

CHILDREN, YOUTH AND FAMILIES (CYF) COUNCIL

MEETING AGENDA

May 8, 2023 | 9 to 10:30 a.m.

Zoom meeting link for registration sent via Outlook meeting invitation:
<https://us06web.zoom.us/join/zoom/register/tZwrc-usqTMvH9fSjyJCnahPFMW5SZPNsyol>

- **Welcome** (Jaime Tate-Symons) 5 minutes
 - **Welcome** new meeting attendees - translation available
 - Welcome back **Steven Wells**, representing Child Welfare Services
 - **Governor Newsom Proclaims Children's Mental Health Awareness Week (May 1-7, 2023)** - Handouts - **Pages 5-7**
<https://www.chhs.ca.gov/youthresources/>
 - **Directing Change** – Program and Film Contest –2023 San Diego County Regional finalists – Handout - **Pages 8-9**
<http://directingchange.ca.org/films/>
 - **Cultural Share** – NAMI San Diego – Community Advocacy Program (Faeth Jackson and Alexander Ball)
 - Seeking volunteer for July 10, 2023 Cultural Share
- **Review of Meeting Summary** (Yael Koenig) 5 minutes
 - March 13, 2023, Meeting Summary - Handout - **Pages 10-14**
 - No pending action Items
- **Business Items** (Yael Koenig) 20 minutes

Public Comment or - Inviting all participants to unmute or enter public input in the chat

Board Letters / Board Actions

March 14, 2023

- **Item 04:** Authorize Competitive Solicitation for the Prevention Hub Serving Children and Families Through the Child and Well-Being Department and Authorize Applications for Additional Funding Opportunities - Handout - **Pages 15-20**
- **Item 14:** Accept State Funding for a Cultural Hub
- **Item 22:** A Resolution of the Board of Supervisors of the County of San Diego Denouncing Antisemitic Rhetoric and Hate Crimes Towards Jewish People in San Diego
- **Item 23:** Equity in Action: Strengthening Communities of Color by Expanding Data Access and Training for Community Leaders

April 4, 2023

- **Item 01:** District Attorney – Request For Proposals for District Attorney Transitional Age Youth Diversion Initiative Handout - **Pages 21-24**
- **Item 05:** Probation – Juvenile Justice Reform – Authorization for Competitive Solicitation(s) for Enhanced Services for Youth Handout - **Pages 25-28**
- **Item 11:** Protecting Tribal Lands from Sexually Violent Predators
- **Item 25:** Enhancing Homeless Outreach and Services Through Live Well on Wheels Mobile Offices
- **Item 26:** Continuing Drowning Prevention Opportunities in San Diego County
- **Item 27:** Expanding Emergency Housing Capacity for Survivors of Domestic Violence, Human Trafficking, and Sexual Assault Handout - **Pages 29-33**

May 2, 2023

- **Item 05:** Approve the Mental Health Services Act Innovation Public Behavioral Health Workforce Development and Retention Program Proposal and Authorize Submission to the Mental Health Services Oversight and Accountability Commission, Issue Competitive Procurements and Award Contracts, and Explore Partnerships to Sustain the Workforce Development and Retention Program – Handouts include presentation to the Behavioral Health Advisory Board (BHAB) - **Pages 34-66**

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

Information

- **Annual CYF Council membership assessment underway**
- **2023 U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community** - Handouts - **Pages 67-76**
<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
- **California Health & Human Services Agency (Cal HHS) Behavioral Health Reform/Modernizing Our Behavioral Health System Policy Brief: Understanding California's Recent Behavioral Health Reform Efforts** - Handout - **Pages 77-82**
<https://www.chhs.ca.gov/wp-content/uploads/2023/03/CalHHS-Behavioral-Health-Roadmap--ADA-03.02.23.pdf>
- **Modernizing Our Behavioral Health System & Building More Mental Health Housing** – Handout-**Page 83**
<https://www.gov.ca.gov/wp-content/uploads/2023/03/FACT-SHEET--Modernizing-Our-Behavioral-Health-System-1.pdf?emrc=d1f55d>
<https://www.chhs.ca.gov/behavioral-health-reform/>
<https://www.chhs.ca.gov/wp-content/uploads/2023/03/Modernizing-Our-Behavioral-Health-System-v4.pdf>

- **Children and Youth Behavioral Health Initiative (CYBHI) March Update - Handout - Pages 84-91**
<https://www.dhcs.ca.gov/cybhi>
<https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/>
<https://www.chhs.ca.gov/wp-content/uploads/2023/04/CYBHI-March-2023-Update--ADA.pdf>
- **Mental Health Services Oversight and Accountability Commission (MHSOAC) -Working Well - Supporting Mental Health at Work in California Handout- Pages 92-95**
<https://mhsoac.ca.gov/wp-content/uploads/MHSOAC-Workplace-Mental-Health-Report.pdf>
- **California Mental Health Services Authority (CalMHSA) – May is Mental Health Matters Month Tool Kit - Handout - Page 96**
<https://www.calmhsa.org/>
- **Creating Opportunities in Preventing and Eliminating Suicide (COPEs) – Year One Highlights - Handout - Pages 97-101**
- **Catalyst for Wellness in Community (CWC) Apprenticeship program for behavioral health workers in Chabot-Las Positas Community College District (Bill Stewart)- Handout – Page 102**
- **County of San Diego 2023 Recommended Operational Plan Executive Summary - Handout - Pages 103-107**
- **Behavioral Health Director’s Report - April - Handout - Pages 108-112 and May 2023 - Handout - Pages 124-129**
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html
- **MHSA Three - Year Program and Expenditure Plan for Fiscal Years 2023-24 through 2025-26**
 - Presented for final comments at the Behavioral Health Advisory Board (BHAB) on May 4, 2023 - Presentation - **Pages 113-123**
 - Projected for BOS presentation on June 13, 2023
http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html

- **Hot Topic:** Conversation with the BHS Director, Luke Bergmann, PhD
Moderators: Stephanie Escobar, Rosa Ana Lozada, and Aisha Pope

50 minutes

Luke Bergmann, PhD outlines the BHS Priorities as they relate to children, youth, and families	20 minutes
Dialogue: Inclusive of Questions and Answers Session Council participants are welcome to unmute or enter comments, input, and questions in the meeting chat	30 minutes

- **Announcements** (Jaime Tate-Symons)

5 minutes

- Poll Question
- 43rd California Mental Health Advocates for Children and Youth (**CMHACY**) conference: Committing to Mobilizing Hope and Advocacy for Communities and Youth – Elevating Voices, Influencing Progress (Back in person) on May 10-12, 2023 - Handout - **Page 130**
<http://cmhacy.org/>
- **May is Mental Health Matters Month -Children/Youth Mental Health Well Being Celebration-** May 13, 2023 from noon to 5 p.m. at Grossmont Center mall - Flier - **Page 131**
- **NAMI Basics training for parents, caregivers for youth** (ages 22 and younger). Six virtual sessions beginning May 23, 2023 Handout - **Page 132**
Registration at: <https://namisandiego.org/event-registration/?ee=20347>
[NAMI Basics](#) | [NAMI: National Alliance on Mental Illness](#)
- **Annual CYF Council Annual Orientation** is scheduled for June 12, 2023 from 9 to 10:30 a.m. - Flier - **Page 133**

Next Executive Committee Meeting:

Date: May 25, 2023
Time: 11:30 a.m. to noon.

Next Meeting: Annual Council Orientation

Date: Monday, June 12, 2023
Time: 9 to 10:30 a.m.

Committees/Sectors/Workgroups Meetings Information is located at the end of the meeting summary. For Council materials go to:

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



LIVEWELLSD.ORG



LIVE WELL
SAN DIEGO

BEHAVIORAL HEALTH SERVICES CHILDREN, YOUTH & FAMILIES FRAMEWORK

VISION

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

PRINCIPLES

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

PRIORITIES

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

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

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

Live Well San Diego-Areas of Influence



Standard of Living

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



Community

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

HEALTH FACTORS



Health

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



Social

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



Knowledge

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



Governor Newsom Proclaims Children's Mental Health Awareness Week 2023

Published: Apr 30, 2023

SACRAMENTO – Governor Gavin Newsom today issued a proclamation declaring May 1-7, 2023, as “Children’s Mental Health Awareness Week.”

PROCLAMATION

The unprecedented challenges of the past few years have put a spotlight on the mental health crisis facing our nation, and its heavy toll on the youngest among us – especially in underserved and marginalized communities. Children and youth are struggling with anxiety, depression and trauma, and far too many of them are facing these issues alone. In California, we take the mental health and well-being of our children seriously, and we’re taking transformative action to ensure that struggling kids have the support they need to grow and thrive.

The statistics speak for themselves: mental health issues are the leading cause of hospitalization for children under 18 in California, and a recent Centers for Disease Control and Prevention study found that nearly 3 in 5 U.S. teen girls felt persistently sad or hopeless in 2021 – a nearly 60% increase in the last decade. Even our youngest are not immune to this crisis, with 8% to 10% of children under the age of 5 experiencing clinically significant and impairing mental health problems nationally. The weight of this crisis is not carried equally – children and youth of color, those living in low-income communities, LGBTQ+ youth, and other vulnerable populations are experiencing higher rates of stress and social isolation.

California is advancing decisive action and unprecedented investments to address these issues. Through the Master Plan for Kids’ Mental Health – with the \$4.7 billion Children and Youth Behavioral Health Initiative at its core – and other historic investments in partnership with the Legislature, we are creating a comprehensive and coordinated system of support that ensures there is no wrong door for help. Working to address immediate needs while advancing long-term transformations in how we serve our kids, California is creating an ongoing and sustainable focus on our kids’ mental, emotional, and behavioral well-being.

We are committed to ensuring that all our state’s children, youth, and families have access to



quality, culturally competent behavioral health services when, where, and in the way they need them. We are partnering with clinical and behavioral health providers, early childhood providers, schools, higher education institutions, primary care physicians, managed care plans, community-based organizations, social service agencies, parks, and many others to provide better services to our children and youth, finding and engaging them where they are with the care and resources they need.

During Children’s Mental Health Awareness Week – the first week of Mental Health Awareness Month – we recognize the anxiety, isolation, and trauma our children and youth have weathered, as well as the incredible resilience they have shown. It’s critical that we listen to our young people and tap into their passion and creativity in reimagining our mental health system – built for and with the youth and families it serves.

California has made tremendous strides in this space, and our work with partners across the board continues in order to deliver the mental health system that our kids deserve: one that is equitable and accessible, focuses on prevention and early intervention, empowers families and communities, and is free of stigma. I invite everyone to learn about the resources and services available to support children’s mental health at www.chhs.ca.gov/youthresources. Working together, we can build a brighter, healthier future for California’s children and youth.

NOW THEREFORE I, GAVIN NEWSOM, Governor of the State of California, do hereby proclaim May 1-7, 2023, as “Children’s Mental Health Awareness Week.”

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 30th day of April 2023.

GAVIN NEWSOM
Governor of California

ATTEST:
SHIRLEY N. WEBER, Ph.D.
Secretary of State



Mental Health

RESOURCES FOR YOUTH

<https://www.chhs.ca.gov/youthresources/>

Some of the resources include:

Youth Crisis Line A 24/7 statewide emergency response system for youth (ages 12-24) and families in crisis Call or text: 800-843-5200	Teen Line Pacific Time Operating hours: 6 - 10 p.m. Call: 800-852-8336 Text: 839863 (6 -9 p.m.)
LGBT Youth TalkLine Pacific Time Operating hours: Mon-Fri: 1 – 9 p.m. Sat: 9 a.m. to 2 p.m. Call: 800-246-7743	The Family Urgent Response System (FURS) Operating Hours 24/7 Call or text: 1-833-939-3877
Wellness Education Lab: Guides students (13+) through evidence-based content offering practical skills to improve mental health and resilience. https://wellnessedlab.org/	Connections Matter Academy: Designed for youth in the foster care system; short form animated series built for those who have experienced childhood trauma. https://www.youtube.com/channel/UC5ud5wiGudHfma-G887gutw
Mental Health Resources for Parents, Family and Friends	
Mental Health Resources for Schools and Teachers	

Directing Change

Program and Film Contest



San Diego County

<http://directingchange.org/sandiegocounty/>

San Diego County Students Recognized for Mental Health and Suicide Prevention Achievements

Two student-created films from San Diego County ("A Genderqueer Perspective (on Mental Health)," "Truth Heals") will be screened and recognized at a red-carpet award ceremony hosted at the Theatre at Ace Hotel in downtown Los Angeles at 11 am on Tuesday, May 16, 2023.

During the 2022-23 school year, a total of 117 youth from 12 schools in San Diego County submitted 47 films about mental health and suicide prevention, and because of participating in the program were prepared to recognize and respond to signs of distress in themselves and their peers. Below are the 16 films that earned specific recognition:

Suicide Prevention Finalists

Second Place Suicide Prevention: "Truth Heals" (Team Pick - Advancing to Statewide Judging)

San Diego Met High School

Filmmakers: Sydnie Pitzer, Evan Foskett/Advisor: Gini Mann-Deibert

Link: <https://vimeo.com/804016156>

Honorable Mention Suicide Prevention: "Después de la Tormenta"

SIATech

Filmmaker: Kimberly Hernandez/Advisor: Jovita Cerda

Link: <https://vimeo.com/803547663>

Honorable Mention Suicide Prevention: "Depressions Fuel"

SIATech

Filmmaker: Sebastian Soucie/Advisor: Jovita Cerda

Link: <https://vimeo.com/803551398>

Honorable Mention Suicide Prevention: "Preventing Suicide"

Helix Charter High School

Filmmaker: Israel Hernandez, Santo A Diaz/Advisor: Matt Guarnotta

Link: <https://vimeo.com/781580650>

Honorable Mention Suicide Prevention: "Talking Helps"

Canyon Hills High School

Filmmaker: Belle Ming-Ju Britson, Katelyn Levine/Advisor: Effren Villanueva

Link: <https://vimeo.com/803641252>

Mental Health Finalists from San Diego County

Third Place Mental Health (Tie): "Smiling Through Depression"

Pacific Ridge School

Filmmaker: Jeremy Liew/Advisor: Christopher Simon

Link: <https://vimeo.com/802512089>

Honorable Mention Mental Health: "Burnout"

San Diego Met High School

Filmmakers: Myla Pitzer, Isabella Guerrero/Advisor: Gini Mann-Deibert

Link: <https://vimeo.com/804516398>

Honorable Mention Mental Health: “A Genderqueer Perspective”

(Team Pick - Advancing to Statewide Judging)

Sage Creek High School

Filmmakers: Emma Lee, Ava Krudwig, Asher Frankel, Kai Vermillion/Advisor: Sarah Hunter

Link: <https://vimeo.com/803302978>

Honorable Mention Mental Health: “Never Alone”

Helix Charter High School

Filmmakers: Milo Neville, Morgyn Miller, Andruw Servin/Advisor: Matt Guarnotta

Link: <https://vimeo.com/781591388><>

Honorable Mention Mental Health: “People Talk”

Mission Bay High

Filmmakers: Khouri Evans, Mylee Santiaguel, Savannah Long, Ashley Bleu, Amaya Gray, Jasurin

Parmar/Advisor: Stacy Chiles

Link: <https://vimeo.com/803638756>

Honorable Mention Mental Health: “La Salud Mental”

SIATech

Filmmaker: Antonio Ortega/Advisor: Jovita Cerda

Link: <https://vimeo.com/803684535>

Through the Lens of Culture Finalists from San Diego County

Third Place Through the Lens of Culture (Tie): “Mentally Changed”

Lincoln High School

Filmmakers: Taniya Cooksey, Shakur Jackson/Advisor: Eboni Harvey

Link: <https://vimeo.com/803773176>

Honorable Mention Through the Lens of Culture: “Intersectional Mental Health”

San Diego Met Highschool

Filmmakers: Isabella Guerrero, Greyson Zuñiga/Advisor: Gini Mann-Deibert

Link: <https://vimeo.com/803777932>

Honorable Mention Through the Lens of Culture: “Hope”

Helix Charter High School/ NAMI

Filmmaker: Arisbeth Jaimes/Advisor: Irma Garcia

Link: <https://vimeo.com/803740918>

Honorable Mention Through the Lens of Culture: “Life Expectations”

SIATech

Filmmakers: Lizbeth Segura, Destiny Jennings, Helena Poole, Ryan Rengifo, Naomi Flores, Natalie

Benitez, Natalie Padilla/Advisor: Jovita Cerda

Link: <https://vimeo.com/803556600>

Walk in Our Shoes Finalists from San Diego County

Honorable Mention Walk in Our Shoes – What is Mental Health: “Half Court to Health”

San Pasqual Union

Filmmakers: Shelby Wester, Madelyn Murray/Advisor: Vincent Timpe

Link: <https://vimeo.com/803544099>

CHILDREN, YOUTH AND FAMILIES (CYF) COUNCIL MEETING SUMMARY

March 13, 2023 | 9 to 10:30 a.m.
Virtual Meeting

ITEM	SUMMARY AND ACTION ITEMS
<p>I. Welcome (Stephanie Escobar)</p> <ul style="list-style-type: none"> Welcome new meeting attendees - translation available Thank you, Jerelyn Bourdage, representing the Public Sector - Child Welfare Services Cultural Share – Darwin Espejo, HHSa-BHS Seeking volunteer for May 8, 2023 Cultural Share 	<p>Stephanie Escobar provided the Welcome remarks/announcements:</p> <ul style="list-style-type: none"> Reminded the meeting attendees of the meeting logistics Thanked Jerelyn Bourdage for her participation in the Council as a member representing CWS from March 2022 to March 2023 Darwin Espejo shared some of the activities that the CYF County team has done to embrace cultural competence and diversity Anyone wishing to volunteer for Cultural Share for the May 8, 2023 meeting, contact Edith Mohler at: Edith.Mohler@sdcounty.ca.gov
<p>II. Review of Meeting Summary (Yael Koenig)</p> <ul style="list-style-type: none"> February 13, 2023, Meeting Summary - Handout - Pages 5-9 	<p>Yael Koenig reviewed the meeting summary from February 13, 2023:</p> <ul style="list-style-type: none"> No action items pending
<p>III. Business Items (Yael Koenig)</p> <p>Public Comment</p> <p>Board Letters (BL) February 28, 2023</p> <ul style="list-style-type: none"> Item 04: Authorize Competitive Solicitations to Expand Behavioral Health Services Programming to Engage Fathers and Caregivers - Handout - Pages 10-14 Item 05: Update the County's Homeless Action Plan and Adopt the "All In": The Federal Strategic Plan to Prevent and End Homelessness Item 21: Establish the Development of Child and Family Well Being a Department in the Health and Human Services Agency - Handouts include presentation- Pages 15-37 <p>Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the packet, however, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) website.</p> <p>Information</p> <ul style="list-style-type: none"> May 8, 2023 CYF Council Meeting / Conversation with BHS Director Children and Youth Behavioral Health Initiative (CYBHI) <ul style="list-style-type: none"> February 2023 Update – Handout - Page 38 - 47 https://www.dhcs.ca.gov/cybhi https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/ Behavioral Health Director's Report - March 2023 - Handout - Pages 48-50 https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html <p>Recognition</p> <ul style="list-style-type: none"> Minola Clark Manson, Program Director and Rose Woods, Manager – Responsive Integrated Health Solutions (RIHS) Behavioral Health Training and CYF System of Care Training Academy 	<ul style="list-style-type: none"> No Public Comment Yael Koenig highlighted the Board Letters listed on the left, which were presented at the February 28, 2023 meeting Meeting Agendas, Board Letters and Access to the BOS meetings: https://www.sandiegocounty.gov/cob/bosa/index.html Council members and participants were invited to forward or insert in chat suggested areas of focus, questions, and or priorities for the BHS Director discussion at the May 8, 2023 meeting. Items can be forwarded to: Edith.Mohler@sdcounty.ca.gov by April 1, 2023 CYBHI February update and March 2023 BHS Director report were highlighted Yael Koenig led the recognition for Minola Clark Manson and Rose Woods for their contributions to the system of care. Meeting attendees followed with several messages of gratitude and admiration posted in the chat

ITEM	SUMMARY AND ACTION ITEMS																																																																		
<p>IV. MHSA Update (Dr. Danyte Mockus-Valenzuela)</p> <ul style="list-style-type: none">Upcoming MHSA Three - Year Program and Expenditure Plan for Fiscal Years 2023-24 through 2025-26<ul style="list-style-type: none">30-day Public Comment Period from April 4 through May 4, 2023May 4, 2023 scheduled to be presented at BHABProjected for BOS presentation on June 13, 2023 <p>http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html</p> <ul style="list-style-type: none">Mental Health Services Oversight and Accountability Commission (MHSOAC)- Public Meeting in San Diego on March 23, 2023 Meeting focus: Student Mental Health Suicide Prevention Meeting location and agenda will be posted on March 13, 2023 https://mhsoc.ca.gov/connect/commission-meetings/	<ul style="list-style-type: none">Dr. Danyte Mockus-Valenzuela provided the MHSA update																																																																		
<p>V. Hot Topic: Sectors and Committees Bi-Annual Reports</p> <table><tr><th>Constituency/Committee/Group</th><th>Sector</th><th>Presenter</th><th>Highlights/Areas of Focus</th></tr><tr><td>San Diego Regional Center</td><td>Private</td><td>Zach Guzik</td><td>Currently serves over 38,000 clients. There are 10 to 15 new clients per week.</td></tr><tr><td>Alcohol Drug Service Provider Association (ADSPA)</td><td>Private</td><td>Marisa Varond</td><td>Membership includes 36 legal entities, 75 SUD related programs, and over 160 BHS contracts</td></tr><tr><td>Mental Health Contractors Association (MHCA)</td><td>Private</td><td>Golby Rahimi Saylor</td><td>MHCA was established in 1981, and currently, has 30 member agencies.</td></tr><tr><td>Managed Care Plans</td><td>Private</td><td>Kathleen Lang</td><td>California Advancing and Innovating Medi-Cal (CalAIM) and Student Behavioral Health Incentive Program (SBHIP)</td></tr><tr><td>Outcomes</td><td>All Sectors</td><td>Eileen Quinn-O'Malley</td><td>Developed Outcomes sub-committee of LGBTQ+ stakeholders</td></tr><tr><td>CYF CADRE</td><td>Private</td><td>Marisa Varond</td><td>Puppeteering debut: https://www.youtube.com/watch?v=vxwGIQbZ0D0</td></tr><tr><td>Family and Youth Sector</td><td>Family</td><td>Sten Walker</td><td>Restructuring services provided by the former CYF Liaison</td></tr><tr><td>Early Childhood</td><td>All Sectors</td><td>Rosa Ana Lozada</td><td>Priority 1: Recognize and advance Reflective Practice as a standard practice compensation in County BHS contracts</td></tr><tr><td>First 5 Commission</td><td>Public</td><td>Stephanie Escobar</td><td>First-5-SD-2022 Annual Report.pdf (first5sandiego.org)</td></tr><tr><td>Transition Age Youth Council</td><td>All Sectors</td><td>Michael Miller</td><td>Goals: Redevelop the TAY Resource Guide and recruit new members</td></tr><tr><td>Public Safety Group</td><td>Public</td><td>Delona King</td><td>County Self-Assessment and System Improvement Plan Development. Link to Public meetings: https://www.sandiegocounty.gov/content/sdc/public_safety.html</td></tr><tr><td>Behavioral Health Services</td><td>Public</td><td>Yael Koenig</td><td>Supporting CalAIM and advancing the BHS organizational structure</td></tr><tr><td>CYF System of Care Training Academy</td><td>All Sectors</td><td></td><td>Written Update Included – No Presentation</td></tr></table>	Constituency/Committee/Group	Sector	Presenter	Highlights/Areas of Focus	San Diego Regional Center	Private	Zach Guzik	Currently serves over 38,000 clients. There are 10 to 15 new clients per week.	Alcohol Drug Service Provider Association (ADSPA)	Private	Marisa Varond	Membership includes 36 legal entities, 75 SUD related programs, and over 160 BHS contracts	Mental Health Contractors Association (MHCA)	Private	Golby Rahimi Saylor	MHCA was established in 1981, and currently, has 30 member agencies.	Managed Care Plans	Private	Kathleen Lang	California Advancing and Innovating Medi-Cal (CalAIM) and Student Behavioral Health Incentive Program (SBHIP)	Outcomes	All Sectors	Eileen Quinn-O'Malley	Developed Outcomes sub-committee of LGBTQ+ stakeholders	CYF CADRE	Private	Marisa Varond	Puppeteering debut: https://www.youtube.com/watch?v=vxwGIQbZ0D0	Family and Youth Sector	Family	Sten Walker	Restructuring services provided by the former CYF Liaison	Early Childhood	All Sectors	Rosa Ana Lozada	Priority 1: Recognize and advance Reflective Practice as a standard practice compensation in County BHS contracts	First 5 Commission	Public	Stephanie Escobar	First-5-SD-2022 Annual Report.pdf (first5sandiego.org)	Transition Age Youth Council	All Sectors	Michael Miller	Goals: Redevelop the TAY Resource Guide and recruit new members	Public Safety Group	Public	Delona King	County Self-Assessment and System Improvement Plan Development. Link to Public meetings: https://www.sandiegocounty.gov/content/sdc/public_safety.html	Behavioral Health Services	Public	Yael Koenig	Supporting CalAIM and advancing the BHS organizational structure	CYF System of Care Training Academy	All Sectors		Written Update Included – No Presentation	<ul style="list-style-type: none">Brief presentations were offered. Presentations were included in the February 13, 2023 meeting packet, also sent in a separate packet with the March 13, 2023 meeting materials, and are available in the CYF Council website. Presentation highlight(s) is/are included on the left column. Only the groups listed presented. The rest of the groups made their presentations at the February 13, 2023 meeting <p>End Poll</p> <p>Poll ended 1 question 41 of 81 (50%) participated</p> <p>1. On a scale of 1-5 (1 the lowest and 5 the highest), how would you rate the relevance and your interest with today's Council meeting? (Single Choice) *</p> <p>41/41 (100%) answered</p> <table><tr><td>1</td><td>(0/41) 0%</td></tr><tr><td>2</td><td>(1/41) 2%</td></tr><tr><td>3</td><td>(3/41) 7%</td></tr><tr><td>4</td><td>(14/41) 34%</td></tr><tr><td>5</td><td>(23/41) 56%</td></tr></table>	1	(0/41) 0%	2	(1/41) 2%	3	(3/41) 7%	4	(14/41) 34%	5	(23/41) 56%
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<p>VI. Announcements (Jaime Tate-Symons)</p> <ul style="list-style-type: none">Poll (see above, right column)Peer Council - Member and Alternate opportunities available (Melissa Penaflor) – Handouts – Pages 51-52 Application link: https://forms.office.com/pages/responsepage.aspx?id=XV1U877y0OD7xWGZxPbVidqZzhERTOVlQ009lfZFUMjVKTjIjZRFhGSEpXNOVMMTKwS0tMTIFNTC4uWhat I Wish My Parents Knew, March 15, 2023, from 6 to 8 p.m. at the Pride Academy in Santee – Handout – Page 538th Annual Critical Issues in Child and Adolescent Mental Health (CICAMH) Conference: Building Resilience Through Family Engagement (Hybrid) on April 21, 2023 - Handouts - Pages 54-55 Register at: https://app.ce-go.com/CICAMH2023 -Additional questions at: CICAMHCONFERENCE@GMAIL.COMMental Health Matters Month - Kickoff event: NAMI Walk - Mental Health for all, April 29, 2023 from 7 – 11 a.m. – Flier – Page 56 Register at: https://www.namiwalks.org/index.cfm?fuseaction=donordrive.event&eventID=1310	<ul style="list-style-type: none">Due to time, the announcements were not covered at the meeting. Announcements included on the agenda and additional submitted announcements are listed on the left columnAnnouncements can be sent in advance to Edith Mohler at Edith.Mohler@sdcounty.ca.gov																																																																		

ITEM	SUMMARY AND ACTION ITEMS
<ul style="list-style-type: none"> • 43rd California Mental Health Advocates for Children and Youth (CMHACY) conference: Committing to Mobilizing Hope and Advocacy for Communities and Youth – Elevating Voices, Influencing Progress (Back in person) on May 10-12, 2023 - Handout - Page 57 http://cmhacy.org/ • Participants submission NAMI San Diego offers FREE classes for family members who have loved ones suffering from mental illness. These classes are excellent educational programs for family members and caregivers. They are taught on-line and consist of eight sessions. If you know of anyone who would like to participate, please ask them to register on the NAMI calendar: https://namisandiego.org/calendar/ 	
Action Items	Action Due/Status
<ul style="list-style-type: none"> • No pending action items 	N/A
Next Meeting: Combined Councils (TAY Council coordinates) Date: Monday, April 10, 2023 Time: 10 to 11:30 a.m.	

