

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

**MEETING AGENDA**

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

**Zoom meeting link for registration sent via Outlook meeting invitation:**

<https://us06web.zoom.us/join/join?z=06web&from=invitation&meeting=register/tZAof-irpMiHNMqivMdw3TOY2hEiq-u2S23>

**I. Welcome (Jaime Tate-Symons)**

**5 minutes**

- In observance of Thanksgiving, what are you grateful for? - Slido/Chat function
- Welcome new meeting attendees - translation provided
- New Medical Care Services (MCS) Council seat represented by Dr. Kelly Motadel & Heather Summers as member and alternate
- Welcome Caitlynn Hauw new Council member representing Youth
- Directing Change Art feature: "Focus On You!" by Diana Butchert, Grade 8 from Emerald Middle School  
Link <https://gallery.directingchange.org/sandiegocounty/art/>



**II. Review of Meeting Summary (Yael Koenig)**

**5 minutes**

- September 12, 2022, Meeting Summary - Handouts - **Pages 5-10**
- Action Items from September 12, 2022 - See meeting summary for action items - **Page 8**
  - Disseminate the updated Bylaws to the Council approved on September 12, 2022 meeting - Handout - **Pages 11-13**

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

**20 minutes**

New Agenda Item: Public Comments	
Inviting all participants to unmute or enter public comments in the chat	
Board Letters / Board Actions	
<p><u>September 13, 2022</u> - None</p> <p><u>September 27, 2022</u></p> <ul style="list-style-type: none"> <li>• <b>Item 07:</b> Authorize Subrecipient with the San Diego Workforce Partnership for the Career Pathways for Foster Youth Program and Authorize Application for Future Funding Opportunities</li> <li>• <b>Item 08:</b> Authorize Competitive Solicitation for Child Care Workforce Investment Program and Application for Future Funding Opportunities</li> <li>• <b>Item 12:</b> Convening a Board Conference: Joint City-County Housing Summit on October 3, 2022</li> <li>• <b>Item 21:</b> Declaring Homelessness a Public Health Crisis</li> <li>• <b>Item 22:</b> Increasing the Region's Workforce Housing Opportunities</li> <li>• <b>Item 23:</b> Receive an Update on Advancing the Behavioral Health Continuum of Care, Authorize Construction Contract for the East Region Crisis Stabilization Unit, and Receive the Optimal Care Pathways Model Handouts include presentation - <b>Pages 14-51</b></li> <li>• <b>Item 24:</b> An Ordinance Amending Provisions in the San Diego County Administrative Code Relating to the Public Administrator, Public Guardian, and Public Conservator</li> </ul> <p><u>October 3, 2022</u></p> <ul style="list-style-type: none"> <li>• Joint Acknowledgement of the Impacts of the Lack of Affordable Housing in San Diego and Declaring Intent to Work Together to Support Increasing the Region's Affordable Housing Supply</li> </ul> <p><u>October 11, 2022</u></p> <ul style="list-style-type: none"> <li>• <b>Item 09:</b> Establish the Behavioral Health Impact Fund 2.0 – Handout – <b>Page 52-55</b></li> <li>• <b>Item 10:</b> Addressing the Behavioral Health Worker Shortage in San Diego County (Link to the attachment provided in the September 12, 2022 meeting packet) Handout – <b>Page 56-65</b></li> <li>• <b>Item 11:</b> Enhancing Fentanyl Education and Strengthening Harm Reduction Efforts for Young People - Handout - <b>Page 66-71</b></li> <li>• <b>Item 12:</b> Building Partnerships to Prevent, Address, and Seek an End to Homelessness</li> <li>• <b>Item 14:</b> Authorize Appropriations for the Tri-City Psychiatric Health and the East Region Community-Based Care Facilities; Accept Grant Funding for the Edgemoor Acute Inpatient Unit, Shift Future Services at the San Diego County Psychiatric Hospital Facility and the Vacant County Owned Property at 4307 Third Ave, and Issue Competitive Solicitations for Professionals Services, Preconstruction Services and the Development of the Central Region and East Region Community Based Care Facilities Handouts include presentation- <b>Pages 72-90</b></li> <li>• <b>Item 16:</b> Receive a Presentation on Fiscal Year 2022-23 Economic Update</li> </ul> <p><u>October 25, 2022</u></p> <ul style="list-style-type: none"> <li>• <b>Item 20:</b> A Comprehensive Approach to the Opioid Crisis and Adoption of the San Diego County Opioid Settlement Framework - Handouts - <b>Pages 91-105</b></li> <li>• <b>Item 21:</b> Developing a Homeless Prevention Program</li> <li>• <b>Item 22:</b> Receive and Approve the Mental Health Services Act (MHSA) Fiscal Year 2022-23 Agency Annual Update - Handouts include presentation - <b>Pages 106-117</b></li> <li>• <b>Item 23:</b> Receive Update on the San Pasqual Academy Transition, Authorize Competitive Solicitations, and Authorize Competitive Solicitations and Authorize Application for Future Funding - Handout - <b>Pages 118-131</b></li> </ul>	

Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted first page of Board Letters are included in the packet, however links to the Board Letters are included, and all Board Letters can be found at the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings:

<https://www.sandiegocounty.gov/cob/bosa/index.html>

#### Information

- **Behavioral Health Director's Report** - October and November 2022 - Handouts - **Pages 132-143**
- **CYF Services Directory November 2022** version update - Handout - **Page 144**  
<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/CYF%20Services%20Directory%20Updated%20November%202022%2011.7.22.pdf>

#### IV. MHSA Update (Dr. Danyte Mockus-Valenzuela)

**5 minutes**

- See BOS Letter from October 25, 2022, item 22 to Receive and Approve the MHSA Fiscal Year 2022-23 Agency Annual Update  
Link: [http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_act/mhsa.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html)

#### V. Hot Topic: Student Behavioral Health Incentive Program (SBHIP) - (Stephanie Escobar)

**Verna Gant** (NAMI San Diego)

**Micaela Cunningham** (NAMI San Diego)

Representing the 6 San Diego Managed Care Plans:

**Dr. Kathleen Lang** (Health Net Community Solutions)

**Alexandra Mays** (Kaiser Permanente)

**Presentation** - Handouts – **Pages 145-154**

**25 minutes**

**Dialogue:** Inclusive of Questions and Answers Session

**25 minutes**

- What would you like to see come out of SBHIP?
- What do you want the Medi-Cal Managed Care Plans (MCPs) to know?
- Where do you see the biggest gaps/barriers between schools, the county, and health plans in serving kids?
- What ideas or best practices can be shared?
- What services are needed for younger students (TK-8 Grade)?

