumatic events experienced by age 18 that were identified, in the landmark Centers for Disease Control and Prevention (CDC) and Kaiser Permanente (KP) Adverse Childhood Experiences Study, to be strongly associated with increased health and social risks. Early detection and early intervention can help prevent or reduce the health risks associated with ACEs.

The Office of the California Surgeon General and the State Department of Health Care Services have identified tools to screen pediatric and adult patients for the ten categories of ACEs, including abuse, neglect, and household dysfunction. With training and a system of intervention in place, Primary Care Pediatric Providers may bill for screening and implement trauma-informed therapeutic interventions into clinical practice with patients and their families. The fully informed ACEsAware system of care will incorporate resources to support providers and communities reduce the prevalence and impact of ACEs and toxic stress.

The term Adverse Childhood Experiences (ACEs) comes from the landmark 1998 study conducted among more than 17,000 adult patients by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. The term ACEs specifically refers to the 10 categories of adversities in 3 domains that were evaluated in the study: (1)

- Abuse: Physical, emotional, or sexual
- Neglect: Physical or emotional
- Household dysfunction: Growing up in a household with parental incarceration, mental illness, substance dependence, absence due to separation or divorce, or intimate partner violence (initially queried as violence towards the mother or stepmother).

A child or adolescent who experiences ACEs without the buffering effects of trusted, nurturing caregivers and safe, stable environments can develop a toxic stress response, which can impact brain development, hormone and immune systems, and genetic regulatory systems. (2)

Key findings of the ACEs Study and subsequent body of research include:

1. ACEs are highly prevalent. Two thirds of respondents in the Kaiser/CDC study reported at least 1 ACE and one in eight reported 4 or more ACEs.
2. ACEs are strongly associated, in a dose-response fashion, with some of the most common and serious health conditions facing our society today, including 9 of the 10 leading causes of death in the United States. (3) (4)
3. ACEs affect all communities. The original ACEs Study was conducted among a population that was 70% Caucasian, mostly middle class, college-educated, and privately insured. Subsequent studies have found higher prevalence rates of ACEs in communities that are low-income, LGBTQ, and of color.

Toxic Stress

The past several decades of scientific research has identified the biological mechanisms by which early adversity leads to increased risk of negative health and social outcomes through the life course. Repeated or prolonged activation of a child's stress response, in absence of adequate buffering caregiving support, leads to long-term changes in the structure and functioning of the developing brain, metabolic, immune, and neuroendocrine responses, and even the way DNA is read and transcribed. This is known as the toxic stress response.

These biological changes play an important role in the clinical progression from ACEs exposure to negative short- and long-term health and social outcomes and demonstrate a pattern of high rates of intergenerational transmission.

Social determinants of health (SDOH) other than ACEs, such as poverty, discrimination and housing insecurity are associated with health risks and may also be risk factors for toxic stress. However, these factors should NOT be confounded with ACEs in characterizing risk of negative health and social outcomes.

While validated odds ratios are available in large, population-based studies utilizing the 10 standardized ACEs criteria, the strengths of associations between SDOH and health outcomes have not been similarly standardized.

The Impact of ACEs and Toxic Stress on Health

ACEs are associated with increased risk of a wide range of health conditions in both pediatric and adult populations. These ACE-Associated Health Conditions include:

- *Pediatric Health:* The effects of toxic stress are detectable as early as infancy. In babies, high doses of adversity are associated with failure to thrive, growth delay, sleep disruption and developmental delay. School-aged children may have increased risk of viral infections, pneumonia, asthma and other atopic diseases, as well as difficulties with learning and behavior. Among adolescents with high ACEs, somatic complaints including headache and abdominal pain, increased engagement in high-risk behaviors, teen pregnancy, teen paternity, sexually transmitted infections, mental health disorders, and substance use are common.
- *Adult Health:* Research shows that individuals who have experienced ACEs are at significantly increased risk of serious health consequences, including 9 of the 10 leading causes of death. (5) People with 4 or more ACEs are:
 - 3 x as likely to have chronic lower respiratory disease; (6)
 - 2 to 2 ½ x as likely to have a stroke, (7) cancer, (8) or heart disease; (9)
 - 1 ½ x as likely to have diabetes; (10)