+=Member in Attendance O=Absent

E=Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	O	Joel San Juan	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Patricia Cardenas-Wallenfelt	O
3	Public Safety Group/ Probation	Tabatha Wilburn	O	Delona King	+
4	Child Welfare Services (CWS)	Vacant		Norma Rincon	O
5	Homeless Solutions and Equitable Communities	Rosa Gracian	O	Liki Porotesano	+
6	Public Health	Dr. Thomas R. Coleman	+	Rhonda Freeman	O
7	Medical Care Services	Dr. Kelly Motadel	E	Heather Summers	+
8	Juvenile Court	H. Judge Ana España	O	Beth Brown	+
9	First 5 Commission	Alethea Arguilez	O	Stephanie Escobar	+
EDUCATION SECTOR					
10	Special Education Local Plan Area (SELPA)	Russell Coronado	O	Jaime Tate-Symons	+
11	Regular Education Pupil Personnel Services	Heather Nemour	E	Vacant	
12	School Board	Barbara Ryan	+	Debra Schade	+
13	Special Education	Yuka Sakamoto	+	Misty Bonta	O
PRIVATE SECTOR					
14	San Diego Regional Center (SDRC) for Developmentally Disabled	Zachary Guzik	+	Lori Sorenson	+
15	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	John Laidlaw	O
16	ADSPA	Marisa Varond	+	Claudette Allen Butler	+
17	Mental Health Contractors Association (MHCA)	Julie McPherson	E	Minola Clark Manson	+
18	MHCA	Laura Beadles	O	Golby Rahimi	+
19	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	Marcelo A. Podesta	+
20	Managed Care Health Plans	Kathleen Lang	+	James Trout	+
21	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	O	Vacant	
FAMILY AND YOUTH SECTOR					
22	Family and Youth Liaison	Sten Walker	+	Vacant	
23	Caregiver of child/youth served by the Public Health System	Vacant		Karilyn "Kari" Perry	+
24	Youth served by the Public Health System (up to age 26)	Veronica Hernandez	O	Vacant	
25	Youth served by the public health system (up to age 26)	Caitlynn Hauw	O	Vacant	
COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive	Jaime Tate Symons/Stephanie Escobar	+/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson Marisa Varond	E/+		
-	Early Childhood	Aisha Pope Ginger Bial	+/+		
-	Education	Heather Nemour	E		
-	Family and Youth as Partners	Sten Walker	+		
-	Outcomes	Emily Trask Eileen Quinn-O'Malley	+/+		
-	Training	Rose Woods	+		

Total Attendees: 105

Aisha Pope	Dina Ali	Kameka Smith	Rhonda Crowder
Amanda Lance-Sexton	Edith Mohler	Kari Perry	Roberto Suarez
Angela Rowe	Eileen Quinn-O'Malley	Kathleen Lang	Rosa Ana Lozada
Angelina Puffelis	Elaine Carballo	Kelly Bordman	Rose Woods
Ashley Rambeau	Elizabeth Dauz	Krystle Murguia	Russell Gagui
Augusto Eduvala	Emily Trask	Laura Vleugels	Sandra Mueller
Babbi Winegarden	Erick Mora	Liki Porotesano	Sharon Black
Barbara Ryan	Ericka Hernandez	Lori Sorenson	Shea Prophet
Beth Brown	Francisco Medrano	Marcelo Podesta	Sherry Casper
Betty Lemos	Ginger Bial Cox	Margarita Hernandez	Stacie Redmond
Bobbi Smylie	Golby Rahimi Saylor	Maria Norris	Sten Walker
Carl Antonio	Grisel Ortega-Vaca	Marisa Varond	Stephanie Escobar
Carmen Pat	Heather Summers	Marissa Wolf	Stephanie Gioia-Beckman
Celeste Hunter	Jaime Tate-Symons	Martin Dare	Steven Wells
Celica Garcia	James Trout	Mayra Gonzalez -Muñoz	Steven Wong
Cheryl Rode	Jamie Martinez	Melanie Morones	Susana Antonio
Christina Bruce	Jamie Pellegrino	Melissa Penaflor	Tais Millsap
Christine Davies	Janet Cacho	Melizza Welton	Tito Escalante
Christine Maggio	Janette Magsanoc	Michael Miller	Tom Coleman
Christine Tham	Jazmin Wali	Michelle Hogan	Vanessa Arteaga
Claire Riley	Jean McDonald	Michelle Houle	Wences Savaiki
Claudette Allen Butler	Jennifer Busico	Mina Arthman	Wendy Maramba
Danyte Mockus-Valenzuela	Jerry Harter	Minola Clark Manson	Yael Koenig
Darwin Espejo	Jody Erickson	Ozcar Ascencio	Yuka Sakamoto
Debra Schade	Joseph Henson	Rafael Ortiz-Gomez	Yvette Leiva
Delia Machado	Kacie Rodvill	Rebecca Raymond	Zachary Guzik
Delona King			

Committees/Sectors/Workgroups Meetings Information:

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

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

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

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

Education Advisory Ad Hoc: Meets as needed

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

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

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

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

Private Sector: Ad Hoc/Meets as needed

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



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: March 14, 2023

04

TO: Board of Supervisors

SUBJECT

AUTHORIZE COMPETITIVE SOLICITATION FOR THE PREVENTION HUB SERVING CHILDREN AND FAMILIES THROUGH THE CHILD AND FAMILY WELL-BEING DEPARTMENT AND AUTHORIZE APPLICATIONS FOR ADDITIONAL FUNDING OPPORTUNITIES (DISTRICTS: ALL)

OVERVIEW

The child welfare system has made significant changes over the past 15 years to improve the response to children who have been abused and/or neglected. The County of San Diego (County) is working on transforming the child welfare system toward prevention, with a focus on the earliest of interventions, and an overall change to a more equitable approach to reducing child maltreatment. On February 28, 2023 (21), the San Diego County Board of Supervisors (Board) approved the creation of the Child and Family Well-Being (CFWB) Department.

The CFWB Department is inclusive of the Office of Child Safety, which assumes the role and responsibilities of what was previously known as County Health and Human Services Agency (HHSA), Child Welfare Services (CWS), and the Office of Child and Family Strengthening, which will focus on prevention and early intervention support and services such as the request today to procure a contract for a Prevention Hub. The goal of the Prevention Hub is to link families to primary, secondary, and tertiary prevention services that are needed to prevent families from coming to the attention of the child welfare system and Juvenile Probation. Due to the recency of the development of the CFWB Department, this letter will reference CWS as the department within HHSA that has and will conduct the administration of the actions leading to and resulting from today's requested action. Today's action requests the Board to authorize the competitive solicitation for the purpose of implementing the Prevention Hub.

This item supports the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically disadvantaged, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by providing the connection to services and supports necessary, particularly in communities of color with higher rates of poverty and referrals to the Child Abuse Hotline, for families to safely care for their children, prevent child maltreatment and youth entry into foster care, and support family strengthening.

SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR THE PREVENTION HUB SERVING CHILDREN AND FAMILIES THROUGH THE CHILD AND FAMILY WELL-BEING DEPARTMENT AND AUTHORIZE APPLICATIONS FOR ADDITIONAL FUNDING OPPORTUNITIES (DISTRICTS: ALL)

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for the purpose of implementing the Prevention Hub and upon successful negotiations and determination of a fair and reasonable price, award a contract(s) for an initial term of up to one year, with four one-year options, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
2. Authorize the Agency Director, Health and Human Services Agency, to apply for additional funding opportunity announcements, if available, to fund prevention efforts.

EQUITY IMPACT STATEMENT

About 45 percent of all reports to the Child Abuse Hotline are for neglect-related concerns, so prevention efforts are necessary to help mandated reporters, the community, and the workforce better define and address issues of neglect/maltreatment versus economic hardship (poverty). The majority of child maltreatment reports come from mandated reporters within the education, law enforcement, medical, and mental health systems; however, many reports do not meet the definition of abuse. Only six percent of all reports to the Child Abuse Hotline made by school-based mandated reporters are substantiated. Economic disparities and systemic disadvantages have perpetuated disproportionate child welfare involvement among families of color and children of color are often over reported to the Child Abuse Hotline.

In Fiscal Year 2021-22, County of San Diego Health and Human Services Agency, Child Welfare Services (CWS) received 39,025 reports of abuse and neglect, representing 67,824 children, made through the Child Abuse Hotline. The ethnic distribution of averages of children in referrals for Fiscal Year 2021-22 includes:

Race	Percentage Referred to Child Abuse Hotline	Percentage of Population*
Hispanic	45%	34%
White	26%	46%
Black	11%	5%
Asian/Pacific Islander	4%	11%
Native American	1%	.5%
Other	13%	3.5%

*Per 2020 SANDAG data

CWS contracts with public and private entities to ensure youth and families have access to and receive culturally responsive services including family strengthening and prevention throughout San Diego County. Today's request will authorize CWS to enter into an agreement for prevention and early intervention supports and services in an attempt to address and decrease the

SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR THE PREVENTION HUB SERVING CHILDREN AND FAMILIES THROUGH THE CHILD AND FAMILY WELL-BEING DEPARTMENT AND AUTHORIZE APPLICATIONS FOR ADDITIONAL FUNDING OPPORTUNITIES (DISTRICTS: ALL)

disproportionality of youth and families of color being reported to the Child Abuse Hotline, receiving intervention services, and youth in foster care. This will be done through the Prevention Hub by connecting families who are overrepresented to prevention services outside of CWS intervention, when it is safe to do so.

SUSTAINABILITY IMPACT STATEMENT

The proposed action to authorize the procurement of the Prevention Hub supports the County of San Diego's (County) Sustainability Goal #1 to engage the community in meaningful ways, and Sustainability Goal #2 to provide just and equitable access to County services with investments focused on chronically underserved communities, by supporting children and families who are over-reported and over-represented in the child welfare system. The Prevention Hub will support and connect families experiencing poverty or lack of knowledge and access to services that will strengthen their ability to keep their children safe and sustain their family on their own or with community support. Keeping families together and strengthening their ability to meet their own needs will have the impact of increasing self-sufficiency, reducing trauma, and reducing or stopping generational cycles of child maltreatment, which will help achieve a healthy, safe, and thriving community.

FISCAL IMPACT

Costs for this request are not included in the Fiscal Year (FY) 2022-24 Operational Plan in the Health and Human Services Agency. If approved, there will be no fiscal impact in FY 2022-23 and estimated costs and revenue of \$2.0 million in FY 2023-24. The funding source is California State Block Grant Funding. Funds for subsequent years will be incorporated into future operational plans. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This item was presented to the Child and Family Strengthening Advisory Board as an informational item on March 10, 2023.

BACKGROUND

The child welfare system has made significant changes over the past 15 years to improve the response to children who have been abused and/or neglected. The County of San Diego (County) is working on transforming the child welfare system toward prevention, with a focus on the earliest of interventions, and an overall change to a more equitable approach to reducing child maltreatment. On February 28, 2023 (21), the San Diego County Board of Supervisors (Board) approved the creation of the Child and Family Well-Being (CFWB) Department. The CFWB Department is inclusive of the Office of Child Safety, which assumes the role and responsibilities of what was previously known as County Health and Human Services Agency (HHSA), Child Welfare Services (CWS), and the Office of Child and Family Strengthening, which will focus on prevention and early intervention support and services.

SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR THE PREVENTION HUB SERVING CHILDREN AND FAMILIES THROUGH THE CHILD AND FAMILY WELL-BEING DEPARTMENT AND AUTHORIZE APPLICATIONS FOR ADDITIONAL FUNDING OPPORTUNITIES (DISTRICTS: ALL)

New federal legislation, the Family First Prevention Services Act (FFPSA), indicates there is a clear direction to transform the way child welfare services are delivered by providing additional fiscal resources to support these efforts. The law gives states the ability to target their existing federal resources into an array of prevention and early intervention services to keep children safe, strengthen families and reduce the need for foster care whenever it is safe to do so. In response to FFPSA, California adopted the Family First Prevention Services through the Budget Act of 2021 to implement the prevention components of FFPSA.

Part I of FFPSA allows jurisdictions up to 50 percent cost reimbursement by the federal government for the provision of preventative services to families, which allows jurisdictions to provide more services to families in need. Eligible services include substance use disorder services, mental health services, in-home parenting programs, and kinship navigation services. These services are designed to prevent families needing to ever make formal contact with the child welfare system. As these prevention services are being created within FFPSA guidelines, a large sector of them will be provided through the Prevention Hub.

The goal of the Prevention Hub is to link families to primary, secondary, and tertiary prevention services that are needed to prevent families from coming to the attention of the child welfare system and Juvenile Probation. As a centralized access point, the Prevention Hub will ensure families have one point of contact to help them navigate needed prevention supports and services:

- Ensuring a prevention-focused infrastructure to keep children safely at home using evidence-based practices;
- Eliminating income criteria, creating opportunities to provide prevention services to more families; and
- Providing funding to support services to prevent the entry or return of youth into the foster care or probation systems.

Through the Prevention Hub, the CFWB Department intends to gain trust with the community and families served to enhance the partnerships required to keep children safe and thriving. The Prevention Hub will have a “no wrong door” approach that will aim to connect families, either prior to CWS intervention, or families who are participating in CWS services while their children remain safely in their home, to prevention and/or early intervention services that meet their needs. Families can be referred to the Prevention Hub by the Child Abuse Hotline, a community member, a community service provider, a social worker, or families can self-refer for additional supports and services. Once a referral has been made and a thorough needs assessment completed families will be able to access Prevention Hub services through a variety of means as negotiated with the awardee. Access points could include, but are not limited to a call center, home visits by a Care Navigator, and/or regionally located drop-in centers. Families referred to the Prevention Hub will be served by a Care Navigator who will provide access and connection to evidenced-based services and other resources. The Care Navigator will be available to serve the family in this way until assessed needs are met through connection to Community Based Organizations (CBOs) and prevention services are no longer needed. Strong relationships with families and CBOs, built through the Prevention Hub, will enhance protection and prevention work without CWS

SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR THE PREVENTION HUB SERVING CHILDREN AND FAMILIES THROUGH THE CHILD AND FAMILY WELL-BEING DEPARTMENT AND AUTHORIZE APPLICATIONS FOR ADDITIONAL FUNDING OPPORTUNITIES (DISTRICTS: ALL)

intervention, leading to the department to become a partner available to help and support families, not just an authority-based intervention agency.

With the provision of Prevention Hub services, in conjunction with the larger restructure into a comprehensive CFWB Department, the short-term and long-term outcomes are listed below. After realizing these initial outcomes, the long-term outcomes are projected within two to five years.

Short-Term Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> • Increased collaboration and communication among agencies and community-based organizations to ensure families have equitable access to a continuum of prevention and strengthening services; • Reduced number of individuals on wait lists for services; • Improved protective capacity of parents; • Increased awareness of new processes to receive prevention services; and • Increased number of families accessing equitable preventative services. 	<ul style="list-style-type: none"> • Decreased rates of disproportionality and disparities; • Improved health and well-being equity outcomes for children, youth and families; • Increased family strength, resilience and sustainability; • Reduced child maltreatment, entry into foster care, and unnecessary Child Abuse Hotline calls; and • Enhanced sustainability of funding and programming for prevention services.

Today's action requests the Board to authorize the competitive solicitation for the purpose of implementing the Prevention Hub.

SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR THE PREVENTION HUB SERVING CHILDREN AND FAMILIES THROUGH THE CHILD AND FAMILY WELL-BEING DEPARTMENT AND AUTHORIZE APPLICATIONS FOR ADDITIONAL FUNDING OPPORTUNITIES (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action to authorize the competitive solicitation of services for the Prevention Hub supports the County of San Diego's 2023-2028 Strategic Plan Initiatives of Sustainability (Economy and Resiliency), Equity (Health and Economic Opportunity), Empower (Workforce, Transparency, and Accountability), and Community (Engagement, Quality of Life, Communications, and Partnership) by providing a strengthened child and family system that ensures the safety and well-being of children and families and supports the foster care community and Health and Human Services Agency staff.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Helen N. Robbins-Meyer', with a stylized flourish at the end.

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

N/A



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: April 4, 2023

01

TO: Board of Supervisors

SUBJECT

**DISTRICT ATTORNEY – REQUEST FOR PROPOSALS FOR DISTRICT ATTORNEY
TRANSITIONAL AGE YOUTH DIVERSION INITIATIVE (DISTRICTS: ALL)**

OVERVIEW

The San Diego County Office of the District Attorney (SDCDA) is constitutionally responsible for the prosecution of criminal violations of state law and county ordinances. SDCDA works to seek justice in criminal cases, prevent crime, protect victims, and serve as a leader in the diverse communities we serve. While SDCDA is required to hold individuals accountable for harmful behavior, there may be opportunities to respond to such behavior with appropriate sanctions that address the underlying causes, meet the needs of the victim, and reduce the likelihood of reoffending.

SDCDA seeks to build upon our successful Juvenile Diversion Initiative to provide San Diego County transitional age youth (young adults 18 to 24) with expanded alternatives to incarceration, prosecution, and probation for non-violent, non-sex offenses. While still in their formative years, a criminal conviction for this population may create barriers to employment, education and even housing. These barriers can lead to further offending. SDCDA's Transitional Age Youth Diversion Initiative (TAYDI) aims to provide about 500 young adults annually, rehabilitation pathways addressing the underlying causes of harmful behavior for certain non-violent, non-sex felony offenses.

The TAYDI program was designed with the County's Prevention Policy (A-114) as the guiding principle by offering diversion opportunities for certain qualifying felony offenses, effectively preventing youth from escalated involvement with the justice system. TAYDI supports Board Policy A-114 in that it reflects a leadership role in collaborating and establishing partnerships with community service providers, reducing impacts to the community that would otherwise occur from young adults entering the justice system. If approved, today's action will authorize a competitive solicitation for TAYDI services.

RECOMMENDATION(S)

DISTRICT ATTORNEY SUMMER STEPHAN

In accordance with Section 401, Article XXIII of the County Administrative Code authorize the Director, Department of Purchasing and Contracting to issue a competitive solicitation(s) to

SUBJECT: DISTRICT ATTORNEY – REQUEST FOR PROPOSALS FOR DISTRICT ATTORNEY TRANSITIONAL AGE YOUTH DIVERSION INITIATIVE (DISTRICTS: ALL)

support the implementation of the District Attorney’s Transitional Age Youth Diversion Initiative and upon successful negotiations, and determination of a fair and reasonable price award a contract(s) for a term of one year, with four option years from the date of award and up to an additional six months if needed, and to amend the contracts after award as needed to reflect changes to services and funding.

EQUITY IMPACT STATEMENT

The Transitional Age Youth Diversion Initiative (TAYDI) seeks to ensure equitable access to diversion, intervention, and other services for all San Diego communities regardless of zip code. TAYDI will address barriers and impacts of justice system involvement for young people through engagement and partnership with community-based organizations to address root causes of criminogenic factors and thus prevent further crime and victimization. Equity is the guiding principle, as connection to resources are individualized, not prescribed, recognizing the importance of individual and community support networks to building resilient individuals and safe communities.

SUSTAINABILITY IMPACT STATEMENT

The proposed action contributes to the County of San Diego's Sustainability Goals of engaging the community and providing just and equitable access to services and resources. The Transitional Age Youth Diversion Initiative (TAYDI) provides a framework to link justice involved young adults to services with the goal of meeting the underlying needs of justice-involved individuals and diverting them away from the justice system. The TAYDI framework includes diverse stakeholders and partnerships; subsequently, strengthening community collaboration to sustain an individual’s supportive networks and relationships after program completion.

FISCAL IMPACT

There is no fiscal impact associated with today’s recommended action. The District Attorney’s Office will return to the Board of Supervisors, as needed, to request approval of any future actions with a fiscal impact prior to contract award. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

Transitioning from child-serving systems to adult-serving systems affords unique challenges as a young adult moves towards self-sufficiency. Brain development along with mental health, poverty rates, substance use, and other compounding individual level factors may contribute to a young adult’s harmful behavior. The National Center for Education Statistics cites that 21% of young

SUBJECT: DISTRICT ATTORNEY – REQUEST FOR PROPOSALS FOR DISTRICT ATTORNEY TRANSITIONAL AGE YOUTH DIVERSION INITIATIVE (DISTRICTS: ALL)

adults ages 18 to 25 reported using an illicit drug in the past month, 42% percent reported engaging in “binge drinking,” while 21% were reported living in poverty.¹

In some cases, transitional age youth leaving the foster care system experience trauma and a lack of stability, leading to poor outcomes and more interactions than average with the criminal justice system. These youth may also suffer from mental health problems at higher rates; and struggle to complete postsecondary education, obtain and maintain employment, and secure stable housing.

The San Diego County District Attorney has successfully implemented the District Attorney Juvenile Diversion Initiative (DA-JDI), and the District Attorney Community Justice Initiative (DA-CJI). The recidivism rates are approximately eight percent (8%) and six percent (6%) respectively. Both initiatives support reforms that balance accountability with rehabilitation, while restoring the harmed persons and community.

Where appropriate, the San Diego County District Attorney’s Office seeks to provide young adults with expanded alternatives to detention, prosecution, and probation. The Transitional Age Youth Diversion Initiative (TAYDI) will offer young adults ages 18 to 24 new diversion options addressing the underlying causes of harmful behavior to reduce recidivism while restoring victims and the community. The initiative is anticipated to impact the lives of 500 young adults annually with qualifying non-violent, non-sex felony offenses.

In support for Board Policy A-114, TAYDI aims to reduce the ongoing demands on the criminal justice system by creating alternative conditions where young adults may flourish. SDCDA understands successful rehabilitation and a continuum of care may provide justice-involved young adults an opportunity to address any barriers and challenges to choosing healthy and safe behaviors and avoid further justice system involvement. TAYDI will be grounded in restorative justice principles and practices that hold the young person accountable while seeking to restore relationships between the TAYDI participant, person(s) harmed, and the community.

TAYDI seeks to broaden diversion pathways for young adults through implementation of a county-wide diversion program where the individual is assessed and provided supportive services aimed at holding them accountable for their actions while providing the opportunity to be diverted from the criminal justice system. SDCDA’s overarching goals and strategies for the program include preventing crime and reducing recidivism by providing participants with an opportunity to make amends, address the underlying causes of their behavior and further engage in supportive services for lasting positive change.

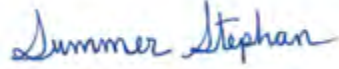
LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today’s proposed actions support the Community and Justice Initiatives in the County of San Diego’s 2023-2028 Strategic Plan by providing transitional age youth justice diversion programming to prevent crime and reduce recidivism.

¹ Aud, S., KewalRamani, A., and Frohlich, L. (2011). America’s Youth: Transitions to Adulthood (NCES 2012-026). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office. <https://nces.ed.gov/pubs2012/2012026.pdf>

SUBJECT: DISTRICT ATTORNEY – REQUEST FOR PROPOSALS FOR DISTRICT
ATTORNEY TRANSITIONAL AGE YOUTH DIVERSION INITIATIVE
(DISTRICTS: ALL)

Respectfully submitted,



SUMMER S. STEPHAN
District Attorney

ATTACHMENT(S)
N/A



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: April 4, 2023

05

TO: Board of Supervisors

SUBJECT

**PROBATION – JUVENILE JUSTICE REFORM – AUTHORIZATION FOR
COMPETITIVE SOLICITATION(S) FOR ENHANCED SERVICES FOR YOUTH
(DISTRICTS: ALL)**

OVERVIEW

The San Diego County Probation Department (Probation) is working to offer enhanced evidence-informed and rehabilitative programming to youth in custody excluding services for youth in the Secure Track (Youth Development Academy) which has a separate contract for services. Effective programming helps youth acquire the skills needed to become successful in their lives and productive adults. The services to be provided are based on a positive youth development model and support youth's pro-social development by including their voices in programming decisions and working collaboratively to meet their needs in custody and support their transition into the community. Youth will be better prepared for reintegration to the community when they are provided opportunities to learn life skills, financial literacy, job readiness skills and opportunities, enhanced educational opportunities, and leadership development opportunities. These services will better support youth to successfully reintegrate into the community and prevent future justice involvement.

Today's request asks the Board of Supervisors to authorize the Director of the Department of Purchasing and Contracting to issue a competitive solicitation(s) for enhanced programming services and award a contract for an initial term with four (4) one-year option periods, and up to an additional six (6) months, if needed.

**SUBJECT: JUVENILE JUSTICE REFORM – AUTHORIZATION FOR
COMPETITIVE SOLICITATION(S) FOR ENHANCED SERVICES FOR
YOUTH (DISTRICTS: ALL**

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. In accordance with Section 401, Article XIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a competitive solicitation(s) for supportive programming services to youth in custody and to support their reentry into the community, and upon successful negotiations and determination of a fair and reasonable price, award a contract for an initial term with four (4) one-year option periods, and up to an additional six (6) months, if needed, subject to the availability of funds and a need for services, and to amend the contract as needed to reflect changes to services and funding that do not materially impact or alter the program, subject to the approval of the Chief Probation Officer.

EQUITY IMPACT STATEMENT

Youth of color are overrepresented in the juvenile justice system and previous strategies to address treatment and rehabilitation have not always been inclusive of lived experience. The competitive solicitation(s) are to provide positive youth development services and are encouraged to hire prior justice-involved employees, include youth voice into programming, and provide culturally responsive services. These services will promote youth connections with caring adults and aid in their successful completion of programming.

SUSTAINABILITY IMPACT STATEMENT

In terms of sustainability in equity, economy, and health/wellbeing, this action will positively impact youth in custody by promoting better long-term outcomes through rehabilitative treatment that strengthens family groups.

FISCAL IMPACT

There is no direct fiscal impact associated with the requested actions in the current fiscal year. Funds for this request will be included in the Fiscal Year 2023-25 CAO Recommended Operational Plan and future Operational Plans for the Probation Department to support contracted services to youth in custody. Staff will return to the Board to establish additional appropriations if necessary. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

**SUBJECT: JUVENILE JUSTICE REFORM – AUTHORIZATION FOR
COMPETITIVE SOLICITATION(S) FOR ENHANCED SERVICES FOR
YOUTH (DISTRICTS: ALL**

BACKGROUND

On April 25, 2017 (04), the Board of Supervisors approved the Probation Department's application for the Georgetown University Youth in Custody Practice Model (YICPM) technical assistance program. The YICPM was created by Georgetown's Center for Juvenile Justice Reform and helps juvenile correctional agencies align their operations to national best practices to support youth and staff. As part of the YICPM process the department identified two areas of improvement to include living environment and programming. With the completion of physical transformation of the living environment changes at both the East Mesa Juvenile Detention facility and the Youth Transition Campus, the department is focusing on providing evidence-informed programming to youth in custody. This contract will be for youth at the Youth Transition Campus and the East Mesa Juvenile Detention Facility, including pre-adjudicated and post-adjudicated detained youth. This contract will not serve the Youth Development Academy as there already is a contract in place for those youth.