#### VI. Announcements (Stephanie Escobar)

**5 minutes**

- Poll Question
- Inviting all participants to unmute or enter announcements in the chat
- **The San Diego Voice and Viewpoint and HHSA Town Hall Series** of community topics hosted by Nick Macchione and John Warren via Zoom from 5:30 to 6:30 p.m. - Flier - **Page 155**  
Upcoming Town Halls:
  - November 16, 2022- Behavioral Health Services (Luke Bergmann)
  - December 14, 2022 – Homeless Solutions & Equitable Communities (Barbara Jiménez)
- **Live Well on Wheels (Live WoW) Operation Gobble**  
November 16, 2022 from 3 to 6 p.m. at Our Lady of Sacred Heart Church, 4177 Marlborough Avenue, San Diego CA 92105  
Flier - **Page 156**
- **Prescription Drug Abuse Task Force (PDATF) Quarterly Meeting** (virtual)  
November 18, 2022 from 9 to 11 a.m. - Flier - **Page 157**  
**Register at:** [https://us02web.zoom.us/webinar/register/WN\\_nJLdw8f8TtGObcc6TEPD3Q](https://us02web.zoom.us/webinar/register/WN_nJLdw8f8TtGObcc6TEPD3Q)
- **Live Well San Diego Advance** Conference and School Summit on December 7, 2022 - Flier - **Page 158**  
<https://www.livewellsd.org/content/livewell/home/news-events/advance.html>

#### Next Executive Committee Meeting:

Date: November 28, 2022

Time: 12:30 to 1 p.m.

#### Next Council Meeting

Date: Monday, December 12, 2022

Time: 9 to 10:30 a.m.

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

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_children/CYFBHSOCCouncil.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html)

**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



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

September 12, 2022 | 9 to 10:30 a.m.  
Virtual Meeting

ITEM	SUMMARY AND ACTION ITEMS
<p><b>I. Welcome</b> (Jaime Tate-Symons)</p> <ul style="list-style-type: none"> <li>September 4-10, 2022 is National Suicide Prevention Week: resource sharing via chat function</li> <li>Welcome new meeting attendees - translation available</li> <li>Congratulations to George Scolari on his retirement and thank you for his contributions representing the Managed Care Health Plans</li> <li>Welcome Kathleen Lang as the new Managed Health Care Plans member representative and James Trout as the new alternate</li> <li>Thank you Micaela Cunningham for your contributions representing youth in the Family Sector</li> <li>Directing Change Art feature: "Seasons of Change" by Daniella Carrasco - Grade 7 from Minerva Middle School</li> </ul> <p>Link <a href="https://gallery.directingchange.org/sandiegocounty/art/">https://gallery.directingchange.org/sandiegocounty/art/</a></p> <p>Resources shared in the chat of the meeting</p> <ul style="list-style-type: none"> <li><a href="#">Annual Suicide Prevention Week Activation Kit</a></li> <li><a href="#">It's Up to Us – Suicide Prevention</a></li> <li><a href="#">Know the Signs - Suicide is Preventable</a></li> <li><a href="#">Know the Signs - Student Mental Wellness Thrival Journal</a></li> <li><a href="#">Mobile Crisis Response Team (MCRT)</a></li> <li><a href="#">SAMHSA Resources for Suicide Prevention</a></li> <li><a href="#">San Diego Access and Crisis Line (ACL)</a></li> <li><a href="#">San Diego County Office of Education (SDCOE) Resources</a></li> <li><a href="#">San Diego County Suicide Prevention Council</a></li> <li><a href="#">Survivors of Suicide Loss (SOSL)</a></li> <li><a href="#">Take Action For Mental Health</a></li> <li><a href="#">Take Action for Mental Health Wellness Notebook</a></li> <li><a href="#">2-1-1 San Diego – Mental Health</a></li> <li><a href="#">"988" National Suicide and Crisis Lifeline</a></li> </ul>	<ul style="list-style-type: none"> <li>Jaime Tate-Symons welcomed meeting attendees and covered the following items: <ul style="list-style-type: none"> <li>Acknowledged and thanked outgoing Council members and welcomed new representatives for the Managed Care Health Plans</li> <li>Highlighted the featured art piece from Directing Change</li> </ul> </li> <li>Yael Koenig announced the National Suicide Prevention Week and invited meeting attendees to see the resources posted in the chat by Rhonda Crowder and to post additional resources. Resources shared are found to the left</li> </ul>
<p><b>II. Review of Meeting Summary</b> (Yael Koenig)</p> <ul style="list-style-type: none"> <li>August 8, 2022, Meeting Summary - Handouts - <b>Pages 5-9</b></li> <li>Action Items from August 8, 2022 - See meeting summary for action items - <b>Page 7</b></li> </ul>	<ul style="list-style-type: none"> <li>Yael Koenig reviewed the action items from August 8, 2022: <ul style="list-style-type: none"> <li>Updated Bylaws. Included in the meeting packet- Pages 10-12</li> <li>Fiscal Year 2022-23 Strategic Planning - Areas of Focus Summary that was delivered to BHS Director. Included in the meeting packet - Pages 13-15</li> <li>Revisit the recommendation to add a Public Sector Council seat representing Medical Care Services. Action item for the September 12, 2022 meeting</li> </ul> </li> </ul>
<p><b>III. Business Items</b> (Yael Koenig) <b>Board Letters (BL)</b></p> <p><u>August 16, 2022</u></p> <ul style="list-style-type: none"> <li><b>Item 07:</b> Authorization to Accept Behavioral Health Continuum Infrastructure Program Launch Ready Grant Funds and Mental Health Student Services Act Grant Funds and Waive Board Policy B-29 - Handout - <b>Pages 16-22</b></li> <li><b>Item 20:</b> Receive Update on Child Welfare Services Review Working Group Recommendations Handouts include presentation - <b>Pages 23-36</b></li> </ul>	<ul style="list-style-type: none"> <li>Yael Koenig reviewed the Board Letters for the August 16 and August 30, 2022 BOS meeting.</li> </ul>

## ITEM

## SUMMARY AND ACTION ITEMS

August 30, 2022

- **Item 16:** Authorization to Enter into a Contract with Alvarado Hospital, LLC DBA Alvarado Hospital Medical Center for Medi-Cal Managed Care Inpatient Acute Psychiatric Services and Emergency Psychiatric and Crisis Stabilization Services and Established Appropriations for Facility Improvements at Alvarado Hospital Medical Center [Funding Source: Short-Doyle Medi-Cal; Mental Health Services Act, Realignment, for the Initial Architectural Design is Realignment] - Handouts include presentation - **Pages 37-45**
- **Item 17:** Receive Update on the Department of Homeless Solutions and Equitable Communities and Accept Funding for Afghan Refugee Support Services

Board Letters can be found at the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings: <https://www.sandiegocounty.gov/cob/bosa/index.html>