- 38 x as likely to attempt suicide; [\(11\)](#) and
- 4 x as likely to have Alzheimer's disease and other dementias. [\(12\)](#)
-
- *Mental and Behavioral Health:* The higher the ACE score, the more likely the individual is to experience mental health conditions including depression, post-traumatic stress disorder, anxiety, and eating disorders, and to engage in risky behaviors such as early and high-risk sexual behaviors and substance use. [\(13\)\(14\)](#)
- *Life Expectancy:* Individuals with 6 or more ACEs have a life expectancy that is 19 years shorter than individuals with none. [\(15\)](#)

ACEs Aware Online Training Will Certify Providers to receive MediCal Payment for ACEs Screening.

****Certification:** Medi-Cal providers who [attest](#) to completing [certified ACEs training](#) on the DHCS website can receive payments.

Medi-Cal Billing Codes:

HCPCS Code: G9919

Screening performed – positive result indicates patient at high risk for toxic stress; education and interventions (as necessary) provided

Providers must bill this HCPCS code when the patient's ACE score is 4 or greater (high risk)

Payment: \$29

HCPCS Code: G9920

Screening performed – negative result indicates patient at lower risk for toxic stress; education and interventions (as necessary) provided

Providers must bill this HCPCS code when the patient's ACE score is between 0 – 3 (lower risk)*

Payment: \$29

SmartCare will begin offering On Demand Doc-to-Doc Consultation and Parent/Youth Consultation Services (telephonic and televideo connectivities to be available) mid-2020.

Webs



**5th Annual
CICAMH**
Critical Issues in Child
and Adolescent
Mental Health Conference

**MANAGING
CHANGE
IN A CHANGING
WORLD**

Please join us
March
12th & 13th
2020

who?
WHO SHOULD ATTEND:
Mental Health Professionals,
Psychologists, Therapist, Social
Workers, Professional Counselors,
Psychiatrists, Pediatricians, Nurses,
Educators, Students, Probation
Officers, Child Welfare Workers,
Case Managers, Advocates and
Parents will all find this meeting of
importance and value in enhancing
their effectiveness in serving
children in need.

where?
DOUBLE TREE HOTEL
Hazard Center Mission Valley
7450 Hazard Center Dr.,
San Diego CA 92108

how?
Thursday: \$65 - Students \$25
Friday: \$100 - Students \$50
Attend Both: \$165 - Students \$75
(must present valid Student ID
at registration desk)

Fees Include:
Parking, Food and Continuing
Education Credits

REGISTRATION:
CICAMH.COM

HHSA

**LIVE WELL
SAN DIEGO**

Early Bird
Registration
will end
February 28th!

Critical Issues in Child Adolescent Mental Health Conference

The intent of the 2020 CICAMH Conference is to increase the awareness and understanding of critical issues and offer attendees ideas, skills and resources to work together to be better able to assist youth, their families, and communities in engaging and supporting each other in order to promote bright and fruitful futures. The conference seeks to provide healthcare providers across all disciplines with the knowledge, skills and attitudes needed to keep pace with the demands of our changing world and the opportunities of our evolving systems of care.

This two-part conference continues CICAMH's focus on the theme of *"Managing Change in a Changing World"* with attention to today's current stressors and best practices for evaluating and intervening for health. Thursday evening's dinner conference will focus on the clinical and pragmatic opportunities of integrating and coordinating care across discipline boundary lines, with a specific focus on the need to advance trauma-focused inquiry, most especially in the primary care setting. Friday's session addresses many of the most important changes and challenges currently faced by youth and families with highly experienced speakers in keynote addresses and breakout sessions.