The Probation Department has a unique opportunity to provide youth in custody with a robust and intensive suite of services to address the educational, emotional, physical, and mental health of all youth in custody, by providing pro-social evidence informed programming to support successful outcomes for youth. Probation will seek to maximize the use of lived experience contract staff who, partnered with Probation staff, inspire transformational changes in youth.

Today's request asks the Board of Supervisors to authorize the Director of the Department of Purchasing and Contracting to issue a competitive solicitation(s) for enhanced programming services and award a contract for an initial term with four (4) one-year option periods, and up to an additional six (6) months, if needed.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Equity and Justice Initiative of the County of San Diego's 2023-2028 Strategic Plan by promoting the implementation of a service delivery system that meets the needs of underserved youth and their families.

**SUBJECT: JUVENILE JUSTICE REFORM – AUTHORIZATION FOR
COMPETITIVE SOLICITAION(S) FOR ENHANCED SERVICES FOR
YOUTH (DISTRICTS: ALL**

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)
N/A



NORA VARGAS
CHAIRWOMAN
SUPERVISOR, FIRST DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS
AGENDA ITEM

DATE: April 4, 2023

27

TO: Board of Supervisors

SUBJECT

**EXPANDING EMERGENCY HOUSING CAPACITY FOR SURVIVORS OF
DOMESTIC VIOLENCE, HUMAN TRAFFICKING, AND SEXUAL ASSAULT
(DISTRICT: ONE)**

OVERVIEW

The San Diego region suffers from an acute shortage of emergency housing for survivors of domestic violence, human trafficking, and sexual assault. As a result, many survivors, often those with children, must choose between returning to their abusers and becoming homeless. No government agency in the county provides emergency shelter beds for this population, and the non-profits that run shelters operate at capacity. High housing costs and the competitive rental market further exacerbate the critical need for emergency housing opportunities for survivors of domestic violence, human trafficking, and sexual assault.

The City of San Diego (City) has acquired a property that can be used to operate an emergency shelter for this population. There is a critical need for access to more emergency housing options for survivors of domestic violence, human trafficking, and sexual assault. This property provides a unique opportunity for partnership between the County of San Diego (County), District Attorney's Office, the City, and the City Attorney's Office to make an impact on populations in need. The property would provide a secure location with 44 rooms for individuals or families, on-site case management, and a breadth of services.

In order to meet this critical need, the County of San Diego should execute a subrecipient grant agreement with the City to support this project, utilizing American Rescue Plan Act (ARPA) funds under the Homeless Services portion of the ARPA Framework. The property would require approximately \$263,000 of funds for capital improvements for the property, as well as annual operating costs estimated at \$2.93 million over a two-year period. After this time, the City will fund operations of the shelter.

We must do what we can to meet this urgent need.

SUBJECT: Expanding Emergency Housing Capacity for Survivors of domestic violence, human trafficking, and sexual assault (District: One)

RECOMMENDATION(S)

CHAIRWOMAN NORA VARGAS

1. Find that today's resolution is not a "project" as defined in the California Environmental Quality Act (CEQA) Guidelines section 15378 and therefore is not subject to CEQA pursuant to CEQA Guidelines section 15060(c)(3). A project, as defined by CEQA, is the whole of an action that has the potential to result in either a direct physical change or reasonably foreseeable indirect physical change in the environment. The authorization of a grant agreement to another public agency is not a project because it does not cause physical changes to the environment. Further, it is too speculative to determine impacts of the City of San Diego's project before details of the proposed shelter have been determined.
2. Authorize the Chief Administrative Officer, or designee, upon successful negotiations, to execute a subrecipient grant agreement of up to \$6,200,000 with the City of San Diego to fund capital improvements and up to two years of operations of an emergency shelter for survivors of domestic violence, human trafficking, and sexual assault and to amend the subrecipient agreement as necessary subject to the approval of the Director, Health and Human Services Agency.

EQUITY IMPACT STATEMENT

People of color experience domestic violence at disproportionate rates. Research shows that nearly half of Native American women and one-third of Black women have faced domestic violence, a rate that is significantly higher than that of White, non-Hispanic women.¹ Economic insecurity and systemic disadvantages, in combination with isolation, discrimination, limited educational opportunities, and immigration status, have perpetuated the conditions that cause people of color to be especially affected by domestic violence. These obstacles have also made it more difficult for survivors of color to locate help and services that can assist them. The actions in this Board Letter would lead to domestic violence victims being connected to emergency housing and services and would have particularly beneficial outcomes for the impacted survivors of color.

SUSTAINABILITY IMPACT STATEMENT

The proposed action to expand emergency housing capacity for survivors of domestic violence in San Diego will further the County's sustainability goal of providing just and equitable access to County services by focusing investment in a chronically underserved community and by investing in building resilience in vulnerable populations in partnership with communities.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year 2022-23 Operational Plan for the Health and Human Services (HHS). If approved, this request will result in total estimated costs and revenue

¹<https://www.justice.gov/archives/ovw/blog/protecting-native-american-and-alaska-native-women-violence-november-native-american>,
https://www.ncjrs.gov/ovc_archives/ncvrw/2017/images/en_artwork/Fact_Sheets/2017NCVRW_IPV_508.pdf

SUBJECT: Expanding Emergency Housing Capacity for Survivors of domestic violence, human trafficking, and sexual assault (District: One)

of up to \$6,200,000 during Fiscal Year 2022-23 through Fiscal Year 2024-25 for one-time start-up costs and two years of operating costs in support of an emergency shelter for survivors of domestic violence, human trafficking, and sexual assault. The funding source is American Rescue Plan Act (ARPA) Funds under the Homeless Services portion of the ARPA Framework. After the initial period of one-time funding through ARPA, the City will fund ongoing operations of the emergency shelter. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

The San Diego region suffers from an acute shortage of emergency housing for survivors of domestic violence, human trafficking, and sexual assault, a deficiency that adds significantly to the region's population of unsheltered people. Many survivors, often those with children, must choose between returning to their abusers and becoming homeless. They may live in their cars or stay with friends or relatives. Between 22% and 57% of all homeless women report that domestic violence or sexual assault was the immediate cause of their homelessness, and in some studies, the number is as large as 80 percent.² One of the major causes of homelessness for children includes experiences of trauma, especially witnessing domestic violence, and evidence shows that trauma frequently precedes and prolongs homelessness for children and families.

Currently, no government agency in the county provides emergency shelter beds for survivors of domestic violence, human trafficking, and sexual assault, and the non-profits that run shelters are over extended. High housing costs and the competitive rental market further exacerbate the critical need for emergency housing opportunities for survivors. Hotels are not generally an ideal solution for victims, especially for victims with multiple children, and particularly for victims of human trafficking, since a large percentage of sex trafficking activity takes place *at* hotels, further re-traumatizing those survivors.

Access to services for survivors of domestic violence, human trafficking, and sexual assault has been a policy priority for the Board of Supervisors (Board) and for District Attorney Summer Stephan. It is also a priority for the City and City Attorney Mara Elliott.

In 2018, this Board approved the launch of the North County Family Justice Center, a project of the District Attorney's office, a one-stop-shop for victims and survivors of abuse and trauma. Since its opening in July 2022, 1,748 individuals have walked in the doors seeking services related to abuse. Eighty-seven different community partners have provided no-cost, accessible, and culturally competent trauma therapy, counseling, restraining order services, safety planning, access to immigration services, food, clothing, health services, and more.

² <https://www.acf.hhs.gov/fysb/fact-sheet/domestic-violence-and-homelessness-statistics-2016>

SUBJECT: Expanding Emergency Housing Capacity for Survivors of domestic violence, human trafficking, and sexual assault (District: One)

A primary need from domestic violence survivors is access to housing. The North County Family Justice Center and San Diego City Family Justice Center, run by the City Attorney's office, unfortunately do not currently have capacity to match all individuals with housing.

There are only 291 domestic violence emergency shelter beds and 52 human trafficking beds in San Diego County, which is not nearly enough to meet the needs of our region. In fact, according to 2022 sample data provided by the District Attorney, out of 357 survivors of domestic violence seeking shelter, 51% could not be connected with emergency housing. For human trafficking survivors the number was even higher with 72% of the population served being unable to be matched to emergency housing because of a lack of available beds. A compelling data point on the importance of this investment is that about 56% of the domestic violence and 31% of the human trafficking survivors were seeking housing not only for themselves but also their children. When survivors are unable to access emergency housing, they may decide to go back to abusers, placing themselves and their families in danger.

Further contributing to the issue of accessibility of these resources, beds are spread over six shelters, only one of which is in the City of San Diego, the area with the greatest concentration of need for these services. Most shelters specific to survivors are small and run at or near capacity all year.

In 2022, a grant from the California Office of Emergency Services (Cal OES) was used over a nine-month period to provide countywide hotel stays to facilitate time to allow for a subsequent move into a shelter or other housing. These emergency measures were a necessary short-term fix for the critical gap that directly impacts the safety of survivors and their children. These 355 survivors averaged a 10.5-night hotel stay until these survivors could secure more stable shelter housing. They just needed some time and support navigating housing solutions. In eight months at the North County Family Justice Center, 286 hotel stay nights were provided to survivors and their families when no emergency shelter was immediately available.

The City has acquired a property that can be used to operate an emergency shelter for this population. This Board had previously approved money for a partnership with the City to address homelessness using American Rescue Plan Act (ARPA) funds under the Homeless Services portion of the ARPA Framework. Given the critical need for access to more emergency housing options for survivors of domestic violence, human trafficking, and sexual assault, the partners are seeking a pivot to use the funds for this population. This property provides a unique opportunity for partnership between the County of San Diego (County), District Attorney's Office, the City, and the City Attorney's Office to make an impact on this population in need.

The property would provide a secure location with 44 rooms for individuals or families. The property would act as an emergency shelter, so those fleeing violence can have a safe place to be until the next steps are determined. There would be on-site case management, including safety plans, housing stability plans, counseling services, behavioral health and trauma-informed care services, legal services, childcare, immigration support and language services.

In order to meet this critical need, the County should execute a subrecipient grant agreement with the City to support this project, utilizing American Rescue Plan Act (ARPA) funds under the

SUBJECT: Expanding Emergency Housing Capacity for Survivors of domestic violence, human trafficking, and sexual assault (District: One)

Homeless Services portion of the ARPA Framework. The property would require approximately \$263,000 of funds for capital improvements for the property, as well as annual operating costs estimated at \$2.93 million over a 2-year period. After this time, the City will have secured additional funding to operate the shelter on its own.

The lack of emergency housing for survivors of domestic violence, human trafficking, and sexual assault is at a crisis level in San Diego County, and immediate solutions and innovative partnerships and programs are necessary to meet this critical need.

I urge your support.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

The proposed action to expand emergency housing capacity for survivors of domestic violence in San Diego supports the Justice Strategic Initiative in the County of San Diego's 2023-2028 Strategic Plan by providing critically needed safe shelter and access to services for survivors of domestic violence and their families.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Nora E. Vargas", written in a cursive style.

NORA VARGAS
Supervisor, First District

ATTACHMENT(S)
N/A



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: May 2, 2023

05

TO: Board of Supervisors

SUBJECT

APPROVE THE MENTAL HEALTH SERVICES ACT INNOVATION PUBLIC BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND RETENTION PROGRAM PROPOSAL AND AUTHORIZE SUBMISSION TO THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION, ISSUE COMPETITIVE SOLICITATIONS AND AWARD CONTRACTS, AND EXPLORE PARTNERSHIPS TO SUSTAIN THE WORKFORCE DEVELOPMENT AND RETENTION PROGRAM (DISTRICTS: ALL)

OVERVIEW

Under the leadership of the San Diego County Board of Supervisors (Board), the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) continues making strides to advance the transformation of the behavioral health system to a system of regionally distributed services that are accessible to all individuals and families in need. The Mental Health Services Act (MHSA) is a critical resource that provides dedicated ongoing funding to counties to support prevention, early intervention, and treatment services, along with funding for information technology and workforce development and training. MHSA-funded programs serve children, youth, and families, transition age youth, adults, and older adults who are experiencing serious mental illness or serious emotional disturbance, with an emphasis on services accessible to unserved and underserved populations and care that is responsive to cultural and linguistic needs. The MHSA is comprised of five components: Community Services and Supports; Prevention and Early Intervention; Innovation; Workforce Education and Training; and Capital Facilities and Technological Needs.

To address the significant behavioral health workforce challenges that have impacted the region, BHS is proposing a new MHSA Innovation program that would be a first-of-its-kind *Public Behavioral Health Workforce Development and Retention Program* that aligns with several of the strategies outlined in the *Addressing San Diego's Behavioral Health Worker Shortage* report published in August 2022. The proposed Innovation program will offer three new distinct components, including: (a) Outcomes-Based Renewable Training and Tuition Fund, (b) Upskilling to Meet Professional Needs, and (c) Tiered Loan Forgiveness and Home Ownership Incentive. These new approaches will be evaluated for their effectiveness as stand-alone programs as well as their additive benefit when combined with traditional practices.

SUBJECT: APPROVE THE MENTAL HEALTH SERVICES ACT INNOVATION PUBLIC BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND RETENTION PROGRAM PROPOSAL AND AUTHORIZE SUBMISSION TO THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION, ISSUE COMPETITIVE SOLICITATIONS AND AWARD CONTRACTS, AND EXPLORE PARTNERSHIPS TO SUSTAIN THE WORKFORCE DEVELOPMENT AND RETENTION PROGRAM (DISTRICTS: ALL)

Today's action requests the Board approve the MHSA Innovation Public Behavioral Health Workforce Development and Retention Program proposal and following the required 30-day public comment period, submit the Innovation proposal to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) for approval. Additionally, today's action requests the Board authorize competitive solicitations to implement the MHSA Innovation Public Behavioral Health Workforce Development and Retention Program, contingent on approval by the MHSOAC. Finally, today's action requests the Board to authorize the Agency Director, Health and Human Services Agency or designee to explore partnerships and other opportunities to leverage additional funding and resources to sustain the proposed program.

Today's actions support the County of San Diego's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by creating an innovative program to address an unmet need within the San Diego County region by recruiting, training, and retaining a diverse public behavioral health workforce.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Approve the Mental Health Services Act Innovation Public Behavioral Health Workforce Development and Retention Program proposal including: (a) Outcomes-Based Renewable Training and Tuition Fund; (b) Upskilling to Meet Professional Needs Program; and (c) Tiered Loan Forgiveness and Home Ownership Incentive Program, and authorize the Agency Director, Health and Human Services Agency to submit the proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for approval.
2. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for the implementation of the Public Behavioral Health Workforce Development and Retention Program, and upon successful negotiations and determination of a fair and reasonable price, award one or more contracts for an initial term of up to one year, with four option years, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency, contingent upon approval by the MHSOAC and the availability of funds.
3. Authorize the Agency Director, Health and Human Services Agency or designee to explore partnerships and other opportunities with public and private entities to leverage additional funding and resources to expand and sustain the Behavioral Health Workforce Development and Retention Program.

SUBJECT: APPROVE THE MENTAL HEALTH SERVICES ACT INNOVATION PUBLIC BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND RETENTION PROGRAM PROPOSAL AND AUTHORIZE SUBMISSION TO THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION, ISSUE COMPETITIVE SOLICITATIONS AND AWARD CONTRACTS, AND EXPLORE PARTNERSHIPS TO SUSTAIN THE WORKFORCE DEVELOPMENT AND RETENTION PROGRAM (DISTRICTS: ALL)

EQUITY IMPACT STATEMENT

The vision of the Mental Health Services Act (MHSA) is to build a system in which mental health services are equitable and accessible to all individuals and families within the region who are experiencing serious mental illness or serious emotional disturbance. According to the 2021 California Health Interview Survey conducted by the University of California Los Angeles in 2021, 10 percent of San Diegans reported experiencing serious psychological distress in the past month. However, residents living below 200% of the federal poverty level, those who reported a history of incarceration, or who identified as black, Hispanic/Latino, or multiracial, reported higher percentages of serious psychological distress compared to others.

The County of San Diego Health and Human Services Agency, Behavioral Health Services serves a diverse population of all ages, but especially those disproportionately impacted by serious mental illness or serious emotional disturbance, including black, indigenous and people of color, individuals experiencing homelessness, children who are commercially sexually exploited, children and adults with justice involvement, people with complex behavioral health needs, and individuals in at-risk age groups. The MHSA Innovation Public Behavioral Health Workforce Development and Retention Program proposal makes substantial investments toward equitable workforce recruitment, development, and retention to build a behavioral health workforce that is culturally competent, linguistically diverse, and reflects the diversity of the populations being served.

SUSTAINABILITY IMPACT STATEMENT

Mental Health Services Act (MHSA) programs provide services to children, youth, and families, transition age youth, adults, and older adults in a community-centric approach while taking into consideration language and cultural barriers to ensure equitable access for those in need of behavioral health services. The MHSA Innovation Public Behavioral Health Workforce Development and Retention Program will make substantial enhancements to the recruitment, development, and retention of the behavioral health workforce. Specifically, this item supports the County of San Diego's (County) Sustainability Goal #1 of engaging the community in meaningful ways by ensuring that community voices are heard in the development of this program. This will be accomplished by offering a 30-day public comment period, during which the public can provide feedback on the proposal. Additionally, this item supports the County's Sustainability Goal #4 of protecting the health and well-being of everyone in the region by ensuring a culturally competent and linguistically diverse workforce that reflects the diversity of the populations being served.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year (FY) 2023-25 CAO Recommended Operational Plan in the Health and Human Services Agency (HHSA). If approved, this request will result in estimated costs and revenues of approximately \$0.5 million in FY 2023-24, and an

SUBJECT: APPROVE THE MENTAL HEALTH SERVICES ACT INNOVATION PUBLIC BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND RETENTION PROGRAM PROPOSAL AND AUTHORIZE SUBMISSION TO THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION, ISSUE COMPETITIVE SOLICITATIONS AND AWARD CONTRACTS, AND EXPLORE PARTNERSHIPS TO SUSTAIN THE WORKFORCE DEVELOPMENT AND RETENTION PROGRAM (DISTRICTS: ALL)

estimated costs and revenues of \$15.0 million in FY 2024-25. The funding source is the Mental Health Services Act. There will be no change in net General Fund cost and no additional staff years. To ensure sustainability of these programs, HHSA will explore and initiate partnerships, grants, and other opportunities with public and private entities to leverage additional resources.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This item was announced to the Behavioral Health Advisory Board (BHAB) on April 6, 2023, following the commencement of the 30-day public comment period that began on April 4, 2023. The Innovation proposal will also be presented to BHAB on May 4, 2023, which marks the conclusion of the 30-day public comment period.

BACKGROUND

Under the leadership of the San Diego County Board of Supervisors (Board), the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) continues making strides to advance the transformation of the behavioral health system to a system of regionally distributed services that are accessible to all individuals and families in need. The Mental Health Services Act (MHSA) is a critical resource that provides dedicated ongoing funding to counties to support prevention, early intervention, and treatment services, along with funding for information technology and workforce development and training.

MHSA-funded programs serve children, youth, and families, transition age youth, adults, and older adults who are experiencing serious mental illness or serious emotional disturbance, with an emphasis on services accessible to unserved and underserved populations and care that is responsive to cultural and linguistic needs. The MHSA is comprised of five components: Community Services and Supports; Prevention and Early Intervention; Innovation; Workforce Education and Training; and Capital Facilities and Technological Needs.

As required by the California Code of Regulations, five percent of the total MHSA funding allocated to counties must be utilized for Innovation (INN) programs. The MHSA INN funding is received annually, and counties must expend the funds within three fiscal years of receipt to avoid reverting the funds back to the State. MHSA INN programs must follow specific regulations and conclude within a specified timeframe of no more than five years, at which point a county must evaluate and determine whether to continue the program under another MHSA funding component and/or other behavioral health funding source, if deemed successful.

In August 2022, the report titled *Addressing San Diego's Behavioral Health Worker Shortage*, outlined specific workforce needs throughout the public behavioral health system in San Diego

SUBJECT: APPROVE THE MENTAL HEALTH SERVICES ACT INNOVATION PUBLIC BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND RETENTION PROGRAM PROPOSAL AND AUTHORIZE SUBMISSION TO THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION, ISSUE COMPETITIVE SOLICITATIONS AND AWARD CONTRACTS, AND EXPLORE PARTNERSHIPS TO SUSTAIN THE WORKFORCE DEVELOPMENT AND RETENTION PROGRAM (DISTRICTS: ALL)

County across eleven behavioral health professions. The report specified the need to recruit 8,100 additional professionals into the region's behavioral health workforce to meet existing needs, an additional 7,800 to replace individuals leaving over the next five years due to various factors, and 2,600 more to meet growth anticipated by 2027. In total, starting from the nearly 17,000 workers in the field today, the San Diego region needs to educate, train, attract, employ, and retain 18,500 new professionals between 2022 and 2027, a staggering increase of approximately 110 percent across the existing behavioral health workforce.

A key strategy to address this need is establishing a regional workforce training fund to support recruitment, training, and education systems for workers inclusive of scholarships, stipends, in-school support, loan forgiveness, and other incentives for public service. The County BHS is proposing a new MHSA INN program that would be a first-of-its-kind *Public Behavioral Health Workforce Development and Retention Program* that aligns with the recommendations outlined in the August 2022 report. The County's proposed MHSA INN program will offer three new distinct components, including:

- a) Outcomes-Based Renewable Training and Tuition Fund;
- b) Upskilling to Meet Professional Needs Program; and
- c) Tiered Loan Forgiveness and Home Ownership Incentive Program.

The proposed MHSA INN program will implement a combination of professional development programs and new strategies tailored to the San Diego County's most pressing workforce needs. These new approaches will be evaluated for their effectiveness as stand-alone programs as well as their additive benefit when combined with traditional practices. The County will engage an administrator(s) to develop criteria, administer the components, and optimize the program to ensure its sustainability, and as required by MHSA INN, establish formal evaluation to ensure the program achieves the necessary outcomes.

Outcomes-Based Renewable Training and Tuition Fund

The Outcomes-Based Renewable Training Fund will provide 0% interest loans, as well as upfront financing to students completing behavioral health clinical training and supervision programs. Payback terms would initiate once students have secured employment in a County behavioral health position earning approximately \$50,000 or more annually and would likely be capped at five years. Following employment for a duration of five years, regardless of the remaining balance, the loan will be forgiven if staff remain in the public behavioral workforce. It is anticipated that approximately 1,900 behavioral health professionals will receive assistance over the term of the program. All loan repayments would be reinvested into the fund to support future student loan recipients.

Similar outcomes-based funds have been established in technology and business intelligence sectors, both nationally and within San Diego County, where a near-term infusion of skilled

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labor was needed to support these fast-growing industries. The pace of growth needed in behavioral health rivals that of such private sectors.

Upskilling to Meet Professional Need

The Upskilling to Meet Professional Need component of the proposed INN program will be designed to train County and County-contracted behavioral health workers in the region's most urgently needed professional fields to achieve licensure and/or certification, which may include and is not limited to:

- Community Behavioral Health Workers (CBHW)
- Peer Support Specialists
- Substance Use Disorder (SUD) Counselors
- Licensed Behavioral Health Clinicians
- Psychiatric Nurses

For CBHWs and SUD Counselors, upskilling will take the form of apprenticeship programs. The CBHW apprenticeship will leverage experiences of existing CHW apprenticeship programs and apply those experiences to engage a diverse candidate pool, focused on individuals with lived experience. The SUD counselor apprenticeship will build on the varied experiences of Rhode Island and Washington-based programs, tailored to the requirements of the California Department of Health Care Services Counselor Certification Program, and will focus on cultural and linguistic competency needs of the San Diego County population.

To help retain the existing County public behavioral health workforce, the upskilling program would offer scholarships to current members of the County and County-contracted public behavioral health workforce. This program strives to develop and retain this essential workforce by supporting them in achieving certification and/or licensure to advance their careers and increase their income potential while helping fill a significant and critical need.

Lastly, two additional upskilling programs will focus on expanding and specializing the nursing workforce in the psychiatric field. The first applies the successful principles practiced at the University of California Berkeley Master of Social Work program to establish behavioral health clinical slots for registered nurse students. The second establishes a Doctor of Nursing Practice program with specialization in psychiatry at local universities that may include, but will not be limited to, California State University San Marcos, San Diego State University, University of California San Diego, and/or University of San Diego. It is anticipated that approximately 750 behavioral health professionals will benefit from this new program.

Tiered Loan Forgiveness and Home Ownership Incentive Program

For behavioral health workers, the Tiered Loan Forgiveness and Home Ownership Incentive Program would establish an incentive for County staff to live and work in San Diego County. By

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staggering the home ownership incentive to initiate at completion of the loan forgiveness program, the County will evaluate the degree to which this package can extend the tenure of County's behavioral health workforce both in behavioral health field and as members of San Diego County communities. It is anticipated that approximately 250 County behavioral health professionals will benefit from this program over the term of five years.

Evaluation

In order to quantify the success of various workforce development models in attracting and retaining public behavioral health workers within San Diego County, the County, in partnership with contractors, will undertake a comprehensive program evaluation of both quantitative and qualitative data collected throughout the program. As outlined in Attachment A, these efforts will also enable the County to understand the relative return on investment of various workforce development models to inform future workforce program development.

The recruitment pace and specialization required to meet the behavioral health needs within San Diego County will require bold, innovative, and multi-faceted approaches to yield successful outcomes. The proposed approaches have been successfully applied in technology and business sectors, as well as medical specialties, where an influx of skilled labor was needed to support high-growth areas. Both the surge in demand for behavioral health services and market dynamics straining the behavioral health workforce supply mirror the challenges experienced in such outside industries. Additionally, to ensure sustainability of the component outlined in the MHSA INN proposal, the Health and Human Services Agency will explore and initiate partnerships, grants, and other opportunities with public and private entities to leverage additional resources.

Today's action requests the Board approve the MHSA INN Public Behavioral Health Workforce Development and Retention Program proposal and following the required 30-day public comment period, submit the Innovation proposal to MHSOAC for approval. Additionally, today's action requests the Board authorize competitive solicitations to implement the Public Behavioral Health Workforce Development and Retention Program, contingent on approval by MHSOAC. Finally, today's action requests the Board authorize the Agency Director, Health and Human Services Agency or designee to explore partnerships and other opportunities to leverage additional funding and resources to sustain the program.

This proposed MHSA INN program will implement strategies and incentives to address an unmet need within the region by recruiting, training, and retaining a diverse public behavioral health workforce. The County anticipates engaging with various stakeholders and impacted employee unions in accordance with the County's meet and confer process as the three components of the program are fully developed. In doing so, the Health and Human Services Agency will return to the Board and/or the MHSOAC for approval, if necessary, should there be any significant shifts in scope and/or funding. The County remains committed to optimizing

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available financial resources to support behavioral health services and workforce to meet the increasing demand of the community, which has been exacerbated due to stressors post COVID-19 pandemic, the opioid crisis, economic uncertainty, and other factors. BHS continues extensive planning efforts to ensure MHSA programs are sustainable and minimally impacted when large swings in MHSA revenue projections occur.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the County of San Diego's (County) 2023-2028 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision, by building programs and incentives that attract the critical behavioral health workforce needed to support the provision of quality care for vulnerable and underrepresented communities.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'H. Robbins-Meyer', with a stylized flourish at the end.

HELEN N. ROBBINS-MEYER
Interim Chief Administrative Officer

ATTACHMENT(S)

Attachment A – Mental Health Services Oversight & Accountability Commission Innovative Project Plan Proposal for Public Input

INNOVATIVE PROJECT PLAN PROPOSAL FOR PUBLIC INPUT

Proposal subject to change based on input received during the 30-day Public Comment Period (April 5, 2023-May 5, 2023) and subsequently by the MHSOAC to whom it will be submitted for approval.