### CYF Council Bylaws-Proposed Update

Recommendation to add a Medical Care Services (MCS) seat under Public

- Dr. Thomas Coleman
- Dr. Kelly Motadel

1. Support recommendation to add a Medical Care Services (MCS) Seat.			
Member	VOTE	Alternate	VOTE
Bill Stewart	<input checked="" type="checkbox"/>	Joel San Juan	<input type="checkbox"/>
Dr. Laura Vleugels	<input checked="" type="checkbox"/>	Dr. Patricia Cardenas-Wallenfelt	<input type="checkbox"/>
Tabatha Wilburn	<input checked="" type="checkbox"/>	Delona King	<input type="checkbox"/>
Jerelyn Bourdage	<input type="checkbox"/>	Norma Rincon	<input type="checkbox"/>
*	<input type="checkbox"/>	Jennifer Sovay	<input type="checkbox"/>
Dr. Thomas Coleman	<input checked="" type="checkbox"/>	Rhonda Freeman	<input type="checkbox"/>
Hon. Judge Ana Espana	<input type="checkbox"/>	Beth Brown	<input checked="" type="checkbox"/>
Aletha Arguilez	<input type="checkbox"/>	Stephanie Escobar	<input checked="" type="checkbox"/>
Russell Coronado	<input type="checkbox"/>	Jaime Tate-Symons	<input checked="" type="checkbox"/>
Violeta Mora	<input type="checkbox"/>	Margaret Sedor	<input type="checkbox"/>
Barbara Ryan	<input checked="" type="checkbox"/>	Debra Schade	<input type="checkbox"/>
Yuka Sakamoto	<input type="checkbox"/>	Misty Bonta	<input type="checkbox"/>
Zachary Guzik	<input checked="" type="checkbox"/>	*	<input type="checkbox"/>
Angela Rowe	<input type="checkbox"/>	John Laidlaw	<input type="checkbox"/>
Marisa Varond	<input checked="" type="checkbox"/>	Claudette Allen Butler	<input type="checkbox"/>
Julie McPherson	<input checked="" type="checkbox"/>	Minola Clark Manson	<input type="checkbox"/>
Laura Beadles	<input checked="" type="checkbox"/>	Golby Rahimi	<input type="checkbox"/>
Dr. Sherry Casper	<input type="checkbox"/>	Marcelo A. Podesta	<input type="checkbox"/>
Kathleen Lang	<input checked="" type="checkbox"/>	James Trout	<input type="checkbox"/>
Dr. Pradeep Gidwani	<input checked="" type="checkbox"/>	Dr. Kelly Motadel	<input type="checkbox"/>
Sten Walker	<input checked="" type="checkbox"/>	*	<input type="checkbox"/>
*	<input type="checkbox"/>	Karilyn "Kari" Perry	<input checked="" type="checkbox"/>
Veronica Hernandez	<input type="checkbox"/>	*	<input type="checkbox"/>
*	<input type="checkbox"/>	*	<input type="checkbox"/>
<b>TOTAL</b>	<b>12</b>	<b>TOTAL</b>	<b>4</b>
<b>Total Votes: 16</b>			

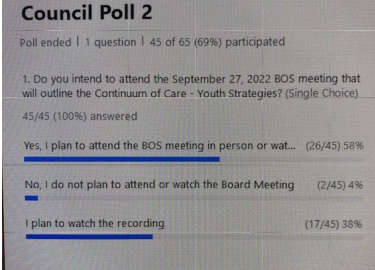
### Information

- **Behavioral Health Director's Report** -September 2022 Handout - **Pages 49-56**
- **Updated CYF Council meeting schedule** - January 9, 2023 dark instead of December 12, 2022 - Handout - **Page 57**
- **Addressing San Diego's Behavioral Health Worker Shortage** - Handout - **Pages 58-59**  
<https://www.countynewscenter.com/behavioral-health-workforce-symposium-addresses-lack-of-qualified-workers/>  
<https://www.youtube.com/watch?v=SHOlgJ1YJ4>  
<https://workforce.org/wp-content/uploads/2022/08/San-Diego-Behavioral-Health-Workforce-Report.pdf>

- Action Item from August 8, 2022: Yael Koenig invited Dr. Coleman and Dr. Motadel to present the recommendation to add a Medical Care Services (MCS) seat to the CYF Council.
  - Their recommendation was supported with the 16 members/alternates in attendance at the time of the vote
  - Voting was completed through the Zoom Chat feature. There were no abstentions – see details to the left
  - The addition of the MCS seat increased members seats from 24 to 25

- Yael Koenig reviewed information items
  - Aisha Pope and presented a Birth of Brilliance conference video to announce the February 23, 2023 Birth of Brilliance conference: "Be the Change". Conference proposals can be submitted through October 14, 2023 at: [https://docs.google.com/forms/d/1R\\_Nu8OVY2eVoADSdfTo62hyX0fzXXefcvbjPsaofHM/viewform?edit\\_requested=true](https://docs.google.com/forms/d/1R_Nu8OVY2eVoADSdfTo62hyX0fzXXefcvbjPsaofHM/viewform?edit_requested=true)

ITEM	SUMMARY AND ACTION ITEMS						
<ul style="list-style-type: none"> <li>• <b>California Master Plan for Kid's Mental Health</b> -Handout - Pages 60-65 <a href="https://www.gov.ca.gov/wp-content/uploads/2022/08/KidsMentalHealthMasterPlan_8.18.22.pdf?emrc=6d3847">https://www.gov.ca.gov/wp-content/uploads/2022/08/KidsMentalHealthMasterPlan_8.18.22.pdf?emrc=6d3847</a></li> <li>• <b>California Health and Human Services Agency (CalHSS) News Release 22-10, August 25, 2022 - Department of Health Care Services (DHCS): New Managed Care Contracts</b> - Handout - Page 66 <a href="https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx">https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx</a></li> <li>• <b>Mental Health Student Services Act (MHSSA) grant from the Mental Health Services Oversight &amp; Accountability Commission (MHSOAC) to Enhance mental health resources for students</b> <a href="https://www.10news.com/story/news/education/2022/08/25/mhssa-grant-mental-health-resources-students/7048444002/">Grant to enhance mental health resources for students (10news.com)</a></li> <li>• <b>Mental Health America 2022 Back to School Kit</b> - Handout - Page 67 <a href="https://mhanational.org/sites/default/files/2022-08/Back-to-School-Toolkit-2022.pdf">https://mhanational.org/sites/default/files/2022-08/Back-to-School-Toolkit-2022.pdf</a></li> <li>• <b>Community and Parents Fentanyl Toolkit</b> -Handout - Page 68 <a href="https://www.sdpdatf.org/community-parent-fentanyl-toolkit">https://www.sdpdatf.org/community-parent-fentanyl-toolkit</a></li> <li>• <b>Marijuana and hallucinogen use among young adults reached all time-high in 2021</b> - Handout - Page 69 <a href="https://nida.nih.gov/news-events/news-releases/2022/08/marijuana-and-hallucinogen-use-among-young-adults-reached-all-time-high-in-2021">https://nida.nih.gov/news-events/news-releases/2022/08/marijuana-and-hallucinogen-use-among-young-adults-reached-all-time-high-in-2021</a></li> <li>• <b>The Children's Initiative - Live Well San Diego Report Card on Children, Families, and Community 2021</b> - Handout - Page 70 <a href="https://www.thechildrensinitiative.org/2021-Report-Card-Frontmatter">2984 CI Report2021-frontmatter v5.indd (thechildrensinitiative.org)</a></li> <li>• <b>Third Annual Birth of Brilliance Conference (February 2023) -Call for Proposals (Aisha Pope)</b>- Handout - Page 71 <a href="https://www.youtube.com/watch?v=gr3pGyaSpmM">https://www.youtube.com/watch?v=gr3pGyaSpmM</a></li> <li>• <b>The Importance of Touch from Meg Olinger, Ashley Rambeau, and the Early Childhood Committee (Rosa Ana Lozada)</b> -Handout - Page 72 <a href="https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/Touch%20One%20Pager%20Updated%202022-22.pdf">https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/Touch%20One%20Pager%20Updated%202022-22.pdf</a></li> </ul>							
<p><b>IV. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela)</b></p> <ul style="list-style-type: none"> <li>• Fiscal Year 2022-23 Annual Update, public comment period from September 6, 2022 to October 6, 2022. Link: <a href="http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html">http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html</a></li> <li>• <b>Send comments, suggestions and/or questions</b> to either the MHSA voice message line or email address or use the feedback link: <a href="https://smartsheet.com/sheets/2022-Mental-Health-Services-Act-30-Day-Public-Comment-Form">2022 Mental Health Services Act 30-Day Public Comment Form (smartsheet.com)</a> Phone: 619-584-5063 / Toll-Free: 888-977-6763 or <a href="mailto:MHSPop63.HHSA@sdcounty.ca.gov">MHSPop63.HHSA@sdcounty.ca.gov</a></li> <li>• <b>MHSA Stakeholder virtual trainings</b> on September 20, 23, and 28, 2022. Optional Spanish interpretation available - Fliers - <b>Pages 73-74</b> Registration for any session at: <a href="https://tinyurl.com/MHSATraining">https://tinyurl.com/MHSATraining</a></li> </ul>	<ul style="list-style-type: none"> <li>• Dr. Mockus-Valenzuela provided the MHSA update</li> </ul>						
<p><b>V. Hot Topic (Stephanie Escobar and Yael Koenig)</b></p> <ul style="list-style-type: none"> <li>• Review <u>Fiscal Year 2022-23 Strategic Planning - Areas of Focus Summary</u> delivered to BHS Director Handout- <b>Pages 13-15</b></li> <li>• Poll Question: Have you attended a BOS meeting?</li> </ul> <p><b>Council Poll 1</b></p> <p>1. Have you attended a Board of Supervisors (BOS) meeting? (Single Choice) *</p> <table border="1"> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes (in person, virtually or watched recording after the fact)</td> <td>61%</td> </tr> <tr> <td>No</td> <td>39%</td> </tr> </tbody> </table> <p>You did not answer this question</p>	Response	Percentage	Yes (in person, virtually or watched recording after the fact)	61%	No	39%	<ul style="list-style-type: none"> <li>• Yael Koenig announced that the <u>Fiscal Year 2022-23 Strategic Planning - Areas of Focus Summary</u> document was sent to Dr. Bergmann and included in the meeting packet</li> <li>• First poll question – See responses on left column</li> <li>• Yael Koenig introduced BHS Director, Dr. Luke Bergmann, BHS Director who discussed Continuum of Care strategies for children and youth with an upcoming Board Letter scheduled for September 27, 2022: <ul style="list-style-type: none"> <li>▪ Strategic Domain #1: Treatment for families and Social Determinants of Health supports</li> </ul> </li> </ul>
Response	Percentage						
Yes (in person, virtually or watched recording after the fact)	61%						
No	39%						