Session Topics:

Thursday:

"A Multidisciplinary Round Table Discussion Exploring Diagnostic and Treatment Considerations for Children and Adolescents with Complex Presentations and Exceptional Needs"

Advancing Interdisciplinary Coordinated Care for Children and Families at Risk

Friday:

"Managing Change in a Changing World"

Keynotes and Breakouts:

Long Term Impact of Family Separation
Sleep Disorders: Impact on Mental Health, Suicide Risk and Benefits of Late School Start
Substance Use Treatment in Youth and Adolescents
Play Therapy in Adverse Childhood Experiences
School Based Suicide Prevention
Systems Response to High Risk Behaviors
Impact of Military Service on The Family System
Eating Disorders: Special Focus on DBT and FBT
Expanding Early Access to Mental Health Care
Gender Affirming Patient Care
Aggression and Bullying in 2020
Anxiety Disorders in Youth and Adolescents

CME & CE's:

3 Credits will be provided for Thursday
6 Credits will be provided for Friday

Learning Objectives:

- Explore the opportunities and challenges in providing collaborative multidisciplinary care across professional disciplines, with specific attention on trauma exposure in childhood and adolescence.
- Understand normal sleep profiles and the various disorders of sleep that may impact children and youth
- Appreciate the impacts of substance abuse and screen time dependence on the biopsychosocial development of youth and the emerging strategies and technologies to intervene.
- Understand the impacts of immigration, family separations and stigma with an examination of prior crises and an exploration of ways to provide assistance to those harmed by current policies and practices.
- Explore the risk factors and consequences of bullying behaviors in school and in communities and identify how parents, mental health providers, schools can work together to reduce harm.
- Appreciate the unique challenges faced by military families in supporting positive developmental trajectories and the role of mental health
- Recognize and intervene affirmatively with individuals suffering with or at-risk of developing Eating Disorders.
- Appreciate and advocate for the creation of developmentally appropriate integrated care delivery systems for teens and young adults to increase access to clinically relevant care.

Christine XP Presents

BRAIN XP Day 2020

Saturday April 4, 2020 // 11am-2pm //
3327 Glencolum Dr. San Diego, CA 92123

Entertainment
Music
Resources
Snacks
Raffle Prizes
MORE!

Teens
TAY
Youth
Families
Mental Health Professionals
EVERYBODY is WELCOME!

TEEN MENTAL HEALTH AWARENESS EVENT!

THEME: TEENS HELPING TEENS

We are changing the language of mental health
by focusing on POSITIVITY!

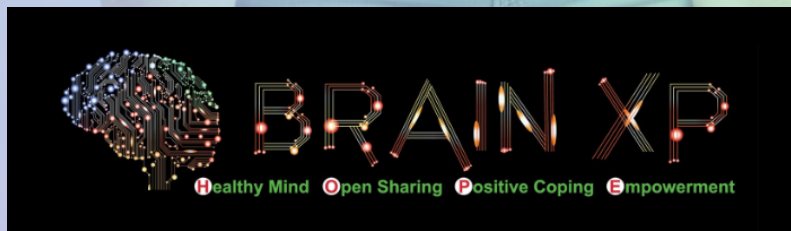
This is a FREE Event!

Register on BRAINXP.ORG!

More details and performance lineup coming soon!

If you are a teen and are interested in showcasing your creative talent at BRAIN XP Day, email me!
- brainxpproject@gmail.com

Individual Teens AND Teen Groups are Welcome to Perform!



“Save the Date”

Children, Youth and Families (CYF) Council

Transition Age Youth (TAY) Council

Adult and Older Adult (AOA) Council

Combined Behavioral Health Services Councils Meeting

Monday, April 13, 2020 | 10:00 to 11:30 A.M.

Scottish Rite Center | Joseph Shell Room

**1895 Camino Del Rio South
San Diego, CA 92108**

For more information, please contact:

Darwin Espejo (619) 584-3024 | Darwin.Espejo@sdcounty.ca.gov

NAMI SAN DIEGO INVITES YOU TO THE 6TH ANNUAL

YOUTH MENTAL HEALTH WELL-BEING CELEBRATION

MAY 8, 2020 3:30 - 6 PM

CENTRO CULTURAL DE LA RAZA

2004 PARK BLVD SAN DIEGO, CA 92101

ART SHOW, PERFORMANCES, FREE FOOD,
RESOURCES, ACTIVITIES FOR CHILDREN,
YOUTH, AND FAMILIES