COMPLETE APPLICATION CHECKLIST	
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>	
<p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.</p>	
<p><input checked="" type="checkbox"/> Local Mental Health Board approval</p>	<p>Approval Date: 5/4/23</p>
<p><input checked="" type="checkbox"/> Completed 30 day public comment period</p>	<p>Comment Period: 4/4/23-5/4/23</p>
<p><input type="checkbox"/> BOS approval date</p> <p style="text-align: right;">Approval Date: 5/2/23</p> <p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled:</p> <p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>	
<p>Desired Presentation Date for Commission: May 2023</p> <p><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all</u> requirements have been met.</i></p>	

County Name: San Diego

Date submitted: May 4, 2023

Project Title: Public Behavioral Health Workforce Development and Retention Program

Total amount requested: \$75,000,000

Duration of project: FY 24/25 through FY 28/29

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☐ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☒ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☒ Increases access to mental health services to underserved groups
- ☐ Increases the quality of mental health services, including measured outcomes
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

In August 2022, a report was published entitled [“Addressing San Diego’s Behavioral Health Worker Shortage.”](#) The report provides a rigorous needs assessment estimating the current and future behavioral health workforce gap and providing recommendations to address identified needs.

All communities have historically struggled to address the unmet need for behavioral health services. This issue is endemic within communities of color as a lack of diversity as well as cultural and linguistic competency within the workforce challenges our ability to effectively serve all individuals in need. The ongoing struggle to meet demand was then exacerbated by the opioid crisis and, more recently, by the global COVID-19 pandemic. Leadership at all levels responded in kind with an unprecedented investment in a broad spectrum of behavioral health services. However, this investment cannot be realized without a substantial, parallel investment in equitable workforce recruitment, development, and retention.

The report projected workforce requirements across 11 professions, addressing the current unmet need and then planning through 2027 based on expected growth and worker replacement. Tackling the current workforce shortage will require recruitment of 8,160 professionals into the San Diego County workforce, a staggering 48 percent expansion from the current state. To sustain this workforce, keeping pace with population growth and industry exit, an additional 10,333 professionals will need to enter the workforce over the next five years. The number of additional professionals who will need to be recruited and trained by 2027 is 109 percent of the entire current behavioral health workforce.

Although workforce development is a well-worn field of study, the pace and specialization required to meet San Diego County’s need will require a bold, innovative, and multi-faceted approach.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

The proposed INN Project would support development of a first-of-its-kind Public Behavioral Health Workforce Development and Retention Program. The Fund will implement a combination of tested professional development programs and new strategies tailored to the County's most pressing professional needs. These new approaches, for which INN Project funding is requested, will be evaluated for their effectiveness as stand-alone programs as well as their additive benefit when combined with traditional practices.

Outcomes-Based Renewable Training and Tuition Fund

Chief among the new approaches to be tested will be development of an outcomes-based renewable training fund, providing 0% interest loans to students as well as upfront financing for clinical training and supervision programs. Payback terms will initiate once students have secured employment in a County behavioral health position earning \$50,000 or more annually and will be capped at five years. At the end of the five-year period, regardless of the remaining balance, the loan will be forgiven if staff remain in the public behavioral workforce.

All payments will be reinvested into the fund, along with private philanthropic development, to support future student loan recipients. Similar outcomes-based funds have been established in tech and business intelligence sectors, both nationally and within San Diego County, where a near term infusion of skilled labor was needed to support these fast-growing industries. The pace of growth needed in behavioral health rivals that of these private sectors. The proposed project would determine whether this private sector strategy can effectively provide a public sector solution.

The County will work with an administrator to develop criteria to best optimize the function of the Outcomes-Based Renewable Training and Tuition Fund to ensure its sustainable and can achieve the necessary outcomes. This would include:

- Maximum loan amount
- Developing eligibility criteria
- Receiving, managing, and issuing awards
- Loan origination and servicing
- Payment terms
- Reporting requirements
- Education and outreach
- Establishing formal agreements with local universities and colleges
- And others, as determined necessary

Upskilling to Meet Professional Need

Complementing the outcomes-based fund will be a series of upskilling programs, each designed to train County and County-contracted behavioral health workers in the region's most urgently needed professional fields to achieve licensure and/or certification, which may include and is not limited to:

- Community Behavioral Health Workers (CBHW)
- Peer Support Specialists

- Substance Use Disorder (SUD) Counselors
- Licensed Behavioral Health Clinicians
- Psychiatric Nurses

For CBHWs and SUD Counselors, upskilling will take the form of apprenticeship programs. The CBHW apprenticeship will leverage experiences of existing CHW apprenticeship programs and apply those experiences to engage a diverse candidate pool, focused on individuals with lived experience. The SUD Counselor apprenticeship will build on the varied experiences of Rhode Island and Washington-based programs, tailoring to the requirements of the California Department of Health Care Services counselor certification program, and focused on cultural and linguistic competency for the San Diego County population.

To help retain the existing County public behavioral health workforce, the upskilling program will provide scholarships to current members of the County and County-contracted public behavioral health workforce. This program strives to develop and retain this essential workforce by supporting them in achieving certification and/or licensure to advance their careers and increase their income potential while helping the County fill a significant need.

Lastly, two additional upskilling programs will focus on expanding and specializing our nursing workforce in the psychiatric field. The first applies the principles of the successful UC Berkeley Master of Social Work program to establish behavioral health clinical slots for registered nurse students. The second would establish a Doctor of Nursing Practice program with specialization in psychiatry at local universities that may include, but not limited to, California State University San Marcos, San Diego State University, University of California San Diego, and/or University of San Diego.

The County will work with an administrator to develop criteria to best optimize the function of the Upskilling to Meet Professional Need to ensure its sustainable and can achieve the necessary outcomes.

Tiered Loan Forgiveness and Home Ownership Incentive Program

For providers with higher income potential, the Fund would establish a loan forgiveness program coupled with home ownership incentives to live and work in San Diego County. By staggering the home ownership incentive to initiate on completion of the loan forgiveness program, the County seeks to test the degree to which this package can extend the tenure of our workforce both in the behavioral health field and as members of San Diego County communities.

The County will work with an administrator to develop criteria to best optimize the function of the Tiered Loan Forgiveness and Home Ownership Incentive Program to ensure its sustainable and can achieve the necessary outcomes. This would include:

- Maximum loan amount
- Developing eligibility criteria
- Receiving, managing, and issuing awards
- Loan origination and servicing
- Payment terms
- Reporting requirements
- Education and outreach
- And others, as determined necessary

BHS will initiate partnerships with public and private entities and draw additional funds from these entities to build and sustain these programs. The partnerships will benefit organizations and individuals outside the County of San Diego, and will allow collective impact across the region.

- B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The proposed project applies and coordinates promising practices from non-mental health fields to the mental health system.

- C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

As noted in the project description, the proposed approach has been successfully applied in tech and business sectors, as well as medical specialties, where an influx of skilled labor was needed to support high-growth areas. Both the surge in demand for behavioral health services and market dynamics straining the behavioral health workforce supply mirror the challenges experienced in these outside industries.

- D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The proposed project seeks to both fill the gap in unmet need for behavioral health services and sustain existing care by building and retaining the public behavioral health workforce. BHS anticipates the program will increase the number of providers in the behavioral health workforce. The following is an estimate of individuals to benefit from each program during the 5 years.

- Outcomes-Based Renewable Training and Tuition Fund - approximately 1900 individuals
- Upskilling to Meet Professional Need - approximately 750 individuals
- Tiered Loan Forgiveness and Home Ownership Incentive Program - approximately 250 individuals

Cross-comparing data from the National Survey for Drug Use and Health (NSDUH) and San Diego County census data, there are an estimated:

- 200,600 San Diego residents with serious mental health conditions who are not receiving treatment, and 264,000 residents with substance-related conditions not receiving treatment.
- 405,000 San Diego residents actively in treatment for serious mental health conditions, and 402,000 residents actively in treatment for substance-related conditions.

The proposed project will focus first on building capacity to serve our Medi-Cal and County unfunded clients, which currently represent 30% of the population, or 991,652 individuals. If successful, the long-term outcomes of this project will positively impact access for all residents with serious mental health substance-related conditions.

- E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

While the primary focus is to increase the number of public behavioral health workforce, the downstream outcome would positively impact Medi-Cal Eligible Clients in San Diego County. The Innovation program seeks to provide inclusive quality behavioral health care to the County's most vulnerable, unserved, and underserved low-income populations, with behavioral health staff representative of the cultural and linguistic needs of their community to ensure equitable access. The population that will benefit from this project includes all San Diego County residents with serious mental health and/or substance-related conditions. Focusing first on the Medi-Cal eligible population, current demographic breakdowns are as follows:

Age Group	Medi-Cal Eligible Clients in San Diego County
0-5	102,981
6-11	108,394
12-17	112,116
18-25	126,851
26-59	419,832
60+	121,498
Total	991,672

Gender	Medi-Cal Eligible Clients in San Diego County
Female	531,919
Male	459,722
Unknown	31
Total	991,672

Race/Ethnicity	Medi-Cal Eligible Clients in San Diego County
Asian/Pacific Islander	69,138
Black/African American	55,296
Hispanic	398,347
Native American	4,087
White	205,115
Other/Unknown	259,689
Total	991,672

Language	Medi-Cal Eligible Clients in San Diego County
Amharic, Somali, or other Afro-Asiatic languages	2,218
Arabic	17,118
Chinese (incl. Mandarin, Cantonese)	3,903
English	676,787
Korean	1,074
Persian (incl. Farsi, Dari)	4,640
Spanish	254,384
Tagalog (incl. Filipino)	5,541
Vietnamese	12,818
Other and unspecified languages	13,189
Total	991,672

RESEARCH ON INN COMPONENT

- A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

As noted in the project description, elements of this project are distinguished from similar projects in the following ways:

- ☐ Adopting an outcomes-based approach originally developed to serve high growth tech and business sectors;
- ☐ Applying upskilling programs that have shown positive results for medical professions to the behavioral health workforce; and
- ☐ Applying apprenticeship programs tested in states with significantly different regulatory and certification landscapes to the California workforce.

- B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

BHS conducted a literature review querying Google Scholar, PubMed Central, and EBSCO as well as general internet searches. For this review, literature was defined as any report, published or online, including, but not limited to, peer-reviewed articles, nationally circulated articles, reports of conference proceedings, program evaluation reports, and published training manuals. Similar strategies were investigated to determine whether the methodology and outcomes could be applied to the San Diego workforce. Table 1 below summarizes key results from this review.

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Table 1. Innovation Project Literature Review Annotated Bibliography

Source	Title	Year of Publication	Study Population	Key Points	Citation	Hyperlink
National Center for Health Workforce Analysis	Behavioral Health Workforce Education and Training Program	2020	CHW	<p>Program/Intervention: Limited to students in their last year of clinical or field practicum, the program provides a stipend combined with enhanced training opportunities.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> •Students cumulatively provided over 5.7 million hours of patient care in medically underserved communities and nearly 2 million hours of care in rural areas •Reduced the national BH workforce shortage by 27% 	Health Resource & Service Administration. (2020). <i>Behavioral Health Workforce Education and Training Program</i> . National Center for Health Workforce Analysis.	Behavioral Health Workforce Education and Training Programs - Academic Years 2014-2020 (hrsa.gov)
Careers of Substance	Federal Loan Repayment Programs for the Substance Use Workforce	2021	SUD	<p>Program/Intervention: The National Association of State Alcohol and Drug Abuse Directors (NASADAD) compiled a list of available federal loan repayment and fellowship programs. Each was investigated and determined that none offered the tiered benefit contemplated under this proposed project.</p>	Federal Loan Repayment/Fellowship Programs for the Substance Use Disorder Workforce. (n.d.). Careers of Substance.	Federal Loan Repayment/Fellowship Programs for the Substance Use Disorder Workforce Careers of Substance
U.S Department of Health & Human Services	FY 2020 Annual Performance Report	2020	BHW	<p>Program/Intervention: The National Health Service Corps provides scholarships and loan repayment to professionals serving underserved communities.</p> <p>Outcomes:</p> <p>Based on early success indicators in medical professional fields, NHSC will continue to assist students through scholarships and loan repayments and professionals through loan repayment awards as incentives to practice in underserved communities.</p>	Office of Budget (OB). (2022, October 20). FY 2020 Annual Performance Plan and Report - Goal 1 Objective 4. HHS.gov. https://www.hhs.gov/about/budget/fy2020/performance/performance-plan-goal-1-objective-4/index.html	FY 2020 - Goal 1 Objective 4 HHS.gov
Mathematica	Registered Apprenticeships for Community Health Workers and Dually Certified Peer Recovery Specialist-Community Health Workers	2021	CHW and CPRS	<p>Program/Intervention: 18-month registered apprenticeship enables CHWs to complete the hours needed for certification while earning income and receiving on-the-job training through RIPIN, the employer of all apprentices in this program. In addition to gaining the field hours needed for certification, this time on the job helps CHWs develop a portfolio documenting their work, which is also a certification requirement. The apprenticeship lasts 2,000 – 3,000 hours, and 43 apprentices have participated in the program as of September 2021.</p> <p>Outcomes: Implementation outcomes have been published, showing promise for the process and strategic design. The intervention's success in expanding and sustaining the workforce has yet to be studied.</p>	Staatz, C. (2021, September 30). ERIC - ED617974 - Registered Apprenticeships for Community Health Workers and Dually Certified Peer Recovery Specialist-Community Health Workers. Strategy Spotlight. Innovative Employment and Training Interventions to Address the Opioid Crisis, Mathematica, 2021-Oct.	ERIC - ED617974 - Registered Apprenticeships for Community Health Workers and Dually Certified Peer Recovery Specialist-Community Health Workers. Strategy Spotlight. Innovative Employment and Training Interventions to Address the Opioid Crisis, Mathematica, 2021-Oct

Healthcare Fund	SEIU 1199NW Multi Employer Training Fund partners with state, UW, The Ballmer group to create new apprenticeship program in 2022	2022	SUD	<p>Program/Intervention: The Health Care Apprenticeship Consortium is creating a two-year Substance Use Disorder Professionals (SUDPs) Apprenticeship that is expected to open by the Fall of 2022. This program will be funded in thanks to a generous \$5.5 million grant provided by the Ballmer Group.</p> <p>Outcomes: First year of the program is showing positive qualitative results but quantitative outcomes are still pending.</p>	It's time to invest in behavioral healthcare for Washington. (2022, June 24). SEIU Healthcare 1199NW Multi-Employer Training Fund.	It's time to invest in behavioral healthcare for Washington - SEIU Healthcare 1199NW Multi-Employer Training Fund (healthcarefund.org)
George Mason University Department of Behavioral Health	Behavioral Health (CAP-BH) Program	2022	MSW	<p>Program/Intervention: The purpose of this program is to increase the number and quality of MSW professionals with specialized behavioral health training to address the complex issues that arise from untreated trauma and behavioral health issues</p> <p>Outcomes: Each CAP-BH recipient will receive a \$10,000 stipend during the year they are in the MSW specialization field practicum. Outcomes are pending.</p>	Behavioral Health (CAP-BH) Program. (n.d.). Department of Social Work.	Behavioral Health (CAP-BH) Program Department of Social Work (gmu.edu)
HCAI Department of Health Care Access and Information	Social Work Education Capacity Expansion (SWECE) Grant Program	2022	MSW	<p>Program/Intervention: Grant agreement(s) with educational institutions to develop new Bachelor of Art in Social Work (BASW) and/or Master of Social Work (MSW) programs as well as to expand MSW programs that educate and prepare additional MSW students, including those that serve children and youth.</p> <p>Outcomes: Outcomes are still pending. However this program aligns with the principles of the UC Berkeley MSW program, on which the registered nurse program proposed for this project is based.</p>	HCAI Department of Health care Access and Information. (2021). Social Work Education Capacity Expansion (SWECE) Grant Program. HCAI.	SWECE Program Grant Guide (ca.gov)

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

- Quantify the absolute and relative success of various workforce development models in attracting and retaining public behavioral health workers within San Diego County.
- Understand the relative return on investment (ROI) of various workforce development models to inform future workforce program development.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

By including multiple, concurrent workforce development programs within the proposed project, the approach proposed will allow the County to compare programs and efficiently create a long-term, multi-faceted strategy that maximizes ROI.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

To address the learning goals described above, the County will undertake a comprehensive program evaluation process, including both quantitative and qualitative data sources. "Success" as described in the learning goals will be defined as:

- Achieving a statistically significant improvement in workforce retention, as demonstrated by:
 - Decline in reported provider vacancy rates for participants when compared to historical trend.
 - Decline in workforce attrition rates, as evidenced by participant surveys and compared to historical trend.
 - Improvement in provider engagement and job satisfaction.
 - Survey improvement in the percent of respondents who plan to remain actively working in San Diego County for 5+ years.
- Achieving statistically significant expansion of the number of individuals entering the targeted professions
 - Increase in the number of individuals attaining certification/licensure in the targeted professions.
 - Survey improvement in the number of qualified applicants for open job postings in the targeted professions.
- Reduction in vacancy rates across the County and county-contracted public behavioral health workforce within the targeted professions.
- Successful completion of licensure and/or certification across the County and county-contracted public behavioral health workforce within the targeted professions.
- Increase in client satisfaction with providers in targeted professions.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

Procurements are centrally managed through the County of San Diego Department of Purchasing and Contracting (DPC), which processes more than \$1 billion in public purchases and contracts annually. The DPC posts requirements on BuyNet, an online public system. Procurements normally are posted under formal Request for Bid (RFB) or Request for Proposal (RFP) solicitation. The aim is sound procurement processes to acquire the highest quality goods and services at the best value to the County.

- a) Quality and regulatory compliance elements are included in each contract, specific to the funding source and purpose of the service. Proposals are selected in part on the basis of the offeror's plan to achieve best possible quality and compliance with all relevant regulations. A Contracting Officer's Representative (COR) with Behavioral Health Services assumes responsibility for ongoing monitoring of the contract for compliance and outcomes, working with the DPC. Monitoring includes regular site visits, review of documentation, and oversight of applicable laws and regulations.
- b) A total of 5% percent of project funds will be set aside for an evaluation contract with a qualified research organization.
- c) Contractors will have a dedicated COR or Program Monitor from Behavioral Health Services who will develop a contract monitoring plan containing activities that will be conducted over each year on the Statement of Work (SOW). COR meetings are routine.
- d) COR meetings and site visit activities include but are not limited to deliverables review, technical assistance and consultation, review of fiscal and claim documentation and annual inventory update, emergency planning documentation, corrective action plans, and discussion of strengths and weaknesses of contractor's deliverable outcomes.
- e) Review of SOW contract deliverables to determine contractor's performance in meeting contract objectives, review of contractor's process to check employee exclusion, debarment, Medi-Cal Sanctions lists as well as in-depth invoice reviews.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or underserved populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

BHS facilitates a variety of community engagement activities, including activities to support the Community Program Planning (CPP) Process, through a contract with University of California, San Diego (UCSD) and its two subcontractors, San Diego Community Health Improvement Partners (SDCHIP) and Global Action Research Center (Global ARC), awarded in May 2022; collectively, this group is known as the UC San Diego Health Partnership.

During FY2022-23, three primary types of community engagement activities were facilitated by the UC San Diego Health Partnership team to gather information from over 500 community stakeholders throughout San Diego County. Activities included eleven Key Informant Interviews, nine Focus Groups, and nine Listening Sessions, as well as four Stakeholder Training Workshops focused on MHSA and the CPP Process.

The community engagement activities gathered feedback related to community strengths, mental health and substance use needs and priorities, and strategies for engagement. Participants include key leaders in the community, providers, community advocates, community groups, and consumers of the following identified specialized populations: Parents with lived experience navigating the system, providers/staff providing services to parents in the community, Transitional Age Youth (TAY), Older Adults, justice-involved, faith-based communities, Veterans and active military, perinatal and postpartum care, Native Americans and American Indians (NA/AI), Latinx, rural, and Immigrants and Refugees.

Improving access to behavioral health services was broadly identified as a priority need. The lack of providers and high rates of staff turnover was highlighted consistently as critical barriers to accessing behavioral health services. Participants noted the high rates of burnout among providers and low rates of pay as key drivers of the ongoing staffing shortages which led to longer wait times and difficulties with scheduling appointments. Cultural barriers included language barriers, specifically in providing therapists and support staff who can speak the client's language of preference. Additionally, challenges with language also impacted outreach and resources provided as participants noted they often were unavailable in a diverse array of languages. Participants emphasized the need for county agencies and provider organizations to work together to recruit, train, and sustain more providers.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSAOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

- A) Community Collaboration
- B) Cultural Competency
- C) Client-Driven
- D) Family-Driven
- E) Wellness, Recovery, and Resilience-Focused
- F) Integrated Service Experience for Clients and Families

The project is consistent with General Standards identified in the MHSA and Title 9, CCR, section 3320.

A) Community Collaboration: The concept for this work plan was developed based on local stakeholder process for input on system needs. The need to address the behavioral health workforce shortage was identified through Community Program Planning (CPP) Process outreach and engagement activities designed to gather data from the community, including MHSA Stakeholder Training Workshops, Key Informant Interviews, Focus Groups and Listening Sessions. In addition to these activities, the report entitled "Addressing San Diego's Behavioral Health Worker Shortage" containing input of 1600 San Diego Behavioral Health workers about their career goals, burnout, intent to leave and job satisfaction through focus groups and direct surveys provided insight into the workforce issues affecting the community.

B) Cultural Competence: As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to reduce disparities in access to mental health services to improve outcomes by investing in recruitment, developing, and retaining efforts of an equitable workforce that addresses the cultural needs of the target population. The program aims to increase access to the unserved and underserved individuals and families by reducing disparities in the service delivery system for clients.

C) Client and D) Family Driven: This program includes the ongoing involvement of clients and the behavioral health workforce in roles such as, but not limited to, implementation, evaluation, and future dissemination. The program strives to create a robust training program for the region, and to provide a diverse and reliable workforce and promote continuity of care for and engagement with clients.

E) Wellness, Recovery and Resilience-Focused: This program increases resilience and promotes discovery and wellness for clients by shoring up staffing needed for increasing access to services. Increase access to a competent workforce will have a positive impact in clients and families making them feel more comfortable seeking available behavioral health services tailored to their need. In addition, this project aims to attract and retain the most resilient, representative, skilled and qualified behavioral health workforce in the region.

F) Integrated Service Experience for Clients and Families: Program encourages access to a full range of services provided by community resources, multiple agencies, programs, and funding sources for family members. Activities within the program will result on more accessible and culturally competent service delivery for clients and families.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

In conducting the evaluation, the evaluator will examine the outcomes and learning objectives from a health equity lens, ensuring to demonstrate not only the diversity of the program's participants but include community stakeholder's feedback in the evaluation of the program. The evaluator takes into consideration potential bias, stigmatization, and strives to be inclusive. Information regarding this project will be disseminated through multiple collaborative groups, such as the Behavioral Health Advisory Board, the Cultural Competence Resource Team, the Children's System of Care Council, and the Adult System of Care Council. Information regarding the program will also be available on the County of San Diego website. San Diego County is a diverse county and strives to ensure this diversity is represented on the councils and advisory committees.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

It is estimated the project will be completed by end of June 2029. As part of the County's MHSA three-year planning process, BHS will review the evaluation report on the INN project and develop recommendations regarding the future of the project. The evaluation report and BHS's recommendations will be shared with local stakeholders through regular convening meetings such as BHAB, Systems of Care Council meetings, and the public as part of San Diego County's three-year community planning process. As this project addresses the behavioral health workforce recruitment, retention, and upskilling the workforce pipeline, it is anticipated that individuals with serious mental illness will benefit from the proposed project through having more available competent providers who are linguistically and culturally sensitive and well trained to meet increasing demand.

BHS will also leverage the partnerships established during the length of the project to secure long term funding. Such action will allow long term implementation of the projects and will support ongoing collective impact across the region. By doing so, BHS will be able to maximize not only MHSA funds, but also funding from other public and private entities to sustain the program long-term.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?
- B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Information regarding this project will be disseminated through multiple collaborative groups, such as the Behavioral Health Advisory Board, Live Well San Diego Community Regional Leadership Team, the Cultural Competence Resource Team, the Children, Youth, and Families Behavioral Health System of Care Council, the Housing Council, the Older Adult Council, and the TAY Behavioral Health System of Care Council. In addition to these BHS focused councils, there are new resources and allies to reach and collaborate with such as the Community Health Workers, Suicide Prevention Council, the San Diego Veterans Coalition, among others. Information regarding the Innovation project will also be available on the County of San Diego website. Additionally, BHS utilized an expansive, stakeholder email listserv to distribute the Innovation proposals.

TIMELINE

- A) Specify the expected start date and end date of your INN Project: July 2024 to June 2029
- B) Specify the total timeframe (duration) of the INN Project: 5 years
- C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

The project is slated to be a five-year project. Following the County's local stakeholder process, including the 30-day public/comment review process, public hearing of the project and the approval and adoption of the

INN project by the County Board of Supervisors, the County plans to seek State-Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of this project in May 2023.

The County plans to procure and release a request for proposal (RFP) for services related to the Public Behavioral Health Workforce Development and Retention Program. The RFP development, release, and final selection of the proposal typically takes approximately six months based on the County's procurement guidelines and workflow for new contract services. Provided the County obtains MHSOAC approval in May 2023, the RFP development can commence soon after. The aim is to complete the procurement process by March 2024 with the awarding of new contract services with a start date of July 1, 2024. Proposed timelines are as follows:

DATES	KEY MILESTONES
May-July 2023	Statement of Work developed.
Oct-Nov 2023	Initiation of contracting process; focus on release of Request for Proposals through Department of Purchasing and Contracting.
Jan 2024	Deadline for submittals of contract proposals.
Mar 2024	Selection of highest quality, best value proposal through public Source Selection Committee process.
Apr-May 2024	Initiate negotiations with selected provider.
Jun-2024	Execute Contract.
Jul 2024	Program begins.
2025	Completion of site visit to verify compliance with terms of contract.
2025-26	Continuation of regular contract monitoring activities, including review of invoices, performance, and quality standards.
2026-27	Completion of annual evaluations reviewed by Behavioral Health Services to gauge effectiveness specific to the focus on population and planned interventions.
2027-28	Evaluation by Behavioral Health Services to determine results and feasibility of integrating into existing programs or replication.
Jun 2029	End of pilot program.
Jul 2029	Evaluation by consultants commence.
Sep 2029	Results to be disseminated.

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time...”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

The five-year proposed budget for this project will support a multi-faceted grants management program, through which the County will solicit, receive, evaluate, and monitor applications for loan and training funds. During the first fiscal year, the County will dedicate internal resources to designing program specifications and procuring contractor services to support ongoing operations. Operations will begin FY24/25, with a uniform distribution of funds planned for each of the four remaining years. Program evaluation for each operational year will inform subsequent years to improve both the operational efficiency and early outcomes indicators.

Personnel

County personnel for this project include one full time equivalent (FTE) program and contract manager with the standard County benefits load and indirect cost rate applied. This position will manage the three contracted vendors responsible for operations and liaise with County departments, including community engagement teams, to ensure project alignment.

Operating Costs

For this project, the continued funds flow supporting outcomes-based loans, upskilling programs, and tiered loan forgiveness and housing awards represent the major operating costs. Budgets for each program were derived based on the average tuition/student loan cost for the behavioral health professions noted in the program description.