ITEM	SUMMARY AND ACTION ITEMS
<ul style="list-style-type: none"> <li>Continuum of Care - Youth Strategies (Dr. Luke Bergmann) <ul style="list-style-type: none"> <li>September 27, 2022 Board Letter</li> <li>Dialogue: inclusive of Questions and Answers Session</li> </ul> </li> <li>Poll Question: Do you intend to attend the September 27, 2022 BOS meeting that will outline the Continuum of Care – Youth Strategies?</li> </ul> 	<ul style="list-style-type: none"> <li>Strategic Domain #2: School-Based Universal Screening with expanded Early Intervention, care linkages, and treatment</li> <li>Strategic Domain #3: Health Integration</li> </ul> <p>Highlights from the Dialogue</p> <ul style="list-style-type: none"> <li>“Exciting time. Glad to see that the Board and BH is supportive of the work the CYF System of Care has been working on over several years through this Council”</li> <li>Children/youth involved in Child Welfare Services are a priority; need to intervene early</li> <li>Need to improve capacity</li> <li>Need to expand resources for children/youth with developmental disabilities</li> <li>Need more individual therapists trained in DBT/CBT to work with clients from the San Diego Regional Center</li> <li>Need to expand State models of payment</li> <li>Applaud Strategy Domain #2</li> <li>Building on successes is very important. Pediatricians are very concerned about children no longer eligible for First 5 programs</li> </ul> <ul style="list-style-type: none"> <li>Second poll question – See responses on left column</li> </ul>
<p><b>VI. Announcements (Stephanie Escobar)</b></p> <ul style="list-style-type: none"> <li><b>New Section</b> - Inviting all participants to unmute or enter announcements in the chat</li> <li><b>13th Annual Early Childhood Mental Health Conference – We Can’t Wait – How are the Children? The Path from Healing to Well- Being</b> on September 15-16, 2022 (Virtual)- Registration: <a href="https://www.earlychildhoodmentalhealth-sandiego.com">ECMH – We Can't Wait! (earlychildhoodmentalhealth-sandiego.com)</a> -Handout - <b>Page 75</b></li> <li><b>Recovery Happens 2022</b> is scheduled for September 17, 2022, from 10 a.m. to 1 p.m. – Flier – <b>Page 76</b> Please contact Dawn Hull at: <a href="mailto:Dawn.Hull@sdcounty.ca.gov">Dawn.Hull@sdcounty.ca.gov</a> for information on resource tables September is National Recovery month - <a href="https://www.samhsa.gov/recovery-month">https://www.samhsa.gov/recovery-month</a></li> <li><b>Live Well San Diego 5K at the Waterfront Park</b> on September 18, 2022 – Handout - <b>Page 77</b> <a href="https://www.livewellsd.org/content/livewell/home/livewellsd5k.html">https://www.livewellsd.org/content/livewell/home/livewellsd5k.html</a></li> <li><b>Combined Councils Meeting</b>, October 10, 2022 – Note that meeting is from 10 to 11:30 a.m. via Zoom - Flier - <b>Page 78</b> Registration Link <a href="https://us06web.zoom.us/join/zt1pceCgqz8jHNeL0sl8K35EcZvQ9vUAerD">https://us06web.zoom.us/join/zt1pceCgqz8jHNeL0sl8K35EcZvQ9vUAerD</a></li> <li><b>Cultural Competency Academy Foundational Series</b>: October 20, 2022 to June 8, 2023 (five sessions) - Flier - <b>Pages 79-80</b> <a href="https://theacademy.sdsu.edu/programs/rihs/cultural-competency-academy/#anchor_3">https://theacademy.sdsu.edu/programs/rihs/cultural-competency-academy/#anchor_3</a></li> </ul>	<ul style="list-style-type: none"> <li>A new Announcement section was introduced, inviting meeting participants to unmute or enter announcements in the Chat, Announcements for the Chat can be sent in advance to Edith Mohler at <a href="mailto:Edith.Mohler@sdcounty.ca.gov">Edith.Mohler@sdcounty.ca.gov</a></li> <li>Stephanie Escobar made the announcements listed on the left</li> </ul>
<p><b>VII. Action Items</b></p>	<p><b>Action Due/Status</b></p>
<ol style="list-style-type: none"> <li>Disseminate September 12, 2022 Voting results to add Medical Care Services seat to the Council</li> <li>Disseminate revised CYF Council bylaws dated September 12, 2022 to reflect the new Public Sector seat, Medical Care Services (MCS). Updated Bylaws have also been uploaded to the CYF Council website available at: <a href="https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/9.12.22%20CYF%20Council%20Bylaws-Approved.pdf">https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/9.12.22%20CYF%20Council%20Bylaws-Approved.pdf</a></li> </ol>	<ol style="list-style-type: none"> <li>Included in this meeting summary, page 2</li> <li>To be included in the November 14, 2022 CYF Council meeting packet</li> </ol>
<p><b>Next Meeting:</b> Combined Councils Virtual Meeting  <b>Date:</b> Monday, October 10, 2022  <b>Time:</b> 10 to 11:30 a.m.</p>	