- Outcomes-Based Renewable Training Fund -\$4.7 million
- Upskilling to Meet Professional Need- -\$4.8 million
- Tiered Loan Forgiveness and Home Ownership Incentive Program-\$1.9 million

Contractor Costs

Three contractors will be procured to establish and operate the project, as described below:

1. **Program Management and Grants Administration:** This contractor will be responsible for operations of the project, including development and maintenance of a website through which prospective applicants can learn more about the program, apply for funding, and manage required documentation and reporting as needed for each program type. The contractor will ensure that all applications are fairly and equitably evaluated and that awarded funds are distributed timely and accurately. The contractor will also provide a communications manager who will support County communications and community engagement teams in soliciting input and relaying information regarding the program to stakeholders. Expected cost is based on national industry estimates.
2. **Program Evaluation:** The evaluation contractor will begin in the second year with development of a detailed program evaluation plan based on the learning goals, data sources, and expected outcomes described in previous sections of this application. The contractor will be responsible for data collection, validation, and analysis. Total cost for this contractor has been limited to 5 percent of the program budget.
3. **Legal Advisory:** Given the documentation requirements and expected terms and conditions of both the outcomes-based loan fund and tiered loan forgiveness/homeowner incentive program, legal advisory will be required to ensure that grantee obligations are both reasonable and enforceable.

While the County is proposing that the totality of this project would be funded through INN grant dollars, note that this is one component of a broader County workforce development strategy. Other elements include established methods for workforce expansion and retention and will be funded through a combination of American Rescue Plan Act (ARPA) funds, County general funds, and federal financial participation where available.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Salaries	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$625,000
2.	Direct Costs						\$-
3.	Indirect Costs	\$18,707	\$18,707	\$18,707	\$18,707	\$18,707	\$93,536
4.	Total Personnel Costs	\$143,707	\$143,707	\$143,707	\$143,707	\$143,707	\$718,536
	OPERATING COSTS*						
5.	Direct Costs	\$11,358,267	\$11,358,267	\$11,358,267	\$11,358,267	\$11,358,267	\$56,791,335
	<i>Outcomes-Based Renewable Training and Tuition Fund</i>	\$4,669,818	\$4,669,818	\$4,669,818	\$4,669,818	\$4,669,818	\$23,349,090
	<i>Upskilling to Meet Professional Need</i>	\$4,753,704	\$4,753,704	\$4,753,704	\$4,753,704	\$4,753,704	\$23,768,520
	<i>Tiered Loan Forgiveness and Home Ownership Incentive Program</i>	\$1,934,745	\$1,934,745	\$1,934,745	\$1,934,745	\$1,934,745	\$9,673,725
6.	Indirect Costs	\$1,703,740.05	\$1,703,740.05	\$1,703,740.05	\$1,703,740.05	\$1,703,740.05	\$8,518,700
7.	Total Operating Costs	\$13,062,007	\$13,062,007	\$13,062,007	\$13,062,007	\$13,062,007	\$65,310,035
	NON-RECURRING COSTS (equipment, technology)						
8.							
9.							
10.	Total non-recurring costs						\$

	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs	\$1,794,286	\$1,794,286	\$1,794,286	\$1,794,286	\$1,794,286	\$8,971,429
	<i>Program Management and Grants Administration</i>	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$5,000,000
	<i>Program Evaluation</i>	\$714,286	\$714,286	\$714,286	\$714,286	\$714,286	\$3,571,429
	<i>Legal Advisory</i>	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$400,000
12.	Indirect Costs	\$-	\$-	\$-	\$-	\$-	\$-
13.	Total Consultant Costs	\$1,794,286	\$1,794,286	\$1,794,286	\$1,794,286	\$1,794,286	\$8,971,429
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	Total Other Expenditures						\$
	BUDGET TOTALS						
	Personnel (total of line 1)	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$625,000
	Direct Costs (add lines 2, 5, and 11 from above)	\$13,152,553	\$13,152,553	\$13,152,553	\$13,152,553	\$13,152,553	\$65,762,764
	Indirect Costs (add lines 3, 6, and 12 from above)	\$1,722,447	\$1,722,447	\$1,722,447	\$1,722,447	\$1,722,447	\$8,612,236
	Non-recurring costs (total of line 10)	\$-	\$-	\$-	\$-	\$-	\$-
	Other Expenditures (total of line 16)	\$-	\$-	\$-	\$-	\$-	\$-
	TOTAL INNOVATION BUDGET	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$75,000,000

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Innovative MHSA Funds	\$14,285,714	\$14,285,714	\$14,285,714	\$14,285,714	\$14,285,714	\$71,428,571
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Administration						\$
EVALUATION:							
B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Innovative MHSA Funds	\$714,286	\$714,286	\$714,286	\$714,286	\$714,286	\$3,571,429
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						

6.	Total Proposed Evaluation						\$
TOTALS:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Innovative MHSA Funds*	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$75,000,000
2.	Federal Financial Participation						\$
3.	1991 Realignment						\$
4.	Behavioral Health Subaccount						\$
5.	Other funding**						\$
6.	Total Proposed Expenditures						\$
* INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting ** If “other funding” is included, please explain within budget narrative.							



Board Item: Public Behavioral Health Workforce Development and Retention Program Innovation Proposal

Behavioral Health Advisory Board
May 4, 2023





Public Behavioral Health Workforce Development and Retention Program

Program Components

- Outcomes-Based Renewable Training and Tuition Fund
- Upskilling to Meet Professional Needs Program
- Home Ownership Incentive Program

Anticipated Outcomes



LIVE WELL
SAN DIEGO

1,900

Individuals eligible for the Outcomes-Based Renewable Training and Tuition Fund

750

Individuals eligible for the Upskilling to Meet Professional Needs Program

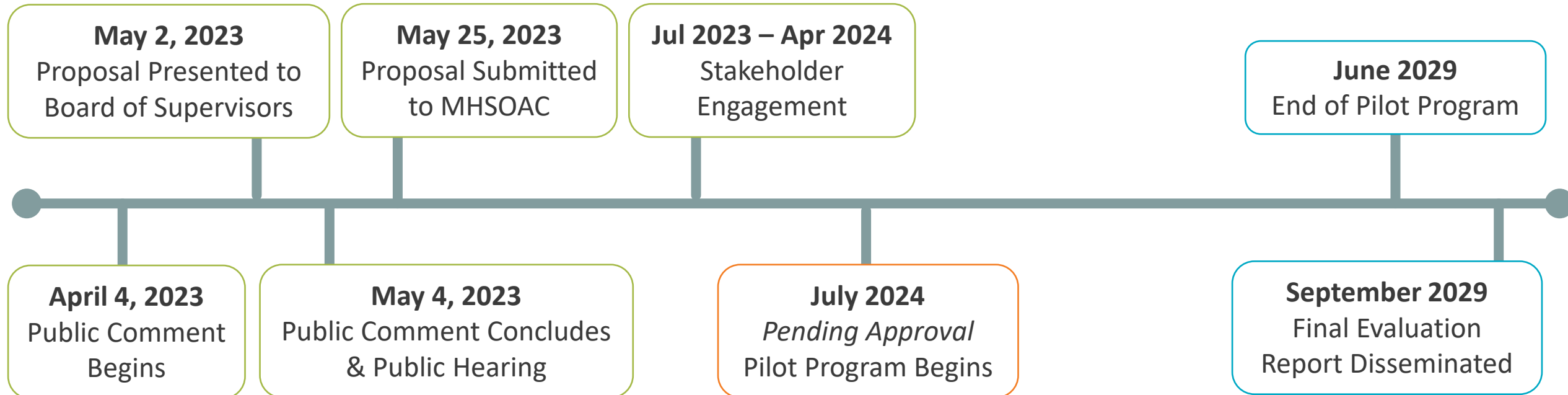
250

Individuals eligible for the Loan Forgiveness and Home Ownership Incentive Program

Program Process



Public Behavioral Health Workforce Development and Retention Program Timeline



Recommendations



LIVE WELL
SAN DIEGO

- Approve the MHSA Innovation Public Behavioral Health Workforce Development and Retention Program proposal and authorize submission to the Mental Health Services Oversight and Accountability Commission for approval.
- Authorize the DPC Director to issue competitive solicitations for the implementation of the Public Behavioral Health Workforce Development and Retention Program and award contract(s) for up to one year, with four option years and up to an additional six months; and amend contracts to reflect changes in program, funding or service requirements as needed.
- Authorize BHS to explore partnerships and other opportunities with public and private entities to leverage additional funding and resources to expand and sustain the Behavioral Health Workforce Development and Retention Program.



Our Epidemic of Loneliness and Isolation

2023

The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community



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Letter from the Surgeon General



Dr. Vivek H. Murthy
19th and 21st Surgeon General
of the United States

When I first took office as Surgeon General in 2014, I didn't view loneliness as a public health concern. But that was before I embarked on a cross-country listening tour, where I heard stories from my fellow Americans that surprised me.

People began to tell me they felt isolated, invisible, and insignificant. Even when they couldn't put their finger on the word "lonely," time and time again, people of all ages and socioeconomic backgrounds, from every corner of the country, would tell me, "I have to shoulder all of life's burdens by myself," or "if I disappear tomorrow, no one will even notice."

It was a lightbulb moment for me: social disconnection was far more common than I had realized.

In the scientific literature, I found confirmation of what I was hearing. In recent years, about one-in-two adults in America reported experiencing loneliness.¹⁻³ And that was before the COVID-19 pandemic cut off so many of us from friends, loved ones, and support systems, exacerbating loneliness and isolation.

Loneliness is far more than just a bad feeling—it harms both individual and societal health. It is associated with a greater risk of cardiovascular disease, dementia, stroke, depression, anxiety, and premature death. The mortality impact of being socially disconnected is similar to that caused by smoking up to 15 cigarettes a day,⁴ and even greater than that associated with obesity and physical inactivity. And the harmful consequences of a society that lacks social connection can be felt in our schools, workplaces, and civic organizations, where performance, productivity, and engagement are diminished.

Given the profound consequences of loneliness and isolation, we have an opportunity, and an obligation, to make the same investments in addressing social connection that we have made in addressing tobacco use, obesity, and the addiction crisis. This Surgeon General's Advisory shows us how to build more connected lives and a more connected society.

If we fail to do so, we will pay an ever-increasing price in the form of our individual and collective health and well-being. And we will continue to splinter and divide until we can no longer stand as a community or a country. Instead of coming together to take on the great challenges before us, we will further retreat to our corners—angry, sick, and alone.

We are called to build a movement to mend the social fabric of our nation. It will take all of us—individuals and families, schools and workplaces, health care and public health systems, technology companies, governments, faith organizations, and communities—working together to destigmatize loneliness and change our cultural and policy response to it. It will require reimagining the structures, policies, and programs that shape a community to best support the development of healthy relationships.

Each of us can start now, in our own lives, by strengthening our connections and relationships. Our individual relationships are an untapped resource—a source of healing hiding in plain sight. They can help us live healthier, more productive, and more fulfilled lives. Answer that phone call from a friend. Make time to share a meal. Listen without the distraction of your phone. Perform an act of service. Express yourself authentically. The keys to human connection are simple, but extraordinarily powerful.

Each of us can start now, in our own lives, by strengthening our connections and relationships.

Loneliness and isolation represent profound threats to our health and well-being. But we have the power to respond. By taking small steps every day to strengthen our relationships, and by supporting community efforts to rebuild social connection, we can rise to meet this moment together. We can build lives and communities that are healthier and happier. And we can ensure our country and the world are better poised than ever to take on the challenges that lay ahead.

Our future depends on what we do today.



Vivek H. Murthy, M.D., M.B.A.

19th and 21st Surgeon General of the United States
Vice Admiral, United States Public Health Service

About the Advisory

LEARN MORE

Visit our website for more information and resources about social connection:
SurgeonGeneral.gov/Connection



A Surgeon General's Advisory is a public statement that calls the American people's attention to an urgent public health issue and provides recommendations for how it should be addressed. Advisories are reserved for significant public health challenges that require the nation's immediate awareness and action.

This advisory calls attention to the importance of social connection for individual health as well as on community-wide metrics of health and well-being, and conversely the significant consequences when social connection is lacking. While social connection is often considered an individual challenge, this advisory explores and explains the cultural, community, and societal dynamics that drive connection and disconnection. It also offers recommendations for increasing and strengthening social connection through a whole-of-society approach. The advisory presents a framework for a national strategy with specific recommendations for the institutions that shape our day-to-day lives: governments, health care systems and insurers, public health departments, research institutions, philanthropy, schools, workplaces, community-based organizations, technology companies, and the media.

This advisory draws upon decades of research from the scientific disciplines of sociology, psychology, neuroscience, political science, economics, and public health, among others. This document is not an exhaustive review of the literature. Rather, the advisory was developed through a substantial review of the available evidence, primarily found via electronic searches of research articles published in English and resources suggested by a wide range of subject matter experts, with priority given to meta-analyses and systematic literature reviews. The recommendations in the advisory draw upon the scientific literature and previously published recommendations from the National Academies of Sciences, Engineering and Medicine, the Centers for Disease Control and Prevention, the American Heart Association, and the World Health Organization.

The findings and recommendations in the advisory are also informed by consultations with subject matter experts from academia, health care, education, government, and other sectors of society, including more than 50 identified experts who reviewed and provided individual detailed feedback on an early draft that has informed this advisory.

For additional background and to read other Surgeon General's Advisories, visit **SurgeonGeneral.gov**

Glossary

Belonging

A fundamental human need — the feeling of deep connection with social groups, physical places, and individual and collective experiences.⁵

Collective Efficacy

The willingness of community members to act on behalf of the common good of the group or community.⁶

Empathy

The capability to understand and feel the emotional states of others, resulting in compassionate behavior.^{7,8}

Loneliness

A subjective distressing experience that results from perceived isolation or inadequate meaningful connections, where inadequate refers to the discrepancy or unmet need between an individual's preferred and actual experience.^{9,10}

Norms of Reciprocity

A sense of reciprocal obligation that is not only a transactional mutual benefit but a generalized one; by treating others well, we anticipate that we will also be treated well.^{11,12}

Social Capital

The resources to which individuals and groups have access through their social connections.^{13,14} The term social capital is often used as an umbrella for both social support and social cohesion.¹⁵

Social Cohesion

The sense of solidarity within groups, marked by strong social connections and high levels of social participation, that generates trust, norms of reciprocity, and a sense of belonging.^{13,15-18}

Social Connectedness

The degree to which any individual or population might fall along the continuum of achieving social connection needs.¹⁹

Social Connection

A continuum of the size and diversity of one's social network and roles, the functions these relationships serve, and their positive or negative qualities.^{10,19,20}

Social Disconnection

Objective or subjective deficits in social connection, including deficits in relationships and roles, their functions, and/or quality.¹⁹

Social Infrastructure

The programs (such as volunteer organizations, sports groups, religious groups, and member associations), policies (like public transportation, housing, and education), and physical elements of a community (such as libraries, parks, green spaces, and playgrounds) that support the development of social connection.

Social Isolation

Objectively having few social relationships, social roles, group memberships, and infrequent social interaction.^{19,21}

Social Negativity

The presence of harmful interactions or relationships, rather than the absence of desired social interactions or relationships.^{19,22}

Social Networks

The individuals and groups a person is connected to and the interconnections among relationships. These “webs of social connections” provide the structure for various social connection functions to potentially operate.^{18,23}

Social Norms

The unwritten rules that we follow that serve as a social contract to provide order and predictability in society. The social groups we belong to provide information and expectations, and constraints on what is acceptable and appropriate behavior.²⁴ Social norms reinforce or discourage health-related and risky behaviors (lifestyle factors, vaccination, substance use, etc.).²⁵

Social Participation

A person's involvement in activities in the community or society that provides interaction with others.^{26,27}

Social Support

The perceived or actual availability of informational, tangible, and emotional resources from others, commonly one's social network.^{10,28}

Solitude

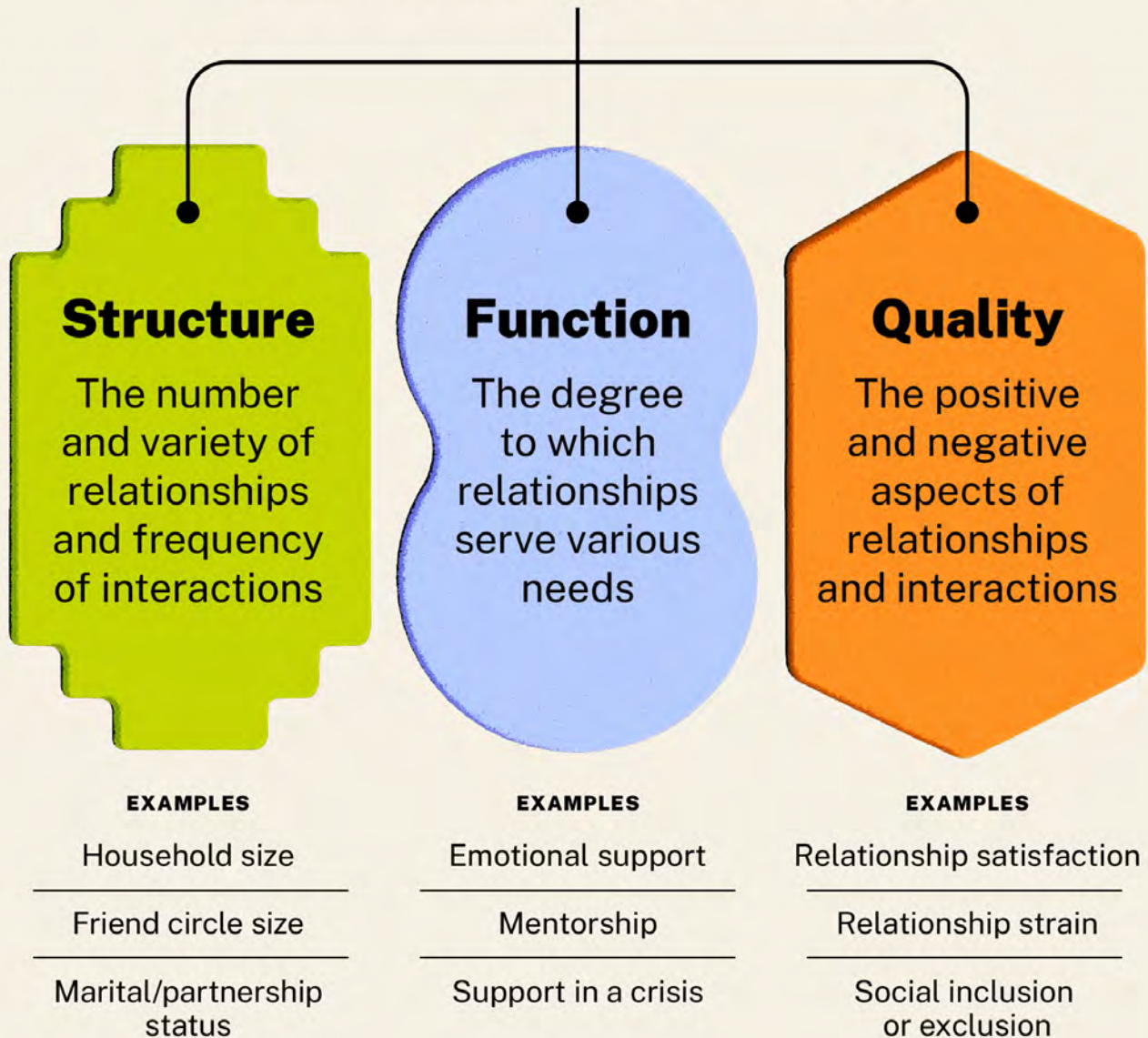
A state of aloneness by choice that does not involve feeling lonely.

Trust

An individual's expectation of positive intent and benevolence from the actions of other people and groups.²⁹⁻³¹

The Three Vital Components of Social Connection

The extent to which an individual is socially connected depends on multiple factors, including:



Source: Holt-Lunstad J. Why Social Relationships Are Important for Physical Health: A Systems Approach to Understanding and Modifying Risk and Protection. *Annu Rev Psychol.* 2018;69:437-458.

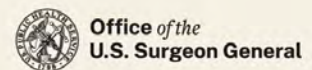


FIGURE 1: The Three Vital Components of Social Connection

The Six Pillars to Advance Social Connection



FIGURE 6: The Six Pillars to Advance Social Connection

Our Epidemic of Loneliness and Isolation

Key takeaways from the U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community

Humans are wired for social connection, but we've become more isolated over time

Social connection is as essential to our long-term survival as food and water. But today, loneliness is more widespread than other major health issues in the U.S. Our epidemic of loneliness and isolation is a major public health concern.

Social connection significantly improves the health and well-being of all individuals

Social connection reduces the risk of premature mortality. It can predict better physical and mental health outcomes and ease stress. Higher levels of connection can influence health-related behaviors. Educational and economic achievement are even impacted by connection.

Social connection is vital to community health and success

Socially connected communities enjoy better population-level health. They are more prepared for — and resilient in the face — of disaster situations. They also experience greater economic prosperity and reduced levels of crime and violence.

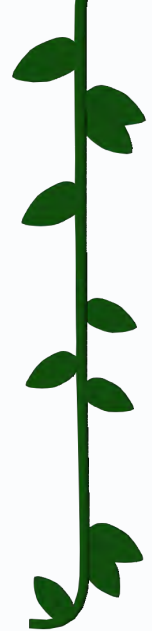
Together, we can advance social connection and improve our nation's public health

Fostering social connection requires that we each commit to our relationships and communities. Our actions today can create sustainable changes to society and bring better health to all.

We all have a role to play in supporting social connection.
Learn how you can take action by reading the advisory at:
surgeongeneral.gov/connection



Office of the
U.S. Surgeon General





Policy Brief:

Understanding California's Recent Behavioral Health Reform Efforts

INTRODUCTION

California is at a tipping point for mental health and substance use disorders, collectively known as behavioral health.

As this plan comes together, a working adult struggling with anxiety will be able to reliably depend on their employer sponsored health insurance to provide the services they need, a parent whose child is beginning to show early signs of a serious mental illness will be connected to early assessment and intensive treatment, and an unhoused neighbor struggling with co-occurring mental health and substance use disorders who has fallen through every crack in the system will have access to housing, treatment, and a path to recovery.

The truth is: We all struggle. At some point in our lives, we will all either have a challenge with mental health or substance use ourselves – or be supporting a parent, child, neighbor, friend, or coworker through their journey with behavioral health.

The weight of this crisis is not carried equally. Communities of color, people involved with the justice system, and those who are LGBTQ+ carry the heaviest burden.

Because these challenges cannot wait, the Newsom Administration has invested a historic \$10 billion in the full spectrum of behavioral health services, because all Californians are entitled to quality, culturally competent behavioral health services when, how, and where they need them.

Together we are developing a thoughtful set of connected programs that provide tools to help anybody, anywhere, anytime with their unique behavioral health challenges.

This behavioral health plan pulls every lever the government has at its disposal, from

setting a bold policy agenda, to creating and implementing new initiatives, to simplifying and streamlining programs, to enforcing laws and regulations. As we continue this journey, some changes will be immediate and visible, and others will require more patience and time.

Behavioral Health Continuum



WORKFORCE AND PHYSICAL INFRASTRUCTURE

Increasing Access by Building Workforce, Infrastructure

Undergirding all of California's behavioral health efforts are investments to build the pipeline of providers and the physical infrastructure needed for these services.

For behavioral health care to be truly accessible, services must be available when Californians need them. Providers must speak our language, look like us and come from our communities.

That's why the Administration is investing



\$1.4 billion to create tens of thousands of new behavioral health professionals – offering tuition assistance and loan forgiveness and funding training programs.

We also need brick-and-mortar spaces for care, to address historic gaps and to meet growing demand for services across the lifespan. So, California has set aside

\$2.2 billion to ensure care can be provided in the least restrictive settings and within the community through a wide range of options.



Prevention and Early Intervention

It's important to recognize that for many Californians, there is still a stigma around mental health and substance use challenges. This is why it is important to both normalize the conversation around behavioral health and emphasize prevention.

In August 2022, the Administration announced a Master Plan for Kids' Mental Health, an integrated multi-year effort uniting historic investments to better serve the state's diverse children, youth, and families. At the core of the Master Plan is a historic, five-year, \$4.7 billion initiative that focuses on promoting mental, emotional, and behavioral health and well-being; prevention and providing services; support and screening; and addressing inequities.

These efforts will increase access to a wide range of mental health services in schools, allowing

schools to reach more students and provide more counseling and mental health supports. Schools are a critical access point for mental health and substance use services, especially for African American, Native American, Pacific Islander, and LGBTQ+ students.

Critically, in response to the exponential increase in overdoses, the state will soon launch a \$40.8 million education and awareness campaign focused on opioids and fentanyl.

California is also investing more than \$80 million to increase overdose reversal medication distribution to first responders, law enforcement, community-based organizations, middle and high schools, and county agencies to reverse overdoses.

To further support the success of these efforts, the state is investing \$100 million in a youth-led campaign to destigmatize the conversation around youth mental health and substance use struggles.



Outpatient Care

For all Californians to be able to access behavioral health care when they need it, the state is holding commercial plans, which cover more than half of all Californians, accountable and reforming Medi-Cal, California's Medicaid program.

On the commercial side, California has some of the strongest behavioral health "parity" requirements in the country, requiring coverage of "medically necessary" services to treat mental health and substance use disorders. The treatment cannot be limited to short-term or acute treatment.

To enforce these laws, the state has dedicated \$22 million over five years to conduct behavioral health-focused investigations of commercial health plans to make sure they are meeting state law – and taking enforcement action against those that are not. Californians are paying health care premiums for behavioral health care; they deserve access to it.

On the public side, Medi-Cal has vastly expanded the use of telehealth, which made behavioral health care far more accessible for some.

And California is in the process of completely reforming Medi-Cal behavioral health delivery through numerous federal waivers, including CalAIM and the proposed California Behavioral Health Community-Based Continuum Demonstration.

There will be a "no wrong door" approach to ensure beneficiaries receive mental health services regardless of where they seek care, even if the beneficiary is ultimately transferred somewhere else due to their level of impairment and mental health needs.

Medi-Cal is also reforming how county behavioral health systems are paid to reward better care and quality of life for Medi-Cal beneficiaries.

Other outpatient benefits available under Medi-Cal will include:

- ✓ Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT). ACT offers a wide range of medical and social services to people living with serious mental illness. Provided by a multidisciplinary team, the services are provided 24/7 for as long as needed and wherever they are needed. FACT builds on this model and adjusts based on criminal justice issues.
- ✓ Contingency Management, which promotes healthy behaviors through positive reinforcement (such as gift cards) for people living with stimulant use disorder who reduce or eliminate their stimulant use.
- ✓ Medication Assisted Treatment, which is the use of medication along with counseling to treat substance use disorders. This program is being expanded to increase access to treatment and reduce opioid overdose deaths with a special focus on underserved communities, including youth, rural areas and American Indian and Alaska Native tribal communities.



Crisis Care

Sometimes, of course, people have more urgent needs than can be covered by outpatient services, which is why California is building a robust system of crisis care.

During the pandemic, the state created the successful CalHOPE program, a crisis line and online platform to address stress and anxiety. It offers free outreach, individual and group crisis counseling and support. Since its inception, more than 1.3 million Californians have used CalHOPE services.

The state is also investing to build out crisis call center capacity to support the transition to 988, which is an alternative to 911 when people are experiencing a mental health crisis. It's an unprecedented opportunity to improve behavioral health crisis prevention, response, and stabilization. The easy-to-remember, three-digit number is available 24/7, 365 days per year and provides access to crisis counseling, often in several languages and via text or online chat.

In addition, Medi-Cal beneficiaries will be eligible for mobile crisis services, community-based de-escalation and relief for individuals experiencing a behavioral health crisis wherever they are, including at home, work, school, or in the community. The benefit is meant to reduce unnecessary law enforcement involvement and ER visits for people in crisis.

Inpatient Care

There are times when the best setting for someone's care is in a hospital or residential setting, so California is not only building more infrastructure to make sure those beds are available, but also improving that care.

CalAIM and CalBH-CBC will enhance care in psychiatric hospitals and residential settings by ensuring that patients' physical, mental and substance use conditions are treated and that patients are only kept in inpatient care until they can transition to community-based care.

Beneficiaries will also receive support before discharge from inpatient and residential treatment and will be supported during the transition and connected to community-based services and supports, including housing support.