+=Member in Attendance O=Absent

E=Excused

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

**Total Attendees: 93**

Aisha Pope	David Taylor	Karen Giannini	Rebecca Raymond
Alyssia Claiborne	Debra Schade	Kari Perry	Rhonda Crowder
Amanda Farr	Dina Ali	Kathleen Lang	Roberto Suarez
Amanda Lance-Sexton	Dori Gilbert	Kelly Bordman	Ron Bautista
Angela Rowe	Edith Mohler	Kelly Motadel	Rosa Ana Lozada
Angelina Puffelis	Eileen Quinn-O'Malley	Krystle Murguia	Rose Woods
Babbi Winegarden	Elizabeth Dauz	Laura Beadles	Sandra Mueller
Barbara Ryan	Erick Mora	Laura McClarin	Sarah Baldwin
Berenis Gonzalez	Evan Test	Laura Vleugels	Seth Williams
Beth Brown	Fran Cooper	Leslie Manriquez	Shannon Jackson
Bill Stewart- BHAB	Golby Rahimi Saylor	Liz Winchell	Shreya Sasaki
Bobbi Smylie	Jaime Tate-Symons	Luke Bergmann	Stacey Musso
Bri Renstrom	Jamie Martinez	Mareeh Marquez	Sten Walker
Caitlynn Hauw	Jamie Pellegrino	Margaret Anello	Stephanie Escobar
Carmen Pat	Janet Cacho	Marisa Varond	Stephanie Gioia-Beckman
Celeste Hunter	Janette Magsanoc	Martin Dare	Susana Antonio
Cheryl Rode	Jazmin Wali	Melanie Morones	Tabatha Wilburn
Christina Bruce	Jean McDonald	Michael Miller	Tom Coleman
Christine Davies	Jennette Shay	Michelle Hogan	Vanessa Arteaga
Christine Maggio	Jerelyn Bourdage	Mina Arthman	Wendy Maramba
Claire Riley	Jodi Erickson	Patricia Cardenas-Wallenfelt MD	Yael Koenig
Danyte Mockus-Valenzuela	Judi Holder	Pradeep Gidwani	Yuka Sakamoto
Darwin Espejo	Julie McPherson	Rafael Ortiz-Gomez	Yvette Leiva
			Zachary Guzik

**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.

**Family and Youth as Partners:** Meets every third Thursday of the month from 1:30 to 3 p.m.

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



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



## Article One: Name

The name of this organization shall be the Children, Youth and Families Behavioral Health System of Care Council (also known as CYF Council or the Council).

## Article Two: Purpose and Duties

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

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

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

## Article Three: Membership

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

Sector	Constituencies	Seats
Public	Behavioral Health Advisory Board (BHAB)	1
	Behavioral Health Services (BHS) - HHSA	1
	Homeless Solutions and Equitable Communities - HHSA	1
	Public Health (PH) - HHSA	1
	Medical Care Services (MCS)	1
	Child Welfare Services (CWS) - HHSA	1
	First 5 Commission (First 5) - HHSA	1
	Public Safety Group (PSG) / Probation	1
	Juvenile Court	1
Private	San Diego Regional Center for Developmentally Disabled	1
	Alcohol and Drug Services Provider Association (ADSPA)	2
	Mental Health Contractors Association (MHCA)	2
	Fee For Service (FFS) Network	1
	Managed Care Health Plans (MCP)	1
	Healthcare/Pediatrician	1
Education	Special Education Local Plan Areas (SELPA)	1
	Regular Education - Pupil Personnel Services	1
	School Board	1
	Special Education	1
Family	Family Education Services (FES)	1
	Caregiver of child/youth served by the public health system	1
	Youth served by the public health system (age up to 26)	2

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

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

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

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

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

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

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

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

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

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

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

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_children/CYFBHSOCCouncil.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html).

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

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

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

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

#### **Article Eight: Committees**

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

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

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

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

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

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

The Council votes by show of hands (or virtual alternative) on all action items brought before the Council for formal decision. The majority voice carrying the decisions is noted in the corresponding meeting summary. Vote counts are not required. Members opposing the outcome of a closely contested vote may request permission to submit a “minority opinion” into the record of the vote. Opposing members have two working days from the date of the vote to submit their minority opinion, in writing, to the co-chairs for inclusion in the official meeting summary of the Council. Only members of the Council, or alternates attending in place of the delegated member, are eligible to vote. Alternates attending in addition to the regular member are not eligible to vote and do not count in the quorum determination.

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

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

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

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

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



# 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:** September 27, 2022

**23**

**TO:** Board of Supervisors

### **SUBJECT**

**RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)**

### **OVERVIEW**

Under the leadership of the San Diego County Board of Supervisors (Board), behavioral health care in San Diego County is in the midst of a profound transformation. The County of San Diego (County) is taking action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous, coordinated care and prevention. These efforts, broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care), are guided by data, focused on equity, and designed to engender collaborative work across silos, within and outside of government.

Today's update outlines the progress that the County Health and Human Services Agency, Behavioral Health Services (BHS) continues to make to advance work across the Continuum of Care in Crisis Diversionary, Behavioral Health Hub and Long-Term Care strategic domains. These have been established as key categories for work that is enabling the transformative vision toward continuous care and have provided a general framework for shifting proportional investments. BHS has not modeled or specified the *scale* at which different service categories are needed in order to make care best for San Diego County residents. While there has been much attention placed on the numbers of psychiatric inpatient beds needed across the county, BHS remains committed to setting quantitative service level goals and plans to approach the task with the broadest perspective, reflecting the entire Continuum of Care.

In order to accomplish this, BHS developed the Behavioral Health Continuum of Care Optimal Care Pathways (OCP) model, a data-informed algorithm that quantifies optimal utilization across service areas within the system. The OCP model recalibrates and expands current services, and suggests some additional types of services, to remove barriers to care, reduce per capita cost, and most importantly, connect individuals to the care they need, when they need it to ensure wellness over the long-term.

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

More specifically, the OCP compels us to *redefine long-term care* by expanding it to include community-based care services that provide continuous care and housing to people with behavioral health conditions who may have other complex health conditions and to incorporate enhancements to community crisis diversion services to ensure new care pathways are available to divert individuals from unnecessary utilization of expensive acute care. These community crisis diversion services are part of a full crisis continuum that includes existing crisis stabilization units, mobile crisis response teams, and crisis residential services.

Finally, BHS recognizes that the primary focus of much of the Continuum of Care work over the last few years has been to address the behavioral health needs of adults. Today's update will include a focus on upstream efforts currently underway to develop a broad strategy to advance the behavioral needs of children, youth, and transition age youth, and their families, across the region to support this vulnerable population.

These items support 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 left behind, as well as the ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by working across systems to support better care of individuals, better health for local populations, and more efficient health care resourcing.

## **RECOMMENDATION(S)**

### **CHIEF ADMINISTRATIVE OFFICER**

1. Receive an update on the Behavioral Health Continuum of Care.
2. Find that the proposed activities are exempt from the California Environmental Quality Act (CEQA) pursuant to Sections 15061(b)(3) and 15262 of the State CEQA Guidelines.
3. Authorize the Director, Department of Purchasing and Contracting to take any action authorized by Article XXIII, Section 401, et seq. of the Administrative Code and Public Contract Code Section 20146 to advertise and award a single Construction Manager at Risk contract for the East Region Crisis Stabilization Unit with Co-Located Sobering Services capital project, to authorize Phase 1 of the contract for preconstruction services, and to return to the Board for appropriations and authority to execute the option for Phase 2, construction.
4. Designate the Director, Department of General Services, as the County officer responsible for administering the Construction Manager at Risk contract.
5. Authorize the planning and formation of a behavioral health equity community alliance, co-created in partnership with community stakeholders of shared racial, ethnic, and cultural identity, to inform the design, planning, and implementation of behavioral health services to address inequity and build capacity for communities that have historically faced systemic barriers to wellness.
6. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting,

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

subject to successful negotiations and a determination of a fair and reasonable price, to amend the contracts listed below to extend the contract term up to September 30, 2023, and up to an additional six months, if needed, and expand services, subject to the availability of funds; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

- a. Father 2 Child (Mental Health America of San Diego County, Contract #541201)
- b. Positive Parenting (Jewish Family Service, Contract #553898)

### **EQUITY IMPACT STATEMENT**

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) serves as the specialty behavioral health plan for Medi-Cal eligible residents within San Diego County who are experiencing serious mental illness or serious emotional disturbance, and the service delivery system for Medi-Cal eligible residents with substance use disorder care needs. As a steward of public health for the region, BHS must ensure that the resources and services offered through County-operated and contracted programs promote equitable outcomes, advance wellness across the continuum of need, and are equitably distributed based on the needs of the region's diverse communities.

In support of these efforts, BHS utilizes a population health approach, incorporating evidence-based practices and robust data analysis, to identify need and design services that are impactful, equitable, and yield meaningful outcomes for clients. This includes facilitating ongoing engagement and input from stakeholders, consumers, family members, community-based providers, and healthcare organizations through formal and informal convenings, along with cross-collaboration with other County departments and community partners. Additionally, through the establishment of the Community Experience Partnership, in collaboration with the University of California San Diego, BHS is leading the development of the Behavioral Health Equity Index, a tool to help measure behavioral health equity that will inform program planning, siting of services, and allocation of resources in a way that supports the most pressing community needs.

If approved, today's actions will set a course for the region's behavioral health system by progressing crisis and diversionary services, addressing the lack of step-down capacity, and supporting efforts to enhance care for youth. These actions will ultimately aim to reduce behavioral health inequities among the region, advancing services that will impact vulnerable populations including individuals experiencing homelessness and those with justice involvement.

### **SUSTAINABILITY IMPACT STATEMENT**

Transforming the behavioral health continuum of care in San Diego County will result in sustainability enhancements in terms of health, wellbeing, and equity as we advance the regional distribution of services that will allow individuals to receive care that is in close proximity to their support systems and provides a wider availability and range of connections to care.



**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

Today's actions will transform our approach to supporting individuals with behavioral health conditions in need of long-term community-based care and housing to address the barriers and parity issues that have historically prevented individuals from receiving the right care at the right time in the right place. Additionally, the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services will continue to explore thoughtful and sustainable building designs for facilities as opportunities arise in alignment with the County's Sustainability Goals.

## **FISCAL IMPACT**

### **Recommendation #3: East Region Crisis Stabilization Unit Facility with Co-Located Sobering Services**

Funds for this request are included in the Fiscal Year (FY) 2022-23 Operational Plan in the County of San Diego Health Complex Fund for Capital Project 1024603, East Region Crisis Stabilization Unit Co-Located Sobering Services. If approved, this request would result in costs and revenue of \$1.0 million in FY 2022-23. The funding source is Realignment and Intergovernmental Transfer revenues. The department will return to the Board with future recommendations and to establish additional appropriations for future phases of the project. There will be no change in net General Fund cost and no additional staff years.

### **Recommendation #6: Authorization to Extend and Amend Contracts**

Funds for this request are included in the FY 2022-23 Operational Plan in the Health and Human Services Agency. If approved, today's recommendations will result in approximate costs and revenue of \$1.0 million in FY 2022-23 and \$0.3 million in FY 2023-24. The funding source is Mental Health Services Act. There will be no change in net General Fund cost and no additional staff years.

## **BUSINESS IMPACT STATEMENT**

N/A

## **ADVISORY BOARD STATEMENT**

At their regular meeting on September 1, 2022, the Behavioral Health Advisory Board voted to support the recommendations.

## **BACKGROUND**

Under the leadership of the San Diego County Board of Supervisors (Board), behavioral health care in San Diego County is in the midst of a profound transformation. The County of San Diego (County) is taking action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous, coordinated care and prevention. These efforts, broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care), are guided by data, focused on equity, and designed to engender collaborative work across silos, within and outside of government. The County Health

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

and Human Services Agency, Behavioral Health Services (BHS) has advanced Continuum of Care efforts by addressing the immediate needs and setting a more appropriate care trajectory for individuals experiencing behavioral health crises, which has resulted in major investments in:

- Psychiatric acute inpatient beds to support the increasing number of people in need of hospitalization;
- Regionally distributed crisis stabilization units to divert individuals experiencing a behavioral health crisis from unnecessarily utilizing emergency departments; and
- The implementation of mobile crisis response teams countywide to respond in the field to individuals who are experiencing a behavioral health crisis with a team of behavioral health professionals rather than unnecessarily deploying law enforcement personnel.

To further build out regionally distributed crisis services, included today and outlined in Attachment A is a recommendation to authorize the Director, Department of Purchasing and Contracting to advertise and award a single Construction Manager at Risk contract for preconstruction services for the East Region Crisis Stabilization Unit with Co-Located Sobering Services. The department will return to the Board in the future with additional recommendations and to establish additional appropriations, as needed.

The County has also made significant investments in outpatient treatment and traditional wrap-around services over the past few years to meet the urgent needs of the community in the challenging context of the COVID-19 pandemic. Though these are critical aspects of the Continuum of Care, expansion of these services is just the beginning of a broader shift towards more thoughtful upstream prevention and care by establishing a coordinated network of community-based care and housing that meets the unique needs of individuals over the long-term. The Behavioral Health Continuum of Care Optimal Care Pathways (OCP) model, built on a foundation of comprehensive need and utilization analysis, outlines the need to establish new care pathways to address long-term care needs of individuals with a focus on prevention, community supports, and diversion from unnecessary utilization of high acuity care.