Another form of inpatient care takes place at State Hospitals, which increasingly provide inpatient care for people facing felony charges and found incompetent to stand trial due to a serious mental illness, the majority of whom are also homeless. California is investing more than \$600 million in new resources to ensure these individuals get access to treatment quickly and to create options to safely support community-based care and housing stability and reduce recidivism.

Supportive Care

California is also providing a range of supports to help people with the most extensive needs get the help they need to care for their mental illness and/or substance use disorder. These services include:

- ✓ The CARE Act, a compassionate civil court process that provides care to the most severely ill based on evidence that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care that prevents more restrictive conservatorships or incarceration.
- ✓ Behavioral Health Bridge Housing, which will provide \$1.5 billion to create and fund new clinically enhanced housing settings for people experiencing homelessness who have complex behavioral health conditions.
- ✓ Justice-involved initiatives under CalAIM. California is the first state in the nation to offer a targeted set of Medicaid services to youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release to assist people leaving incarceration connect to the physical and behavioral health services they need prior to release.
- ✓ Enhanced care management will be available to help Medi-Cal enrollees with the highest needs. It will meet beneficiaries wherever they are – on the street, in a shelter, in their doctor's office, or at home. Beneficiaries will have a single lead care manager who will coordinate care among the physical, behavioral, dental, developmental, and social services delivery systems, making it easier for them to get the right care at the right time.
- ✓ Rent and transitional housing under CalAIM to provide up to six months of rent or temporary housing for beneficiaries who are homeless or at risk of homelessness after receiving treatment in an institutional setting.
- ✓ Community supports including housing deposits, short-term post-hospitalization housing, recuperative care, and sobering centers.
- ✓ Supported employment services to help Medi-Cal beneficiaries find and keep employment so they have income to maintain housing.

CONCLUSION

Over time, this plan will lead California to a behavioral health system that:



Reduces misinformation, stigma and discrimination and increases knowledge, acceptance and support for care;



Reduces the delay from the onset of symptoms to treatment and increases ongoing engagement in care;



Reduces disparities in utilizing services among BIPOC and LGBTQ+ communities and increases access to culturally responsive care;



Reduces the proportion of individuals with mental health and substance use disorders in prisons and jail and increases high-quality community care placements;



Reduces the risk of homelessness and housing insecurity and increases educational and employment opportunities; and



Reduces disappointment and frustration and increases satisfaction and trust in the quality of services received.





Modernizing Our Behavioral Health System & Building More Mental Health Housing

Gov. Newsom is proposing a 2024 ballot initiative to improve how California treats mental illness, substance abuse, and homelessness: **a bond to build state of the art mental health treatment campuses to house Californians with mental illness and substance use disorders and to create housing for homeless veterans, and modernize the Mental Health Services Act to require at least \$1 billion every year for behavioral health housing and care**

MORE HOUSING AND TREATMENT FOR THOUSANDS: The shortage of 6,000 behavioral health beds contributes to the crisis of homelessness. A general obligation bond would provide billions of dollars for thousands of new beds to treat mental illness and substance abuse, serving over **10,000 more people every year** – not in institutions of the past, but locations where people can really heal:

1. **Multi-Property Settings:** Residential campus-style settings where multiple individuals can live, attend groups, recover, and further stabilize with a number of onsite supportive services.
2. **Cottage Settings:** Smaller residential settings, where many services will be available but will also allow individuals to access existing services in the community.
3. **Home Settings:** Permanent Supportive Housing and Scattered Site Housing offer even smaller settings to integrate individuals into the community and provide long-term housing stability.

ADDITIONAL FUNDS TO PROVIDE HOUSING FOR HOMELESS VETERANS: California has 10,395 homeless veterans – the bond would provide **funding to build new housing for those who need it**.

MODERNIZING THE MENTAL HEALTH SERVICES ACT: The MHSA funds 30% of the mental health system, but it's never undergone reform in the 20 years since voters passed it. Current MHSA rules don't allow funds to be used to meet the housing needs for people with serious behavioral issues. Modernizing it will lead to \$1 billion every year for housing, treating substance abuse disorders, and more:

1. **\$1 billion annually required for behavioral health housing** and other community-based residential solutions to provide an ongoing source of funding for new settings.
2. **Include those with substance use disorders**, broadening the target population of MHSA funding to include more people who need support.
3. **Focus funding on Full-Service Partnerships and services for the most seriously ill**, prioritizing community services and supports, prevention, early intervention, and infrastructure.
4. **Require counties to bill Medi-Cal for all reimbursable services** in accordance with Medicaid State Plan and applicable waivers, to further stretch scarce dollars and leverage MHSA to maximize federal funding for services.
5. **Improve local accountability and increase transparency** by updating counties' behavioral health plans and moving the MHSA Commission under CalHHS to increase coordination.

[Link to the document](#)



March Update



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A Message from CYBHI Director Melissa Stafford Jones

New [CDC data released last month](#) showed rising rates of poor mental health among young people. Young women and LGBTQ youth are particularly impacted, with a majority of both groups reporting persistent sadness or hopelessness.

In supporting youth well-being, the CYBHI and the Master Plan for Kids' Mental Health are built around an all-the-above approach. We are acting with urgency to implement and strengthen programs focused on immediate needs while also working to transform our behavioral health system, breaking down silos and integrating across systems to center youth and provide support as early as possible. These efforts are part of the Administration's [larger priority](#) to improve behavioral health for all Californians, across the continuum.

To make a lasting impact, we recognize the need for a combination of short-, mid- and long-term efforts that address urgent needs while recognizing that prevention is critical to crisis response. It's not about choosing between prevention and treatment or between immediate needs and transformational systems change. We can best help youth and families by recognizing the urgency of the problem and focusing on comprehensive solutions.

I recently had the privilege of testifying alongside department colleagues before a joint hearing of California's Assembly Budget Subcommittee #1 and Assembly Health Committee and before the California Senate Health Committee on the many areas in which the CYBHI is making progress in meeting the behavioral health needs of our young people, now and over the longer term. This Monthly Update highlights a few of these critical efforts, such as how we're supporting evidence-based and community-defined evidence practices centered on trauma-informed training and early-childhood wraparound services and the development of a new behavioral health virtual services platform.

All the CYBHI's immediate and long-term efforts are made possible through the collaboration of our partners. Thank you for your creativity and dedication as we work together to transform the behavioral health system serving California youth.

In Partnership,

Melissa Stafford Jones, Director, Children and Youth Behavioral Health Initiative

Current Funding Opportunities

RFA - Peer Personnel Training and Placement Program (HCAI)

Responses due March 30, 2023, at 3:00 p.m.

This grant opportunity will result in agreement(s) with public, private, and nonprofit organizations, including faith based and community-based organizations, for training and support that facilitates the training and placement of peer personnel. Information about the opportunity can be found on the [HCAI website](#). Interested parties are encouraged to apply for funding using the [HCAI funding portal](#).

RFI - BH Training Development (HCAI)

Responses due March 31, 2023, at 3:00 p.m.

HCAI invites vendors to review and respond to this non-binding Request for Information (RFI), which will provide information to HCAI to inform the planning, design, development, and launch of the behavioral health training for non-medical and non-behavioral health professionals by June 2023. HCAI may use the RFI responses to develop a scope of work for a potential future solicitation of services. Information is available on [Cal eProcure.com](#).

RFA - EBP/CDEP: Round 2 - Trauma-informed Programs (DHCS)

Responses due April 10, 2023, at 5:00 p.m.

In the second round of the Evidence-Based Practices/Community-Defined Evidence Practices (EBP/CDEP) Grant Program, DHCS seeks proposals from various individuals, organizations, and agencies to scale evidence-based, trauma-informed programs and practices. Information about the opportunity can be found on the [DHCS website](#). Interested parties are encouraged to apply for funding using this [application form](#).

Updates

DHCS to Provide \$100 Million in Grants for Children and Youth Behavioral Health Programs

On February 9, the Department of Health Care Services (DHCS) released a [Request for Application](#) for \$100 million in grants to expand trauma-informed programs and practices benefiting children and youth who may have existing or emerging mental health and/or substance use disorders, parents, and caregivers. These grants are the second round of funding from the Children and Youth Behavioral Health Initiative's (CYBHI) [Evidence-Based Practices and Community-Defined Evidence Practices](#)

[Grant Program](#), and will be awarded based on robust evidence for effectiveness, impact on racial equity, and sustainability.

These grants are designed to:

- Increase early intervention and access to behavioral health services for children and youth.
- Mitigate the adverse effects of Adverse Childhood Experiences.
- Provide trauma-informed support and communication for caregivers and individuals.
- Increase the capacity of child-serving service systems to implement trauma-informed practices.
- Improve grief support for children and youth who have experienced trauma related to COVID, such as the death of a parent or loved one.

Applications for grants must be submitted by April 10, 2023, at 5 p.m. To apply, please use this [online form](#).

To learn more about the Evidence-Based Practices and Community-Defined Evidence Practices Grant Program, view these [Frequently Asked Questions](#) or visit the [DHCS website](#).

Update on Behavioral Health Virtual Services Platform for Children and Youth

DHCS [announced](#) the plan to launch the **Behavioral Health Virtual Services Platform** in January 2024.

The technology-enabled platform will offer equitable, appropriate, and timely behavioral health services, from prevention to treatment and recovery for children, youth, and families in California. It will provide support and resources, such as interactive digital education, self-monitoring tools, application-based games, and mindfulness exercises. It will also provide access to free, on-demand one-on-one coaching and counseling, accessible through a smartphone app, website, and telephone.

DHCS selected [Kooth](#) to support the delivery of the service for youth and young adults ages 13-25. Kooth will also integrate with other partners to provide a seamless user experience, including providing services and supports to children ages 0-12 and their parents/caregivers.

In partnership with DHCS, Kooth will engage in extensive user-testing, gathering feedback from youth, families, and partners to improve the platform's design, content, and functionality. Kooth will collaborate with other key partners, including schools,

primary care providers, and behavioral health experts, to raise awareness and promote adoption of the platform.

Along with the platform, DHCS is developing a statewide **e-Consult** service to enhance the capacity of pediatricians and primary care providers to provide behavioral health treatment to young people. DHCS has engaged with e-Consult experts throughout the state and will soon launch a workgroup to gather input from pediatricians, primary care providers, and behavioral health experts to inform e-Consult development.

To learn more about the Behavioral Health Virtual Services Platform and the e-Consult service, visit the Children and Youth Behavioral Health Initiative [webpage](#).

CYBHI's Equity Commitment Featured in Capital & Main

On March 10, news outlet Capital & Main featured CYBHI's equity work in their article [In the Middle of a Mental Health Crisis Among Youth, Words Matter](#). The story focuses on how the CYBHI's commitment to equity is shaping our efforts to reimagine the way California serves the mental health and substance use needs of children, youth and families. It highlights steps taken by the [CYBHI Equity Working Group](#), which crafted the initiative's [Working Definition of Equity](#) and an [Equity Framework](#). The Equity Working Group is developing a toolkit to support the incorporation of the definition and framework and providing thought partnership on how the CYBHI can use data to advance equity as part of its evaluation process.

The most recent meeting of the Equity Working Group took place on March 29. The [agenda](#) is available on the [CYBHI Web Page](#).

CalHHS Resources on Recent Disaster Storms

As communities across the state work to respond to the recent disaster storms in California, we understand the impact they can have on families and their mental health. That's why we want to make sure everyone has access to the resources they need to stay safe and healthy. We encourage our partners to share the following resources from the California Health and Human Services Agency (CalHHS) with their communities, networks, and partners:

- [CalHHS Emergency Resource Guide](#)
- [CalHHS Emergency Resource Guide \(Spanish\)](#)
- [Guide to Disaster Assistance Services for Immigrant Californians](#)
- [Guide to Disaster Assistance Services for Immigrants \(Spanish\)](#)

Thank you for your partnership in keeping Californians safe during these difficult times.

Stay Engaged

The CYBHI welcomes all input. To provide thoughts or comments or to sign up to receive regular updates, please email CYBHI@chhs.ca.gov. To engage on workstream-specific topics, please use the following information:

- Department of Health Care Services:
 - Contact information for questions/feedback: CYBHI@dhcs.ca.gov
 - Children & Youth Behavioral Health Initiative [Webpage](#)
 - Student Behavioral Health Incentive Program (SHIP) [Webpage](#)
 - Behavioral Health Continuum Infrastructure Program (BHCIP) [Webpage](#)
 - CalHOPE Student Support [Webpage](#)
- Department of Health Care Access and Information (HCAI): CYBHI@hcai.ca.gov
- Department of Managed Health Care: CYBHI@dmhc.ca.gov
- California Department of Public Health: CYBHI@cdph.ca.gov
- Office of the California Surgeon General: info@osg.ca.gov

About the CYBHI

The [Children and Youth Behavioral Health Initiative \(CYBHI\)](#) is a five-year, \$4.7 billion initiative that is transforming the way California supports children, youth and families. Serving as the core of California's [Master Plan for Kids' Mental Health](#), the CYBHI works to reimagine a more integrated, youth-centered system where young people can find support for mental health and substance use needs where, when and in the way they need it most. Built on a foundation of equity and accessibility, the CYBHI is created by and for youth and families. Together with partners across sectors and systems, we are meeting young people where they are—such as schools—to provide access to mental health and substance use services and supports.

Past Updates & Information

- [February 2023 CYBHI Update](#)
- February 2023 Quarterly Webinar ([presentation](#) and [video recording](#))
- [January 2023 CYBHI Update](#)
- [December 2022 CYBHI Update](#)
- October 2022 Quarterly Webinar ([presentation](#) and [video recording](#))
- [September 2022 CYBHI Update](#)
- [August 2022 CYBHI Update](#)
- July 2022 Quarterly Webinar ([presentation](#) and [video recording](#))

- [June 2022 CYBHI Update](#)
- [March 2022 CYBHI Update](#)
- March 2022 Kick-Off Webinar ([presentation](#) and [video recording](#))
- [February 2022 CYBHI Update](#)

WORKING WELL

Supporting Mental Health
at Work in California

[Link to the full document](#)



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Assemblymember,
Commissioner

Steve Carnevale
Commissioner

Rayshell Chambers
Commissioner

Shuo (Shuonan) Chen
Commissioner

Dave Cortese
Senator, Commissioner

Itai Danovitch, M.D.
Commissioner

David Gordon
Commissioner

Gladys Mitchell
Commissioner

Alfred Rowlett
Commissioner

Khatera Tamplen
Commissioner

Toby Ewing, Ph.D.
Executive Director

Governor and Legislature,

In September 2018, through the passage of SB 1113, the California Legislature directed the Commission to establish voluntary standards for workplace mental health. At that time, policymakers recognized the potential to engage the workplace as an opportunity to support mental health resiliency, address stigma, and improve access to care.

The COVID-19 pandemic highlighted the relationship between work and mental health. It taxed our front-line workers and the millions more who helped keep them functioning, well-equipped, and supported. Hospital workers, educators, public safety, and health staff across the state were challenged beyond shared expectations of what constitutes work, as the essential nature of their work became lifelines for millions of Californians.

While the pandemic has abated, Californians experience crises that impact their mental health every day. Economic insecurity, natural disasters, family disruption, trauma, and the cumulative stress of life can undermine health and wellbeing. Yet when we embrace mental health in the workplace, and when that embrace builds upon respect for diversity, equity, and inclusion, our workplaces become sources of hope, opportunity, and positive mental health.

With these voluntary standards for workplace mental health, the Golden State has the opportunity to embrace the workplace as a pathway to wellbeing. While the work was both delayed and informed by the pandemic, the Commission in this report has established voluntary standards to guide employers interested in learning more about workplace mental health and building resources and resiliencies into their workforces and workplaces.

The Commission also has included a brief set of recommendations to leverage this work to support state goals of ensuring that every Californian who needs mental health care and support has access to appropriate services. In recent years, California has made historic investments with a focus on children and youth that leverages the opportunities our schools represent for our youngest Californians. California's employer communities and workplaces represent a similar opportunity to improve mental health outcomes for working-age adults. By turning workplaces – where adults spend considerable time – into centers of support for mental health and wellness, California has the opportunity to invest in the wellbeing of yet another segment of our population.

To move these opportunities forward, the Commission has called for the establishment of a Center of Excellence supported through a public-private partnership to continue the research, analysis, and capacity building needed to fully benefit from workplace mental health opportunities. The Commission encourages the State of California, as a large employer, to embrace these standards and promote their adoption throughout the public sector. And to support state goals for improving access to care, the Commission recommends that state and other public sector employers leverage their collective health care purchasing capacity to improve access to behavioral health benefits for those with commercial health insurance.

The Commission welcomes the opportunity to discuss these recommendations in detail.

Respectfully,

Mara Madrigal Weiss
Commission Chair

Keyondria Bunch
Project Chair



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01 INTRODUCTION

Executive Summary

Nearly one in five Californians face an unmet mental health need. To make progress in addressing these needs – and in preventing them – the state must promote mental health and wellbeing in the settings where Californians live, learn, work, and play. The workplace, where working-age adults can spend as much as a third of their time, is a key setting for supporting mental health. Increasingly, employees report that their work environment harms their mental health. Burnout, depression, and anxiety are on the rise. Employers are responding with new strategies to support the mental health of their workforce. To make the most of these opportunities and ensure they reach as many Californians as possible, policymakers should pursue a range of pathways, as outlined in this report, to support employees and employers.



<https://www.calmhsa.org/>

#Share4MH May is Mental Health Matters Month Overview + Walk Through Video

Here is a [video](#) to walk you through our full suite of resources and planned events for May.

#Share4M: Our theme for this May is “Share” and we’re using #Share4MH to start and track the conversation. We know that sharing our own mental health experiences—and how we get support—has a ripple effect that inspires others to get the help they need. It’s also how we overcome stigma. So this month, we’re inviting Californians across the state to:


- Share how you care for your mental wellness (and even better if your share includes how you are using the Take Action May resources!)
- Share how you get support
- Share how you overcome stigma in your family or community

This month, we’re encouraging counties, organizations, and so many others to come together and share how they support their mental well-being on [Facebook](#), [Instagram](#) and [Twitter](#) by using the hashtag **#Share4MH**. We’re also promoting May is Mental Health Matters month, and our resources, through audio ads on Spotify and on podcasts, as well as paid social posts on Facebook, Instagram, and Twitter, and also have display banners, large-scale e-blasts, and influencer generated content.

#Share4MH Contest: We’re also running a contest! As part of encouraging Californians to share, the first 50 California-based posts using our hashtag will get a Mental Health Matters Month gift bag.

Instagram Live Event: On May 18 at noon PST we will be hosting an Instagram Live event moderated by renowned mental health influencer and therapist Amber Dee ([@Blackfemaletherapist](#)), along with Owin Peirson ([@owinpierson](#)), and Anya and Amaya Gray ([@grayytwins](#)). Amber Dee will lead a roundtable discussion with our influencer partners to share stories about their mental health journey and how they share. They will also be answering audience questions and encouraging a free flowing discussion. Make sure to join the event and share with your partners!

May is Mental Health Matters Month Toolkit: Finally, many of you have already seen the contents of our May is Mental Health Matters month digital toolkit. If you would like to order more supplies you can visit <https://calmhsa.myshopify.com/>.

- [Recipes for Wellness and Self-Care](#) These illustrated guides provide “recipes” with easy-to-follow steps for self-care, reducing stress, a healthy body and mind, social support, and mindfulness.
- [Feel Better Bops](#)  [Mental Health Matters Month Spotify Playlist](#) . From Beyoncé and Cyndi Lauper to Marc Anthony and Jimmy Eat World, these songs cover a range of mental health topics. Some can help uplift you while others just know where you're coming from.
- [Your Mental Wellness Plan](#): A quick workbook we created to help you identify what’s causing you stress and your sources of support and calm. Through self-directed questions, you can write down your stress factors, self-care actions, and people you lean on. Quickly refer back when you need it!
- [What Might Work for You? Mental Health Support Options](#). Check out our guide to the many ways to get support for your mental health and well-being, based on what you're ready for, what makes sense for you, and the level of support you need.

Creating Opportunities in Preventing and Eliminating Suicide (COPES) | YEAR ONE HIGHLIGHTS



Background

The San Diego County Office of Education (SDCOE) leads the Creating Opportunities in Preventing and Eliminating Suicide (COPES) initiative, a four-year grant funded by the State of California Mental Health Student Services Act (2021-2025). The SDCOE COPES leadership team aims to build the capacity of participating local education agencies (LEAs) to support school communities that champion mental wellness. Focus areas include staff and student wellness and resiliency; stigma reduction; suicide prevention, intervention, and postvention; professional development and programming for educators, staff, students, and families; and developing coordinated referral pathways for students needing mental/behavioral health services.

This is a partnership between SDCOE, County of San Diego Behavioral Health Services, 16 school districts, five multi-site charter school organizations, and 12 single-site charter schools. These LEAs collectively serve over 334,600 students in 470 San Diego County schools. Each LEA has designated a COPES liaison and/or leadership team to partner with SDCOE. The liaisons and teams participate in ongoing meetings, trainings, and coaching to become subject-matter experts in mental health promotion and suicide prevention.

SDCOE works in partnership with the School Health Evaluation and Research Team from the University of California, San Francisco (UCSF) to conduct a comprehensive evaluation of the COPES initiative. This brief provides evaluation highlights from the first year of implementation.

Participating LEAs

Districts

- Bonsall
- Cajon Valley
- Chula Vista Elementary
- Fallbrook
- SDCOE Juvenile Court and Community Schools
- Lakeside
- La Mesa-Spring Valley
- Lemon Grove
- Mountain Empire
- National City
- Poway
- San Marcos
- San Diego Unified
- Santee
- Spencer Valley
- Sweetwater

Multi-Site Charter Schools

- Altus Schools (Audeo)
- Julian Charter Schools
- High Tech High
- Learning Choice Academy
- SIA Tech

Single-Site Charter Schools

- City Heights Preparatory
- Compass
- Empower
- Feaster
- Helix High
- Mueller-Bayfront
- Motivated Youth Academy
- San Diego Global Vision Academy
- San Diego Virtual School
- Scholarship Prep Oceanside
- School for Entrepreneurship and Technology
- Urban Discovery



COPEs Goals and Objectives

Suicide Prevention, Intervention, and Postvention

- Trainings for staff and families to increase awareness and knowledge
- Technical assistance in developing comprehensive protocols and practices
- Access to current tools, data, promising practices, and high quality resources

Mental Health Promotion and Stigma Reduction

- Trainings and resources to increase mental health literacy, create healthy help-seeking cultures, and cultivate staff, student, and caregiver wellness and resiliency
- Student programs, resources, and events to increase peer support skills

School Mental Health Referral Pathways

- Resource mapping, gap analysis, and process development
- Community resource identification and effective partnership building
- Coordination and collaboration between schools and mental health services

Comprehensive Needs Assessment

In the first year of the initiative, LEAs completed a comprehensive needs assessment to identify strengths and needs in the following areas:

- Coordination of mental health supports
- Mental health promotion
- Mental health referral processes
- Mental health services and supports
- Suicide prevention, intervention, and postvention
- Peer support

Needs assessments will be conducted annually throughout the initiative to measure growth and inform planning efforts.

Mental Health Services and Supports for Students

Initial needs assessment results revealed...

Nearly all LEAs provide supports that address:

- Social and emotional skills
- Bullying
- Trauma

LEAs need additional supports to address:

- Grief and loss
- Teen dating violence
- Eating disorders



Student Mental Health Indicators:

California Healthy Kids Survey

The California Healthy Kids Survey (CHKS) is an anonymous and confidential survey developed by WestEd for the California Department of Education to gather data regarding students' school experiences.¹ This initiative tracks school climate and mental health indicators based on research that demonstrates a negative association between student perceptions of school climate and suicide ideation.² School violence victimization, including discrimination and cyberbullying, increases the risk of suicide ideation. Positive school climate is a protective factor associated with better mental health outcomes.

The information below shows a summary of the CHKS Core and Mental Health Supports module indicators that will be tracked over the course of the initiative to inform programming and planning.

Core Module Indicators

The initiative monitors the following indicators from the CHKS Core Module:

- Caring adults in school scale
- School connectedness scale
- Social and emotional distress^b/learning supports^a scale
- Anti-bullying climate scale^a
- Experienced any harassment or bullying on school property^b
- Experienced frequent^a/chronic^b sadness
- Considered suicide^b

Mental Health Module Indicators

The initiative monitors the following indicators from the CHKS Mental Health Supports Module:

- Students' mental health
- Students' perceptions of mental health stigma
- Access to mental health services
- Help-seeking attitudes and behaviors
- Students' perceived barriers to seeking mental health supports and services



^aElementary school survey indicator

^bSecondary school survey indicator

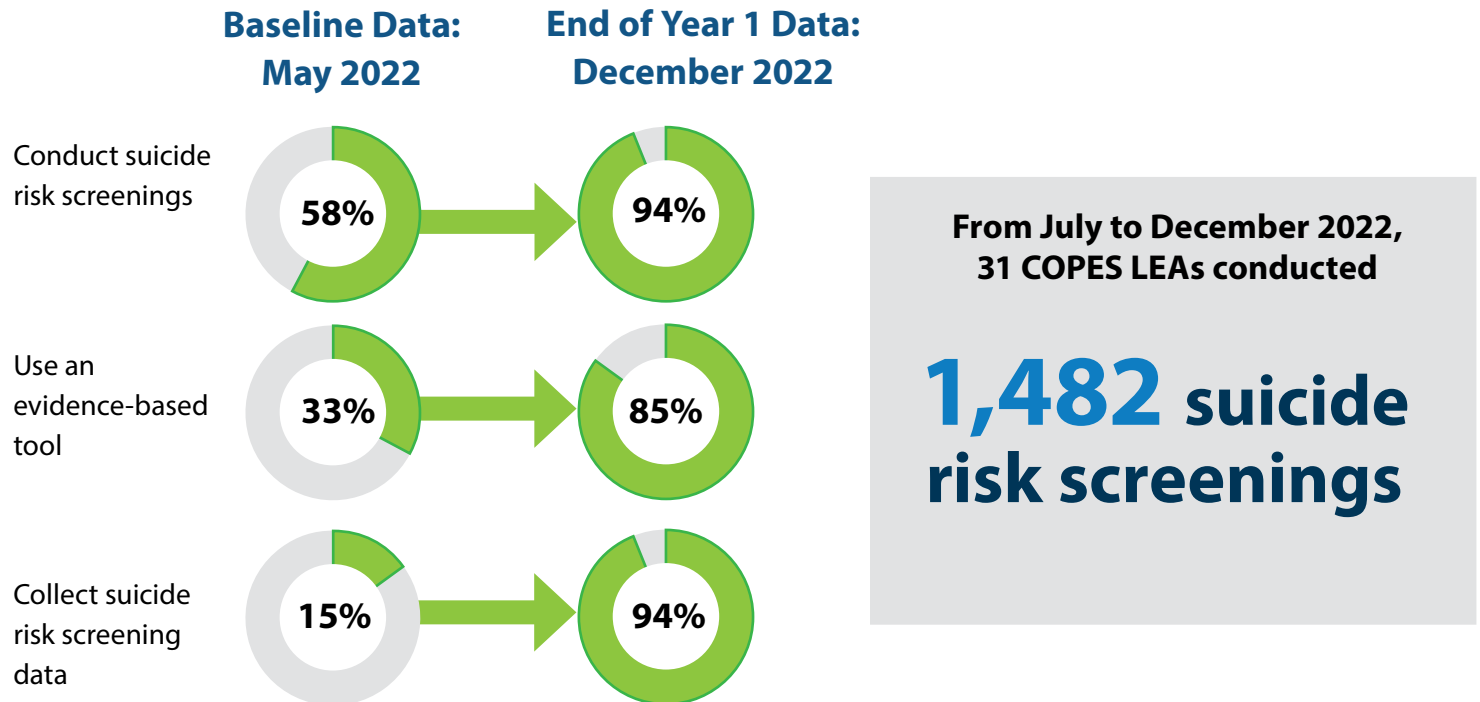
Note: The elementary school survey (grades 3-6) is built around the CHKS secondary school instrument. The elementary survey provides developmentally appropriate data that focuses on risk and resilience factors.