### **Optimal Care Pathways Model**

The OCP model was developed to identify with specificity, the current capacity and utilization of care for individuals within our system, and to set service specific infrastructure and utilization goals reflecting appropriate lengths of stay and durations of connection with the right services for an optimal future Continuum of Care that would best to support people with critically limited opportunities for placement due to complex needs, lack of existing services in the continuum, inadequate capacity, and/or other specialty care needs that present barriers to care.

#### *Developing the Optimal Care Pathways Model*

BHS has been engaged in rigorous efforts, in partnership with Public Consulting Group, to research and compile national, state, and local data to develop a comprehensive assessment of our local system and formulate the OCP model that quantifies the optimal capacity required across

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

each level of care to build a system that meets the unique needs of individuals with behavioral health conditions.

BHS utilized key concepts from the Crisis Resource Need Calculator within the Crisis Now model. Crisis Now is a community-based crisis care model with a “no wrong door” philosophy of integrated crisis care as outlined in the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. The model outlines high-level estimates in key critical areas and explores different system-design scenarios for the provision of behavioral health crisis care, including inpatient and emergency department resources, and estimated potential healthcare costs and resource requirements for each scenario. It also incorporates key components, including demand for in-person crisis services, resource capacity for in-person services, utilization patterns, and annual healthcare costs to meet these needs.

BHS also reviewed the recent RAND study commissioned by the California Mental Health Services Authority titled *Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California—2021*, which evaluated adult psychiatric bed needs across California and offered five-year bed projections by geographical region and outlined key findings across the state. The study included a projected shortfall of psychiatric beds statewide across inpatient, subacute, and residential levels of care, including approximately 1,971 beds at the acute level (6.4 additional beds required per 100,000 adults), 2,796 subacute beds (9.1 additional beds required per 100,000 adults), excluding state hospital beds and 2,963 community residential beds, with significant regional differences in the estimated shortfalls within each level of care.

Adding an additional layer of intricacy is the difficulty in placing individuals with complex conditions, including those with justice system involvement, who often do not have long-term options for care and housing. Though helpful in outlining the broad psychiatric acute care needs across California and locally, the RAND study included combined information for San Diego and Imperial Counties, beds inclusive of all payors, and narrowly focused recommendations on a few categories of services to mitigate immediate pain points within the system.

Building upon these studies, BHS opted for a more comprehensive approach in developing the OCP model to assess and quantify the needs and barriers across the system, focusing specifically on Medi-Cal eligible individuals within San Diego County. The approach addressed the needs across all levels of care and within broader context that considers social determinants of health and larger system challenges. It also outlines client care pathways and the development of infrastructure beyond psychiatric beds to include subacute care, community-based care, and community crisis diversion services, including services that are not available to BHS clients.

The OCP model focuses significantly on diversion to the least restrictive environment and opportunities to serve individuals with medical, social, and environmental needs more effectively through whole person care and supports. The model utilizes assumptions for crisis diversion and

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

re-entry into acute care developed as part of the Crisis Now model, along with anticipating the needs of individuals experiencing barriers to care, including those experiencing justice-involvement and homelessness.

BHS' broader and more comprehensive effort assesses the current state of community crisis diversion, acute care, subacute care, and community-based care infrastructure and services, along with identifying gaps and bottlenecks that have led to an unbalanced system characterized by restricted client flow across key points of transition. The analysis also maps clinical pathways to determine where clients with behavioral health conditions are entering from, which levels of care they are going to, what barriers stand in their way and prevent them from receiving optimal care, and identified common characteristics and specialty needs amongst clients. Finally, it identifies missed opportunities that would have prevented acute admissions, along with excessive lengths of stays in restrictive settings for clients waiting for lower levels of care.

To inform the OCP model BHS utilized local data, including point-in-time utilization, average length of stay, waitlist information, and capacity data, which account for concurrent referrals and data mis-categorization, along with acute inpatient administrative day data, clinical data, and other key information to quantify local need with a focus on addressing the unique needs of individuals across the region.

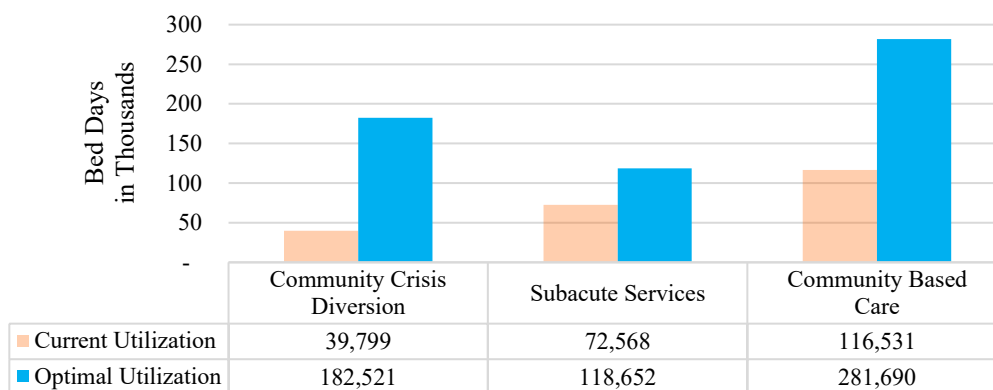
To address the imbalance and barriers within the system, the model quantifies the optimal utilization needed across the various levels of care and specifically demonstrates the urgent need to develop and expand dedicated community-based care and community crisis diversion services, inclusive of infrastructure and services, specifically for Medi-Cal eligible clients who have behavioral health needs to facilitate acute and step downs, diversion from higher levels of care, and elimination of waitlists. The model also outlines the need to shift capacity and specialized care within and across service areas as new services and capacity become available. The OCP model also addresses unmet need by accounting for clients with serious mental illness (SMI) currently in jail settings, and clients experiencing homelessness. Implementation of strategies to achieve the optimal state outlined in the OCP model is anticipated to rebalance utilization across the system and the capacity necessary to ensure individuals are connected to the right level of care.

#### *Optimal Bed Utilization and Anticipated Impact*

The OCP establishes three service categories: Community Crisis Diversion, Subacute Services, and Community-Based Care. As outlined in *Figure A.*, the OCP recommends a *recalibration and more than doubling of capacity utilization across these three service areas to focus on growth within* lower levels of short-term community crisis diversion, subacute care, and community-based care to alleviate the existing bottlenecks, reduce unnecessary utilization of higher levels of care, and connect individuals to the care they need.

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

*Figure A. Optimal Care Pathways Model - Anticipated Impact*



Each of the primary OCP service categories comprise an array of services and the OCP model recommends varying levels of utilization change to achieve the projected best pathways through care and best outcomes, as outlined in *Figure B*.