¹ California Healthy Kids Survey (CHKS). <https://calschls.org/>.

² Benbenishty R, Astor RA, Roziner I. A School-Based Multilevel Study of Adolescent Suicide Ideation in California High Schools. *J Pediatr*. 2018 May;196:251-257.

Suicide Prevention and Intervention

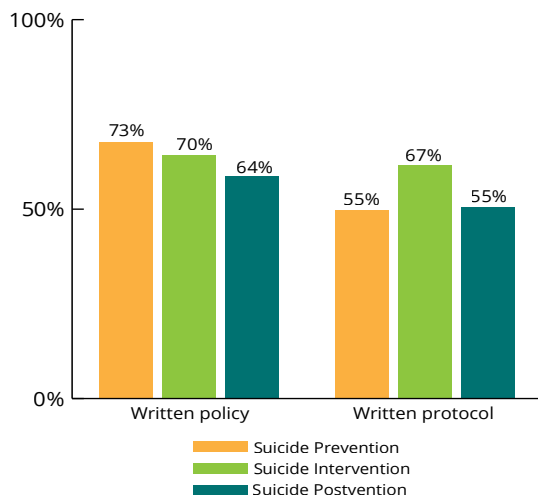
The initiative supports all 33 LEAs in adopting an evidence-based suicide risk screening tool – a standardized instrument used to identify individuals who may be at risk for suicide and require further assessment – as well as tracking high level, anonymous trend data on these screenings. By the end of year one, significant improvements have been made in the percentage of LEAs that use an evidence-based tool to conduct suicide risk screenings and collect data. LEAs will continue collecting data throughout the initiative to monitor trends over time.



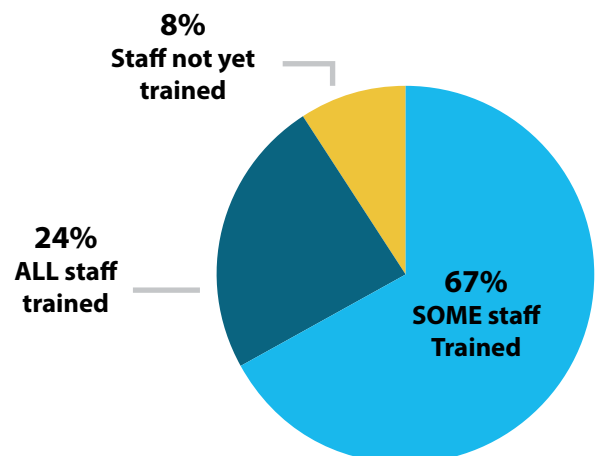
Policies and Protocols

The initiative also ensures each participating LEA has policies and practices in place regarding suicide prevention, intervention, and postvention that meet legislative requirements to promote student safety. The charts below illustrate the percentage of LEAs that reported having written policies and protocols that included suicide prevention, intervention, and postvention at the beginning of year one, as well as those that reported training staff in suicide prevention.

Do policies and protocols include suicide prevention, intervention, and postvention?



Have district or school staff received training on suicide prevention?



Training and Technical Assistance

To support LEAs' efforts in becoming mental health and suicide prevention champions, SDCOE offered several training and technical assistance activities throughout year one of the grant.

In year one, SDCOE provided 18 trainings for participating LEAs:

Over 400 COPES school/district staff received training on the following topics:

- Question, Persuade, Refer (QPR) suicide prevention gatekeeper training
- Managing Anxiety in the School Setting
- Youth Mental Health Literacy
- Cultivating Emotional Resilience and Mental Fitness
- Finding the Calm Amidst the Chaos: Strategies for Educators to Cope With Anxiety

Over 150 parents/guardians received training on the following topics:

- How Parents Can Help Children Manage Anxiety
- Taking Care of Your Emotional and Mental Health While Parenting



As a result of their participation in the initiative, 27 LEAs provided local training and outreach events related to mental health awareness and suicide prevention/intervention to their school communities:

	Trainings/ Events	Staff Participants	Student Participants	Parent/ Caregiver Participants
Mental Health Trainings	119	1,742	5,265	728
Suicide Prevention/ Intervention Trainings	174	4,454	8,485	392
Mental Health Promotion	29	543	10,499	467
TOTAL	322	6,739	24,249	1,587

Next Steps

In the second year of the grant, the initiative will continue to expand the capacity of LEAs to support mental wellness and suicide prevention, intervention, and postvention. The initiative will also help LEAs build up resources and trainings in areas identified through the annual needs assessments. Additionally, there will be a focus on implementing peer programming in elementary, middle, and high schools.



CATALYST FOR WELLBEING IN COMMUNITY APPRENTICESHIP PROGRAM



ABOUT US

In partnership with Chabot-Las Positas Community College District, the Catalyst Center is excited to announce the official launch of the Catalyst for Wellness in Community (CWC) Apprenticeship Program for behavioral health workers. The Catalyst Center, the 501(c)3 branch of the California Alliance of Child and Family Services, was created to bridge the gaps between practice, policy, and research in the child and family services sector to help providers best meet the needs of our most vulnerable populations. Addressing the workforce crisis is a crucial step in ensuring providers have the necessary resources to provide trauma-responsive, culturally informed care for all systems involved youth and families.

PROGRAM AT A GLANCE

The Catalyst for Wellness in Community Apprenticeship Program is a mutually beneficial opportunity for prospective apprentices, employers, and the State of California. Through this program, we aim to increase the number of qualified individuals in the workforce, diversify the workforce, and improve the quality of care provided to California's systems-involved youth and families.

EMPLOYERS

In addition to increasing the number of individuals in the behavioral health workforce, employers will also benefit from opportunities to train their entire staff alongside the apprentices in areas such as trauma-responsive and healing care, cultural humility and understanding, and youth engagement, just to name a few.

APPRENTICES

Apprentices will be afforded an opportunity to earn income while getting hands on direct care experience in one of our partner youth residential care facilities or foster family agencies. A few benefits our apprentices can expect to receive at no cost include:

- Job Placement
- College Coursework & Credits, Laptop, Books, Study Materials, Student Support Services
- Supplemental Training & On the Job Training
- Mentorship
- Periodic Convenings & Summits (virtual and in-person)
- Livable Wage w/ Periodic Raises
- Professional and Personal Development Opportunities

WANT MORE INFORMATION?
CONTACT US TODAY

Alina Sanchez asanchez@catalyst-center.org

Cornelle Jenkins cjenkins@cacfs.org

Values Shape a Budget

The County of San Diego's vision is a just, sustainable and resilient future for all supported by these values.

BELONGING

Foster a sense of belonging for County customers and employees.

EQUITY

Reduce disparities in health, housing and economic opportunity.

ACCESS

Promote community engagement in languages, facilities and ways that meet residents' needs.

SUSTAINABILITY

Fight climate change and protect the environment to meet current and future needs.

INTEGRITY

Adhere to the highest standards of ethical conduct.

EXCELLENCE

Ensure exceptional customer service by spending money wisely to build strong communities.

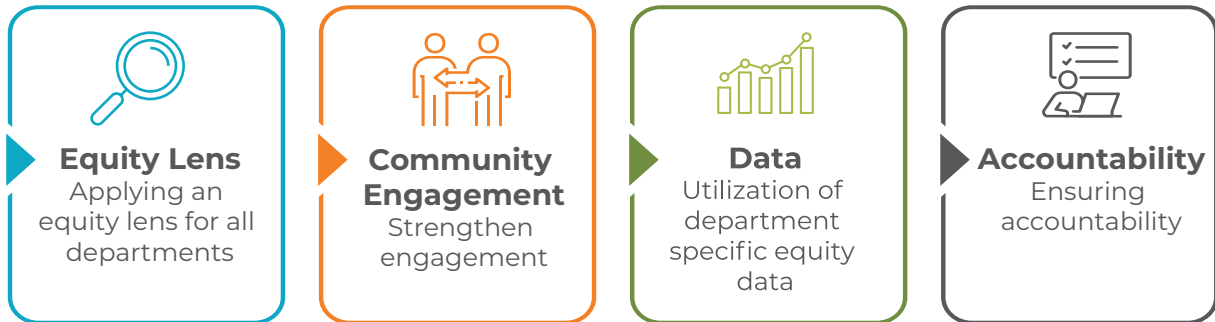
Invested in Community

To see the full CAO
Recommended Budget visit:
www.sandiegocounty.gov/openbudget



Budget Equity Assessment Tool

To advance equity, each County department uses a questionnaire to ensure their respective budgets positively impact historically marginalized, vulnerable communities and people.



Budget Process and Timeline

The Chief Administrative Officer (CAO) submits a recommended budget to the Board of Supervisors in May. After budget presentations at Board and community meetings, public hearings take place. Throughout the process, the public may give their feedback. A revised budget is prepared. In late June, the Board deliberates and adopts a budget.



*The public can submit eComments on the recommended budget at Engage.SanDiegoCounty.gov/budget

2023-24 Recommended Budget

Total Recommended Budget: \$8.11 billion

Health and Human Services
\$3,192.0M (39.4%)

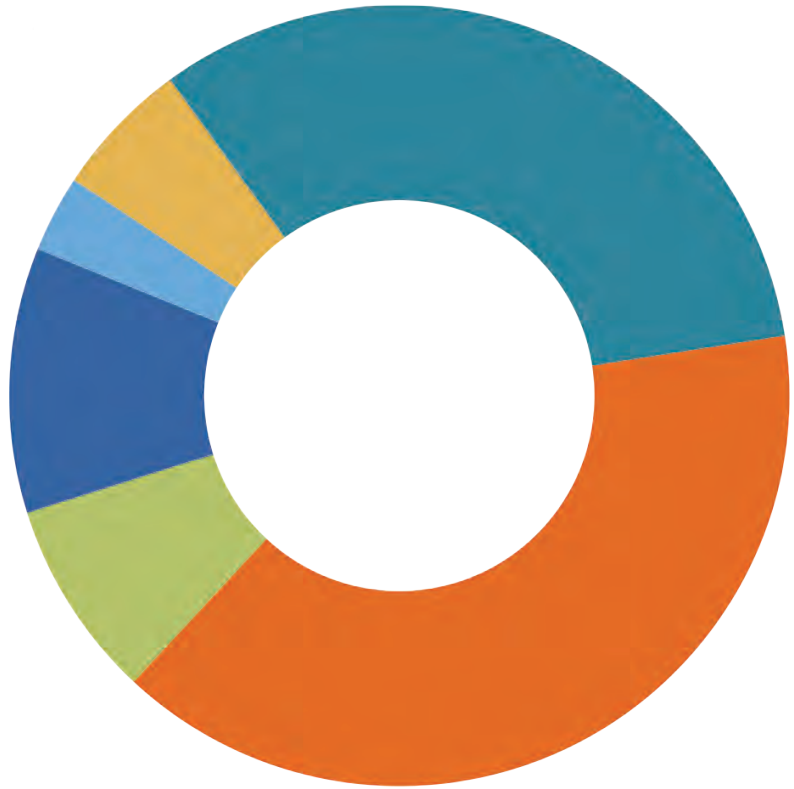
Land Use and Environment
\$667.1M (8.2%)

Public Safety
\$2,637.9M (32.5%)

Finance and General Government
\$889.5M (11.0%)

Finance Other
\$459.8M (5.7%)

Capital Program
\$258.9M (3.2%)



The FY 2023 – 24 CAO Recommended Budget is an increase of \$745.8 million or 10.1% over the Fiscal Year 2022-23 Adopted Budget. This reflects an expanded investment in the County's workforce to support overall operations, new programs and increasing caseloads for services that assist vulnerable populations.



Invested in Community

Mental Health and Substance Use Disorder

- \$66.7 million increase for a total of \$737.9 million for contracted services includes:
 - \$37.5 million mental health services for adults
 - \$10.9 million for crisis diversion services including expanding Mobile Crisis Response Teams, the Crisis Line, public messaging awareness and crisis community based services
 - \$9.5 million for substance use disorder outpatient, withdrawal management, residential and recovery services
 - \$8.8 million for 41 long-term beds
- \$18.3 million for implementation of the CARE Act, a new state program for people with serious behavioral health issues that may provide services, shelter and treatment through a civil court proceeding
- \$7.1 million to address opioid addiction



Investing in Working Families

- 354 additional staff years across all Health and Human Services Agency departments to support safety net programs like CalWORKs, CalFresh, and Medi-Cal, and services for behavioral health, public health, seniors, children, and families
- \$141.1 million increase for safety net program benefit payments, higher wages for In-Home Supportive Services caregivers, additional employment services and training for CalWORKs and CalFresh recipients and expanding Info Line 211 Access
- \$18 million increase to support foster youth, increase mental health services for transition age youth and to set up a Prevention Hub to help families avoid the child welfare system and Juvenile Probation
- \$5.2 million of ongoing support for the Office of Immigrant and Refugee Affairs
- \$3 million increase to support seniors with access to technology and free transportation
- \$6.9 million increase to promote food security and senior nutrition
- Additional staff for the Office of Labor Standards and Enforcement to expand investigative capacity and protect workers from wage theft
- Additional staff to implement Board Policy B-74, Contracting Standards for Janitorial, Landscaping and Security Services, and enhance employment protections for property services contractors



Healthy and Safe Communities

- \$18 million to build “One Safe Place South: The South County Family Justice Center,” matching the one opened in the North County, to help survivors with restraining orders, safety planning and trauma therapy, and help them get health care, food assistance, shelter and housing
- \$3.9 million to bolster Public Health Infrastructure
- \$35.6 million to build a new Santee Animal Shelter opening in fall 2024
- \$17 million to build a new Jacumba Fire Station to better protect the entire community and region
- Protect the public through increased investments in the public health workforce with a total of 259 positions since FY 2021-22
- 52,000 square foot, new state-of-the-art County Public Health Laboratory
- Collect 175 tons of household hazardous waste to keep our neighborhoods and communities safer and healthier

Learn More



To see the full CAO Recommended Budget visit:
www.sandiegocounty.gov/openbudget





County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

March 30, 2023

TO: Behavioral Health Advisory Board (BHAB)

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

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – APRIL 2023

MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN UPDATE

The County of San Diego, Health and Human Services (HHS) Behavioral Health Services is presenting the recommended MHSA Three-Year Program and Expenditure Plan for Fiscal Years (FY) 2023-24 through 2025-26 (Three-Year Plan). As mandated by the MHSA, the Three-Year Plan, inclusive of all programs and expenditures funded by the MHSA, requires approval by the Board of Supervisors prior to submission to the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

The County has continued to make dramatic investments of MHSA funding into essential treatment, prevention, early intervention, innovation, and workforce and education programs, along with critical capital facility and information technology infrastructure since inception. These investments have expanded and enhanced critical mental health programs to support the shift in how residents of San Diego County access care, housing, and support for their behavioral health needs. The County continues to make significant MHSA investments in critical prevention, treatment, and support services through the implementation of the Three-Year Plan and subsequent Annual Updates to advance the development of a regionally distributed model of care focused on prevention and continuous care.

The Three-Year Plan, which includes MHSA funding of approximately \$274.9 million and \$400,000 assigned to the California Mental Health Services Authority (CalMHSA) to continue statewide PEI campaigns and local PEI initiatives. This includes Each Mind Matters, an initiative aimed at reducing stigma and encouraging people struggling with mental health illness to reach out for support, and "Know the Signs," a media campaign designed to educate the community on how to recognize the warning signs of suicide and where to find professional help. BHS is also working on a proposal to utilize MHSA Innovation funds to pilot the development of a first-of-its-kind Public Behavioral Health Workforce Development and Retention Program that would align with several of the recommendations outlined in the report titled *Addressing San Diego's Behavioral Health Worker Shortage*.

MHSA Community Program Planning (CPP) Process

Community engagement activities to support the CPP process during the most recent MHSA cycle were facilitated via a new five-year contract awarded in May 2022 to University of California, San Diego (UCSD). UCSD, together with its two subcontractors (San Diego Community Health Improvement Partners and Global Action Research Center), collectively make up the UCSD Health Partnership (Partnership). In the Partnership's inaugural year, three primary types of community engagement activities were conducted with community stakeholders throughout San Diego County to gather information and insights to inform MHSA planning. In collaboration with BHS, community engagement activities included the following:

- **Key informant interviews** were utilized to gather input from community leaders and advocates regarding essential understandings and vital steps needed for community engagement efforts across the county.
- **Focus groups** gathered insight into the existing strengths, resources, and needs of program services for specialized populations. Focus group participants were a mix of providers, community advocates, community groups, and consumers of the following identified specialized populations: Parents with lived experience navigating the system; providers/staff providing services to parents in the community; Transitional Age Youth (TAY); justice-involved; faith-based communities; Veterans and active military; perinatal and postpartum care; Native American/American Indian; Hispanic/Latino(a) community; rural community; as well as immigrants and refugees.
- **Listening Sessions** took a variety of forms and reached a wide range of audiences. Partnership representatives leveraged existing community meetings or events to conduct structured feedback activities that addressed behavioral health service needs, opportunities, concerns, and preferred mechanisms for receiving information about behavioral health. Additionally, community trainings about the MHSA and the CPP process were conducted by the Partnership in late Summer and early Fall 2022 and allowed participants an additional opportunity to provide feedback regarding behavioral health services and needs. Learnings from these efforts were synthesized into overarching recommendations for BHS' 2023-2026 MHSA Three-Year Plan.

Over 500 people attended CPP community engagement and feedback events for FY 2022-23, which included four (4) MHSA trainings, eleven (11) key informant interviews, nine (9) focus groups, and nine (9) listening sessions. The qualitative data collected from community engagement activities were thematically analyzed by the Partnership and split into two general categories: 1) perceptions of behavioral health service needs, priorities, and experiences, and 2) feedback on meaningfully and effectively conducting community engagement as part of the CPP process. The FY 2022-23 CPP process identified a wide range of behavioral health needs and ideas for how to improve and expand the existing system to better serve the diverse community needs, while also eliciting preferences regarding how best to conduct CPP work in San Diego County.

The feedback obtained through this initial year illuminated key elements needed to realize the full benefits and potential of CPP. Based on these findings, a multi-year community engagement plan to facilitate the CPP process will be developed in collaboration with BHAB to support the implementation of the FY 2023-2026 MHSA Three-Year Plan. The Community Engagement Plan will be adapted through data-driven decisions, with approval from BHS leadership.

Modernization of MHSA

As announced in mid-March, the Governor will be leading an effort to modernize the Mental Health Service Act (MHSA) to further improve California's Mental Health System. BHS has begun efforts to

assess the potential impact of the Governor's proposed 2024 ballot measure that, as initially outlined, would enhance investments for dedicated housing for individuals with behavioral health conditions and provide increased flexibility in how counties utilize MHSA. As additional information and direction is provided by the State, BHS will engage with various partners at the State and locally, including BHAB, to ensure community input is gathered to inform successful modernization of the MHSA.

BHS SPECIAL EVENTS AND ANNOUNCEMENTS

County of San Diego Installs Naloxone Vending Machine

On March 2, 2023, the County of San Diego installed a new, groundbreaking resource to address the opioid crisis. A new naloxone vending machine is now in operation in the public lobby at the McAlister South Bay Regional Recovery Center located at 1180 Third Avenue, Unit C3, Chula Vista, CA 91911. There is no need to be a client of McAlister to access this resource.

Naloxone, also known as NARCAN®, is a fast-acting nasal spray that can stop a fentanyl or other opioid-related overdose and save a life by quickly restoring breathing. This new machine will amplify the County's existing efforts to expand naloxone access and help put this life-saving medication in the hands of anyone who wants it, free of charge. It is part of the County's comprehensive Harm Reduction Plan and the first of several other vending machines scheduled to be installed across the region.

For more information visit the following link:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/BHS_Harm_Reduction/Addressing-the-Opioid-Crisis/About_Naloxone.html

MHSA Three-Year Plan 30-Day Public Review Begins April 4, 2023

The MHSA Three-Year Program and Expenditure Plan for FY 2023-24 through 2025-26 will be posted to the BHS and the Clerk of the Board webpage for a 30-day public review and comment period. The MHSA Plan outlines all MHSA-funded programs and expenditures for the next three fiscal years. The public review period begins on April 4, 2023, and ends on May 4, 2023, with final public input provided through a public hearing held at the May BHAB meeting. The MHSA Three-Year Plan will be presented at the June 13, 2023 Board of Supervisor's meeting for review and approval, as required by the Mental Health Services Oversight & Accountability Commission (MHSOAC).

For more information on the MHSA visit the following link:

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

Community Expo for Mental Wellness Kicks off May is Mental Health Matters Month

May is Mental Health Matters Month (MIMHMM) is on the horizon, and BHS and the National Alliance on Mental Illness (NAMI) San Diego have partnered to host the Community Wellness Expo at the "NAMI Walks Your Way" 5K event on April 29, 2023, at Liberty Station. The Expo will be kicking off MIMHMM and will offer mental health-related resources and interactive activities for community participants. The Expo will feature over 100 exhibitors with a combination of community organizations, providers, and County departments to provide mental health-related resources along with fun and interactive activities for all to enjoy. Every day, millions of people face stigma related to mental illness, causing many to face their mental health challenges for years without help. Mental Health Matters Month provides the opportunity for everyone to come together to illuminate mental health awareness to stop the stigma. Bringing forth this awareness is crucial to helping people reach out for the assistance they need. Stay tuned for more information on upcoming MIMHMM events and materials by visiting the *It's Up to Us* website at Up2SD.org.

Public Behavioral Health Workforce Development and Retention Program - MHSA Innovation Program Proposal 30-Day Public Review Begins

BHS is seeking to propose the use of MHSA Innovation funds for a Public Behavioral Health Workforce Development and Retention Program which, if approved, will implement a combination of tested professional development programs and new strategies tailored to the County's most pressing professional needs. The Innovation proposal is anticipated to be posted to the BHS and the Clerk of the Board webpage for public viewing for a 30-day public review and comment period. The review period is expected to begin on April 4, 2023, and end on May 4, 2023, with final public input provided through a public hearing held at the May BHAB. The Innovation proposal would be presented at the June 13, 2023 Board of Supervisor's meeting for review and approval, as required by the Mental Health Services Oversight & Accountability Commission (MHSOAC).

East County Crisis Stabilization Unit and Recovery Bridge Center

The County of San Diego is pleased to announce plans for the construction of a new East Region Crisis Stabilization Unit (CSU) and Recovery Bridge Center (RBC), which will include sobering services and outpatient substance use disorder services for adults ages 18 and older. These services are part of an array of mental health and substance use services that are regionally distributed across San Diego County and will enable East County residents to access the care they need. The East Region CSU will provide immediate mental health support and treatment services in a therapeutic setting to individuals in acute behavioral health distress who require urgent care. CSU services are short-term and focus on recovery linkage, care coordination, and a warm handoff to ongoing community services and supports. The RBC will be co-located within the CSU facility and will provide short-term services, not to exceed 24 hours, in a supervised, non-medical environment to support individuals whose level of public intoxication puts themselves or others at risk. The RBC will provide diversion, non-residential, non-medical, sobering services in a drug and alcohol-free environment for public inebriates or intoxicated individuals dropped off by health, safety, and law enforcement agencies. Outpatient substance use disorder services will also be available to ensure continuity of care.

Construction of the East Region CSU and RBC is expected to begin early 2024 and is anticipated to take a year. To stay connected with this project, visit the East Region CSU and RBC webpage at the following link: <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/csu/eastcsu.html>

TAY Substance Use Residential Treatment and Outpatient Recovery Services Update

- **TAY Substance Use (SU) Residential Treatment** – Episcopal Community Services will operate a Residential SU treatment program designed for TAY ages 18-25. Services include 24-hour non-medical residential substance use treatment, withdrawal management, recovery, and ancillary services to TAY with substance use issues, including co-occurring mental health conditions. Services will focus on harm reduction strategies and incorporate TAY evidence-based practices, artistic expression, prosocial activities, and peer support.
- **TAY Substance Use Outpatient Recovery Services** – UPAC Expanding Horizons will operate a new Outpatient SU treatment program for TAY ages 18 to 25 with SU issues, including co-occurring mental health conditions. TAY will receive clinical assessments for SU and mental health conditions, care coordination, and a "warm hand-off" to an appropriate level of care in the mental health system when need exceeds services available through the SU program. Programming is designed around the specific needs of TAY and include individual counseling, groups, care coordination, harm reduction strategies, drug testing, prosocial activities, artistic expression groups, peer support, recovery residence support, and MAT.

8th Annual Critical Issues in Child and Adolescent Mental Health (CICAMH) Conference – April 21, 2023

Save the Date for the hybrid 8th Annual CICAMH Conference: Building Resilience through Family Engagement scheduled for Friday, April 21, 2023. The conference will focus on engaging families and caregivers of youth who struggle with mental health concerns to foster youth resilience and nurture mental health well-being.

Register at: <https://app.ce-go.com/CICAMH2023> -
For questions, email: CICAMHCONFERENCE@GMAIL.COM

Respectfully submitted,

LUKE BERGMANN,
Ph.D., Director

Digitally signed by LUKE
BERGMANN, Ph.D., Director
Date: 2023.03.30 10:08:26 -07'00'

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

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



Board Item: Mental Health Services Act Three-Year Plan Fiscal Years 2023-24 - 2025-26

Behavioral Health Advisory Board
May 4, 2023



Mental Health Services Act



LIVE WELL
SAN DIEGO

- California ballot initiative passed by voters in 2004
 - 1% tax on personal income in excess of \$1M
- Designed to expand and transform California's behavioral health system
- Addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements
- Serves all ages with a focus on underserved and unserved communities



Community Program Planning (CPP)



LIVE WELL
SAN DIEGO

■ Informing Development of the MHSA Three-Year Plan

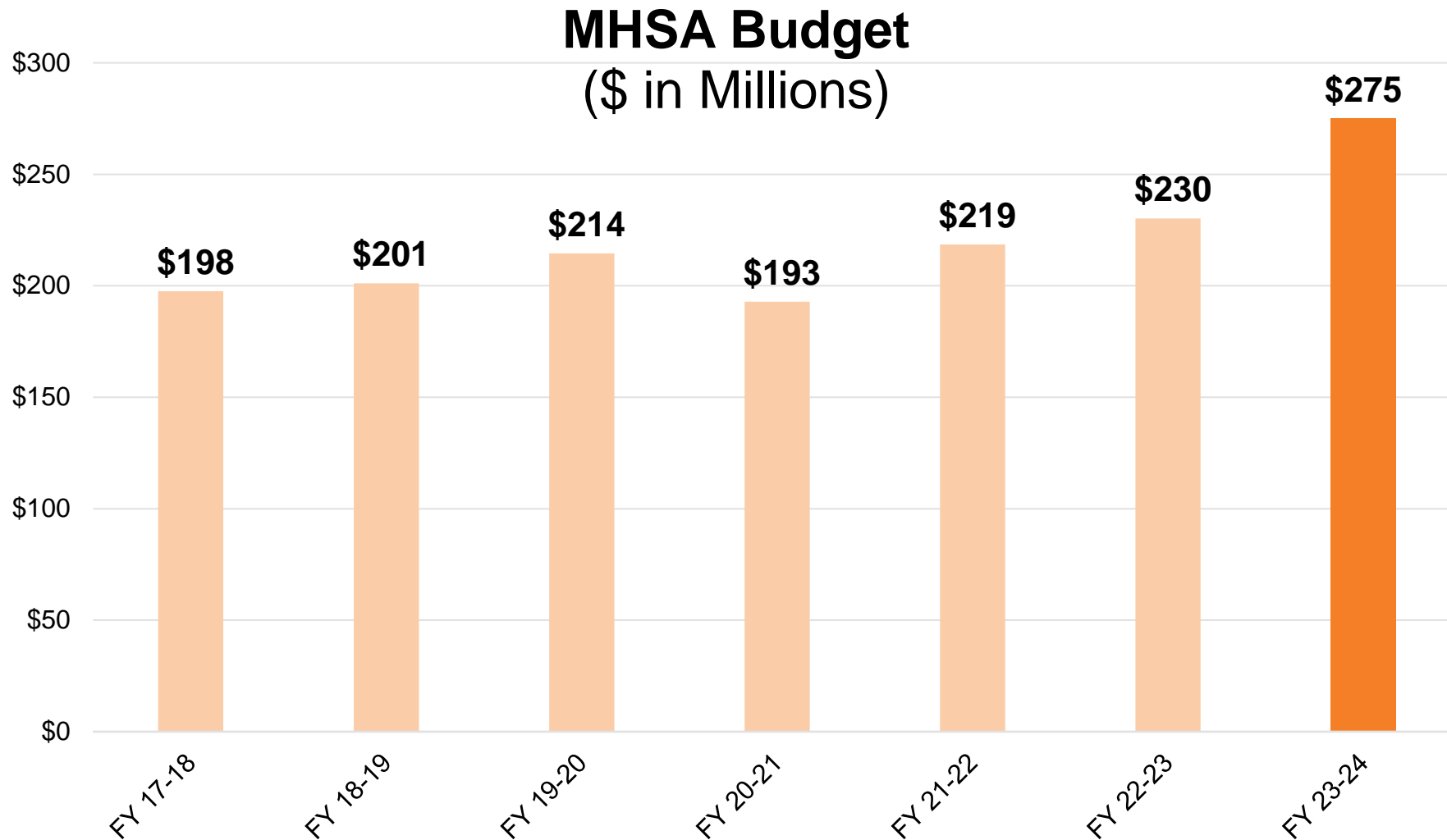
- Opportunity to offer feedback, identify priorities, and make recommendations
- Community Experience Partnership (CEP) Joint Initiative
- Development of a stakeholder outreach and engagement framework
- Input gathered through listening sessions, focus groups, and interviews, participation in community events and meetings



FY 2023-24 Proposed MHSA Budget



LIVE WELL
SAN DIEGO

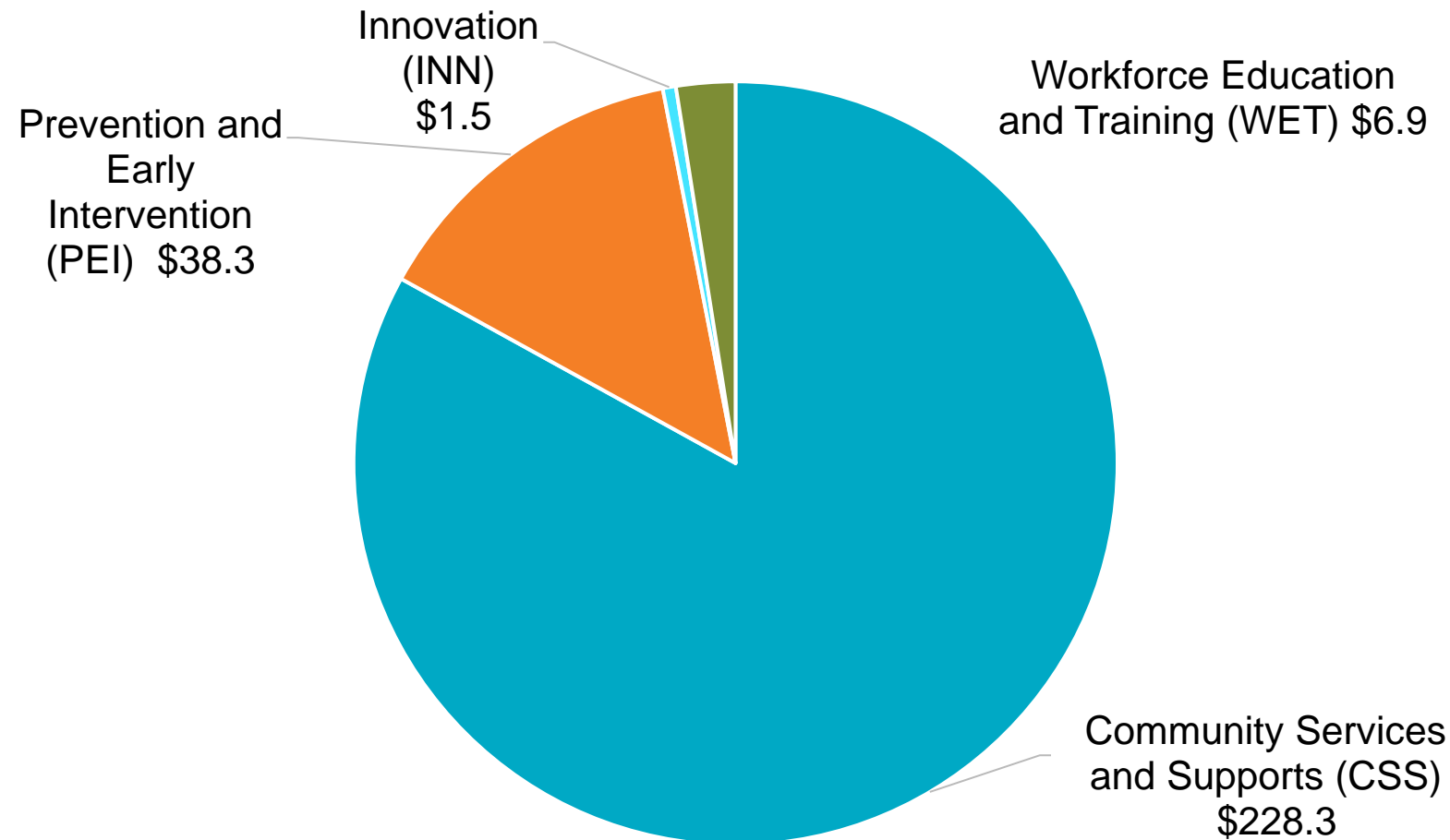


MHSA Proposed Budget FY 23-24



LIVE WELL
SAN DIEGO

Total MHSA Budget \$274.9 Million



Community Services and Supports (CSS)



■ **Adult Treatment Services**

- Full-Service Partnership (FSP) / Assertive Community Treatment (ACT)
- Outpatient Services

■ **Crisis & Diversionary Services**

- Mobile Crisis Response Teams (MCRT)
- Psychiatric Emergency Response Team (PERT)

■ **CARE Act Program**

- New ACT, outpatient, case management and other services

■ **Youth Services**

- Crisis Action and Connection
- Transitional Age Youth



Prevention and Early Intervention (PEI)



LIVE WELL
SAN DIEGO

- Public Messaging and Awareness
- Community Health and Engagement
- ACEs Prevention Parenting Program for Fathers, Father2Child
- School Based Suicide Prevention & Early Intervention
- Other small enhancements



Workforce (WET) & Innovation (INN)



LIVE WELL
SAN DIEGO

- **Workforce**

- Psychiatry Fellowship
- Recruiting and Retaining Workforce
- County Behavioral Health Workforce

- Shifting INN programs to CSS and PEI

- Annualization of contracts

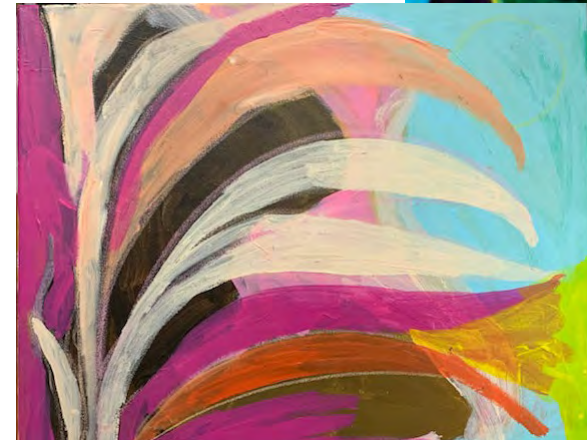


Looking Forward



LIVE WELL
SAN DIEGO

- **MHSA Modernization**
- **CalAIM Behavioral Health Payment Reform**
- **New Enhancements/Investments**
 - East Region Crisis Stabilization Unit and Recovery Bridge Services
 - Alvarado Crisis Stabilization Unit
 - MCRT
 - Workforce
 - CARE Act program
 - Behavioral Health Optimal Care Pathways
- **Ongoing Clinical Redesign**

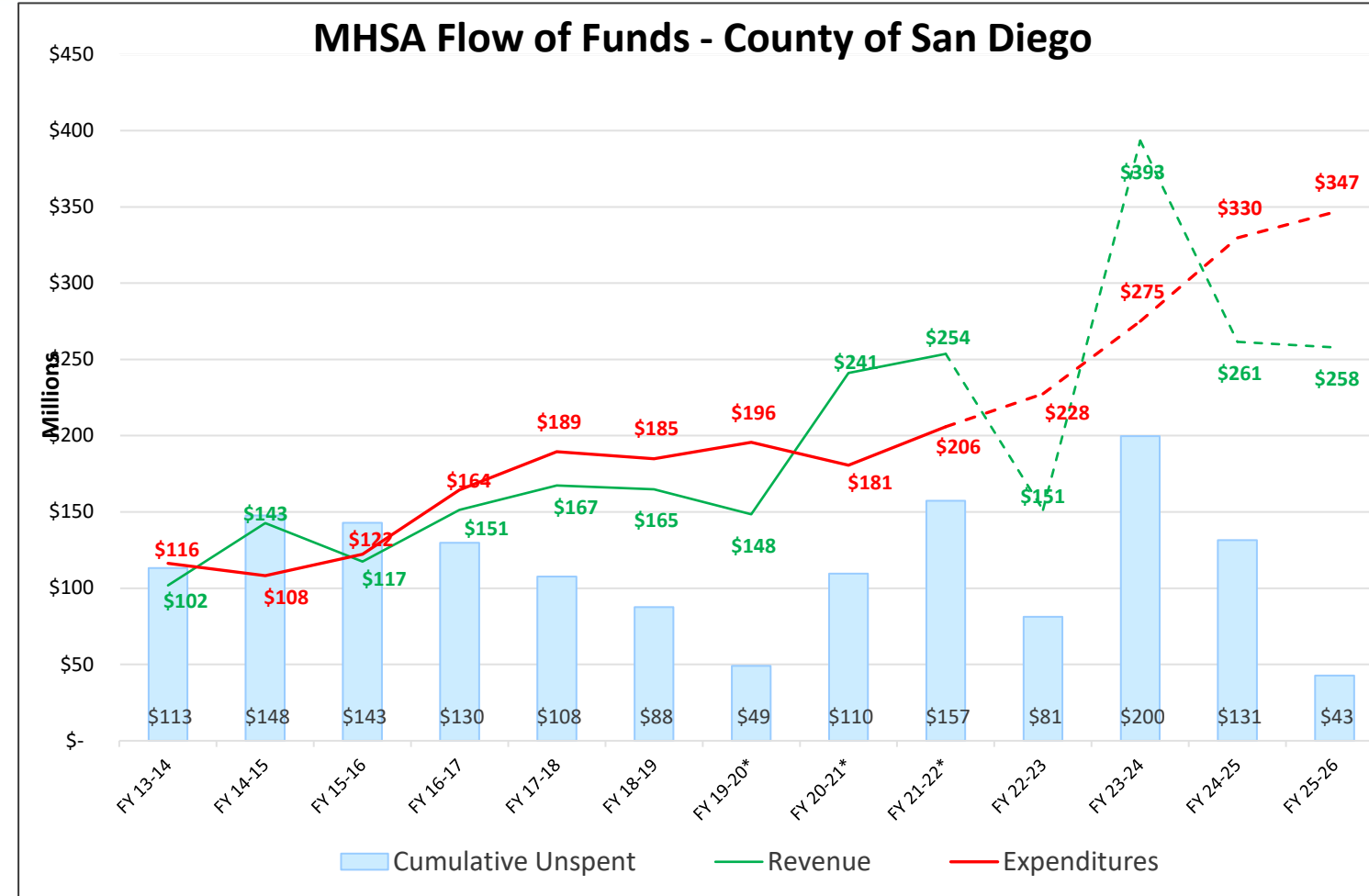


Flow of Funds



LIVE WELL
SAN DIEGO

- **Planning & Sustainability**
 - MHSA revenue is volatile
 - BHS plans to utilize unspent funds
 - Balance increased programming with sustainability long term
 - San Diego has reverted \$0
 - Only \$7.8M of \$22.8B reverted by all counties (<.03%)
 - Optimize federal drawdown



Recommendation



LIVE WELL
SAN DIEGO

- Receive and approve the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-24 through 2025-26 (Three-Year Plan) and authorize the Agency Director, Health and Human Services Agency, to submit the Three-Year Plan to the California Mental Health Services Oversight and Accountability (MHSAOAC) Commission.



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

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

April 28, 2023

TO: Behavioral Health Advisory Board (BHAB)

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

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – MAY 2023

Behavioral Health Crisis Services

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

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

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

Mobile Crisis Response Team (MCRT) Program

On June 25, 2019, the County Board of Supervisors approved a recommendation to enhance crisis intervention options available to the community by establishing a MCRT pilot program which became operational in January 2021. MCRT was designed to help people who are experiencing a mental health or substance use crisis by dispatching behavioral health experts to emergency calls instead of law enforcement, when appropriate. These situations are often more effectively addressed by trained clinicians or peers and with less risk of trauma to already vulnerable service recipients. MCRTs are comprised of licensed mental health clinicians, case managers, and peer support specialists who respond to behavioral health crisis calls that do not involve known threats of violence or medical emergencies. On June 23, 2020, the Board of Supervisors further expanded the MCRT program by approving an expedited rollout of MCRT services countywide. In June 2021, the regional MCRT contract was established and, through a phased roll out approach, the MCRT program was expanded to all regions in the County. As of March 13, 2023, the MCRT program has responded to over 4,600 referrals.

MCRT and BHS staff are currently in the planning and development phase of MCRT expansion and integration with Fire/Emergency Medical Services, Tribal leadership, colleges and universities, and school districts.

Crisis Stabilization Units

Crisis Stabilization Units (CSUs) provide immediate mental health support and treatment services in a therapeutic setting to individuals in acute behavioral health distress who require urgent care beyond what an outpatient clinical service can provide. Services are tailored to each person and are provided on a short-term basis, up to 24-hours, and include crisis intervention, mental health assessment, medication assistance, therapy, and peer support. CSUs are designed to be relaxing and quiet, with a calming environment to support mental wellness. The goal is to connect to ongoing care and divert from higher levels of care. In Spring of 2021, BHS opened a new community-based CSU co-located inside the North Coastal Live Well Center.

In Fiscal Year (FY) 2021-2022, over 8,500 unique clients were served by the six regional CSUs. Of those, over 83% of people admitted were diverted from inpatient hospitalizations.

In 2025, we will be opening a community-based CSU located in the East Region, which will be co-located with a new Recovery Bridge Center (RBC). The RBC will provide short-term services, usually about four hours but not exceeding 24-hours, in a supervised, non-medical environment to intoxicated individuals whose level of public intoxication puts themselves or others at risk. Outpatient substance use services will also be available to ensure continuity of care. The CSU and RBC divert individuals in need of immediate care and stabilization from unnecessary emergency room visits or involvement with law enforcement. For more information on this new East Region facility, visit: <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/csu/eastcsu.html>.

Children, Youth, and Families (CYF) System of Care

[Assembly Bill \(AB\) 153](#) (Chapter 86, Statutes of 2021), signed into law in July 2021, mandated the creation of the Children's Crisis Continuum Pilot Program to be jointly implemented by the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS). The Children's Crisis Continuum Pilot Program provides a framework for a highly integrated continuum of care for foster youth with high acuity needs to be modeled across California. The purpose of the Children's Crisis Continuum is to fully integrate the system of care for foster youth enabling a seamless transition between service settings and to provide stabilization and treatment to foster youth with high acuity needs within the least restrictive setting possible. The County of San Diego was awarded \$8.5 million in grant funding to support the pilot program over the first five years. BHS, in collaboration with the Department of Child and Family Well-Being and the Probation Department, is working to initiate several new services as part of the pilot continuum.

BHS is exploring two additional levels of care to support children and youth. The service models include an Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP). IOP provides a structured milieu of services to youth with mental health and co-occurring disorders several days a week after school hours, while a PHP offers intensive short-term services five days a week. Both an IOP and a PHP can be offered through a Day Treatment Intensive model, with the goal of stabilization, skill-building, and medication management.

Emergency Screening Unit

The Emergency Screening Unit (ESU), operated by New Alternatives, Inc. on behalf of the County, provides crisis stabilization services to children and youth experiencing an acute psychiatric crisis. The ESU team offers comprehensive screening services, crisis stabilization, referrals, and facilitates inpatient hospitalization when clinically necessary.

Behavioral Health Services
Director's Report – May 2023

In FY 2021-22, ESU had an overall increase in utilization of 7% when compared to the prior fiscal year; crisis stabilization services increased by 6%, and direct admissions increased by 16%. ESU screened 1,818 children and youth in total, with a diversion rate of 69.5%; a 9.8% increase when compared to the prior fiscal year.

In FY 2022-23 through Quarter 2 (Q2), ESU screened 779 children and youth with a diversion rate of 66.6%. Comparatively, ESU screened 952 children and youth through Q2 of FY 2021-22. The diversion rate is in line with pre-pandemic norms and represents a 6.9% increase in diversion compared to FY 2020-21 (i.e., during the COVID pandemic) and a decrease of 2.9% diversion compared to FY 2021-22.

The following table provides a summary of the data including the variance from FY 2020-21 to FY 2021-22, and FY 2021-22 through Q2 to FY 2022-23 through Q2, with anticipated projections through Q4 for FY2022-23.

	FY 20-21**	FY 21-22	Variance from FY 20-21 to FY 21-22	Through Q2 of FY 21-22	Through Q2 of FY 22-23	Variance from Q2 FY 21-22 to Q2 FY22-23	FY 22-23 Projection ***	Projected Variance from FY 19-20 to FY 22-23	Projected Variance from FY 21-22 to FY22-23
Crisis Services Admissions	1489	1575	6%	826	670	-19%	1340	-10%	-15%
Direct Admissions	210	243	16%	126	109	-13%	218	4%	-10%
Total Admissions	1699	1818	7%	952	779	-18%	1558	-8%	-14%
Diversion Rate	59.7%	69.5%	9.8%	69.5%	66.6%	-2.9%	66.6%	6.9%	-2.9%

**Services were available during the COVID-19 pandemic 7 days a week, 24 hours a day.

***The projections for FY 22-23 are based on actual data through Q2 of current fiscal year.

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

Acute Psychiatric Inpatient Services for Children and Adolescents (CAPS)

Acute Psychiatric Inpatient Services for Children and Adolescents (CAPS), operated by Rady Children's Hospital of San Diego is an acute care inpatient psychiatric unit serving adolescents and children with mental health disorders. Eleven County beds are dedicated to treating minors referred from the County's ESU. Services are provided 24-hours per day, 7-days a week and include intensive physical and mental assessment, evaluation, treatment, psychosocial, rehabilitation and education services for children and adolescent clients that includes family/caregiver involvement.

In FY 2021-22, CAPS served 650 clients and had an average length of stay of 5.47 days; a decrease from FY 2020-21 where the program served 684 clients and had an average length of stay of 5.56 days. There were 3,238 bed days utilized/produced for Medi-Cal and indigent clients reflecting a decrease from FY 2020-21's 3,334 total bed days utilized/produced, and 96% of discharged clients avoided re-admission to an inpatient setting within 60 days of their discharge, a 1% decrease from FY 2020-21.

In FY 2022-23 through Q2. CAPS served 321 clients with an average length of stay of 4.86 days, and 1,743 bed days utilized/produced for Medi-Cal and indigent clients.

The following table provides a summary of the data including the variance from FY 2020-21 to FY 2021-22, with anticipated projections through Q4 for FY 2022-23.

	FY 20-21	FY 21-22	Variance from FY 20-21 to FY21-22	Through Q2 of FY 21-22	Q2 YTD FY 22-23	Variance from Q2 FY 21-22 to Q2 FY22-23	FY 22-23 Projection ***
# Of Clients Served	684	650	-5%	339	321	-5%	642
Average Length of Stay	5.56	5.47	-2%	5.29	4.86	-8%	4.86
Total Bed Days	3334	3248	-3%	1619	1743	8%	3486
% Of Clients Avoiding Re-admission to an Inpatient Setting Within 60 days of Discharge	97%	96%	-1%	N/A	N/A	N/A	N/A

**Services were available during the COVID-19 pandemic 7 days a week, 24 hours a day.

***The projection for FY 22-23 is based on actual data through Q2 of current fiscal year.

CAPS is located at 3020 Children's Way, San Diego, CA 92123. The phone number is (858) 576-1700.

Crisis Action & Connection (CAC)

The Crisis Action and Connection program, operated by New Alternatives, Inc. on behalf of the County, provides rapid response to unconnected children and youth who have had a recent acute psychiatric episode in need of intensive support and linkage to services and community resources. This program improves access to mental health services to children, youth, and their families, which helps to divert or prevent use of acute services.

In FY 2021-22, CAC served 355 children and youth; a decrease from 516 in FY 2020-19. CAC received 1,195 referrals in total; a decrease from 1,208 in FY 2020-19. One of the program outcomes is for a minimum of 90% of clients served who discharged from inpatient services to avoid re-admission to inpatient services within 30 days post discharge from the hospital. In FY 2021-22, CAC achieved a rate of 97% of clients avoiding re-admission to inpatient services within 30 days of inpatient discharge.

In FY 2022-23 through Q2, CAC served 198 children and youth and received 473 referrals in total. As CAC receives referrals, the program screens these referrals for evaluation and treatment, and provides linkage for youth/families to community resources. Additionally, program reports linking a significant number of referrals received back to their existing outpatient treatment providers, as well as those families that are not responsive to outreach despite multiple attempts by program to engage into services. CAC's primary referral sources are from ESU, CAPS, and PERT.

In FY 2021-22, the program received 1,195 referrals in total. Approximately 35% of program referrals were received as a step down from the ESU, 14% as a step down from children and youth inpatient services (CAPS and Sharp Mesa Vista), 31% from PERT, 19% from community Emergency Departments, and 1% were referrals received by other referral sources.

In FY 2022-23 through Q2, the program received 473 referrals in total. Approximately 36% of program referrals have been received as a step down from the ESU, 22% as a step down from inpatient services (CAPS and Sharp Mesa Vista), 38% from PERT, 1% from community Emergency Departments, and 3% were referrals received by other referral sources.

The average length of stay at CAC has remained consistent throughout the last few fiscal years. The average length of stay at CAC was at 68.7 days in FY 2020-21, 69.8 days in FY 2021-22, and 65.5 days in FY 2022-23 through Q2 YTD.

The following table provides a summary of the data including the variance from FY 2020-21 to FY 2021-22, and FY 2021-22 through Q2 to FY 2022-23 through Q2, with anticipated projections through Q4 FY 2022-23.

	FY 20-21	FY 21-22	Variance from FY 20-21 to FY21-22	Q1 YTD FY 22- 23	Q2 YTD FY 22- 23	Variance from Q2 FY 21- 22 to Q2 FY22-23	FY 22-23 Projection ***
Clients Served	516	355	-31%	188	160	-15%	320
Referrals	1208	1195	-1%	693	473	-32%	946
Average Length of Stay	68.7	69.8	2%	N/A	65.5	N/A	65.5

CAC is located at 730 Medical Center Court, Chula Vista, CA 91911. The phone number is (619) 591-5740.

BHS SPECIAL EVENTS AND ANNOUNCEMENTS

MHSA Three-Year Plan 30-Day Public Review Closes May 4, 2023

The MHSA Three-Year Program and Expenditure Plan for FY 2023-24 through 2025-26 and the Public Behavioral Health Workforce Development and Retention Program- MHSA Innovation Program proposal were posted on the BHS and the Clerk of the Board webpage on April 4th for a 30-day public review and comment period. The MHSA Plan outlines all MHSA-funded programs and expenditures for the next three fiscal years. The Public Behavioral Health Workforce Development and Retention Program, if approved, will implement a combination of tested professional development programs and new strategies tailored to the County's most pressing workforce needs. The public review period opened on April 4, 2023, and ends May 4, 2023, with final public input provided through a public hearing held at the May BHAB meeting. The MHSA Three-Year Plan will be presented at the June 13, 2023, Board of Supervisors meeting for review and approval, as required by the Mental Health Services Oversight & Accountability Commission (MHSAOAC).

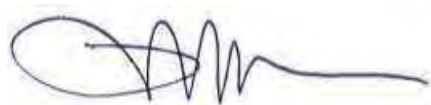
For more information on the MHSA visit the following link:

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

National Alliance on Mental Illness (NAMI) San Diego Community Advocacy Program

The NAMI-San Diego Community Advocacy Program will host the 9th annual Children and Youth Mental Health Well-Being Celebration on Saturday, May 13, 2023, from noon to 5:00 p.m. at the courtyard of the Grossmont Center mall. This is one of the "Mental Health Matters Month" events. This celebration is free of charge and will offer games, interactive art projects, opportunity drawings, and more. Everyone is welcome and BHAB members are encouraged to attend.

Respectfully submitted,



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

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



[2023 Conference Info – CMHACY](#)

[Link for Registration](#)

CHILDREN, YOUTH & FAMILIES MENTAL HEALTH & WELL-BEING CELEBRATION!



- Meet various local organizations & resources!
- Activities, artwork, and games for all ages!
- Music, drum circle, & bubble dance party!
- Opportunity drawings of many prizes!



May 13, 2023 - 1:00 to 5:00 pm
Grossmont Center - Main Courtyard
5500 Grossmont Center Drive, La Mesa, CA 91942

COUNTY OF SAN DIEGO



HHSA

HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO



Community
Advocacy
Program

NAMI SAN DIEGO & IMPERIAL COUNTIES



NAMI Basics is a free, 6-session education program for parents, caregivers and other family who provide care for youth (ages 22 and younger) who are experiencing mental health symptoms. This class is taught by trained teachers with lived experience raising a child with a mental health condition. They know what you're going through because they've been there too.

NAMI Basics covers the impact mental health conditions can have on your entire family. Different types of mental health care professionals, available treatment options and therapies. An overview of the public mental health care, school and juvenile justice systems and resources to help you navigate these systems. How to advocate for your child's rights at school and in the healthcare settings, the importance of taking care of yourself and so much more!

NAMI is offering the 6-Week Basics course beginning on May 23rd.

This class will be virtual. Click [HERE](#) to register.



Participant Perspectives

"This is such a great step by step program that walks parents through every step. It's as if they're holding your hand through it all."

"This class was unexpectedly wonderful! I did not expect to learn so very, very much! This program is well written with excellent segues between topics. It covers so much more than BASICS- the title doesn't do it justice."



Contact us for more information about
NAMI Basics class:
basics@namisd.org

About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. **NAMI San Diego** is an affiliate of NAMI **California**. **NAMI San Diego** and dedicated volunteer members and leaders work tirelessly to raise awareness and provide essential education, advocacy and support group programs for people in our community with mental health conditions and their loved ones.

Funded through San Diego County Behavioral Health Services, Mental Health Services Act (MHSA)

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

Annual Orientation

JUNE 12, 2023 | 9 – 10:30 A.M.

New CYF Council members, alternates, and stakeholders are encouraged to participate. All are welcome

This session intends to assist new Council members, alternates, and stakeholders understand the purpose of the Council and the role of their participants

Registration Link:

<https://us06web.zoom.us/meeting/register/tZMtce2sqTMuGtfdMC5XJRPKTzQwLpYA8dLF>

For more information, please contact:

Rhonda.Crowder@sdcounty.ca.gov or Darwin.Espejo@sdcounty.ca.gov

Click [HERE](#) for CYF Council Webpage