*Figure B. Projected Bed Day Utilization Change Across Service Categories*

Service Area	Community Crisis Diversion	Subacute Services	Community-Based Care
Service Array	<ul style="list-style-type: none"> <li>• Crisis Stabilization Units</li> <li>• Crisis Residential</li> <li>• Short-Term Crisis Respite</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Rehabilitation Centers (MHRCs)</li> <li>• Skilled Nursing Facility (SNF)</li> <li>• Special Treatment Programs (STPs)</li> <li>• County Funded SNFs</li> <li>• SNF Patch beds</li> <li>• SNF Neurobehavioral Unit (NBU)</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Residential Facilities (ARF)</li> <li>• Residential Care Facilities for the Elderly (RCFEs)</li> <li>• Augmented Services Program (ASP)</li> <li>• Recuperative Care</li> <li>• Transitional Residential Services</li> </ul>
Increase in % Utilization Over Current Level	+359%	+64%	+142%
Increase in Bed Day Utilization Over Current Level	+142,722	+46,084	+165,159

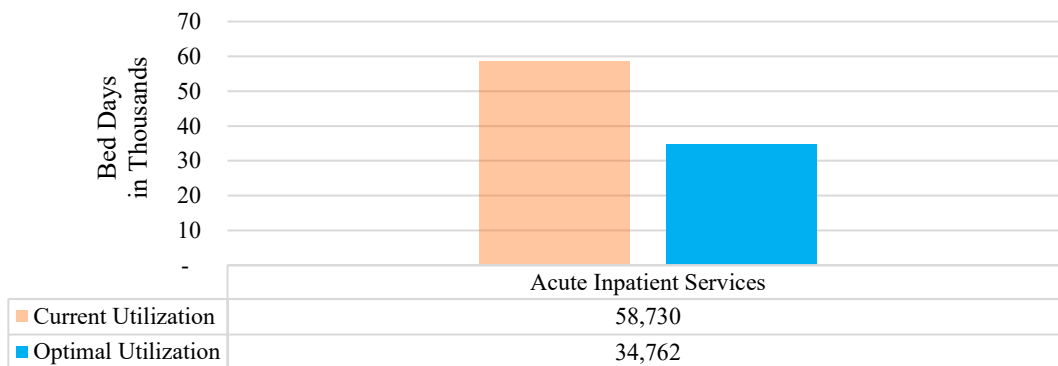
To achieve the optimal utilization, substantial recalibration across the three service categories is necessary, including over a 350% increase in utilization within community-based crisis diversion, over a 60% increase in utilization within subacute services, which includes substantial rebalancing of services, and nearly a 150% increase in utilization across community-based care. This would be achieved through incentivizing payment models, infrastructure and services, redistribution of services to best align with client needs, and an intentional effort toward prevention and health maintenance to divert unnecessary utilization of high acuity and restrictive care when there are more cost-effective and clinically appropriate alternatives.

As outlined in *Figure C*, implementation of the OCP is projected to result in a reduction of approximately 40% in acute inpatient service utilization, including a decrease in administrative

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

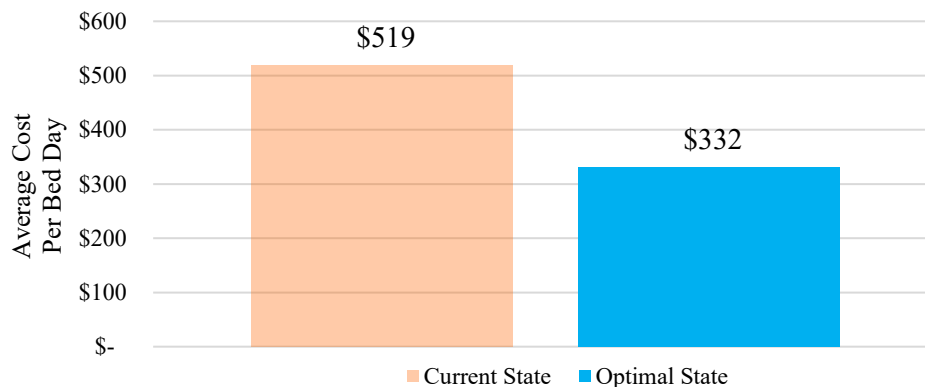
days. Psychiatric acute inpatient care, the most intensive level of care, provides crisis care to Medi-Cal eligible adults with acute symptoms of mental illness in need of 24-hour observation and intensive treatment in a locked hospital setting. Acute inpatient care is often utilized because of the lack of community crisis diversion services, subacute care, and community-based care.

Figure C. Projected Decrease in Acute Inpatient Utilization in Optimal Future State



Implementation of the OCP model is anticipated to *reduce the average cost per bed day across the services above by nearly 40%*, from an estimated \$519 per bed day to about \$330 per day, as outlined in *Figure D*. This change will occur because care pathways will be established to connect individuals in crisis to the care they need in the least restrictive setting, thereby reducing the unnecessary utilization of acute inpatient services. This transformation will likely take years and can only be achieved through a long-term commitment and coordinated efforts with facility operators, community partners, hospitals, those receiving services and their families, and other stakeholders.

Figure D. Estimated Average Cost per Bed Day





**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

### Optimal Care Pathways Service Categories

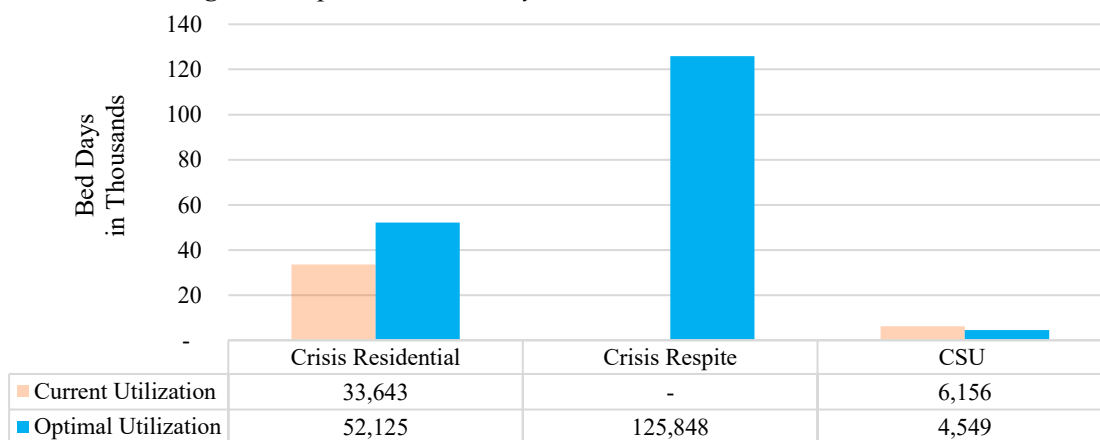
The OCP model data suggests that total bed utilization will need to *more than double current utilization levels* to meet the needs of all individuals who would otherwise be on waitlists, languishing in acute care, waiting to step down to lower levels of care, or not receiving care at all. However, to address capacity challenges and alleviate administrative days, the solution is not to increase acute inpatient capacity but rather to recalibrate and establish new capacity in subacute, community-based care, and community crisis diversion services that more effectively meet the unique needs of individuals in the least restrictive setting and can be offered at a substantially lower cost.

#### Community Crisis Diversion

Community crisis diversion services provide services that divert individuals in crisis from higher levels of care when their needs can be addressed via a lower level of care. Services include existing treatment programs, such as crisis stabilization units, mobile crisis response teams, and crisis residential services, along with short-term crisis respite services, which does not currently exist within the Continuum of Care.

To support the optimal flow of services across the system, the OCP model recommends the need to increase utilization capacity across community crisis diversionary services, as outlined in *Figure E.*, by over 350% over current utilization, equivalent to an increase of over 140,000 bed days. This includes an increase across short-term crisis residential services of approximately 55% or nearly 18,500 bed days and an establishing over 125,000 bed days in short-term crisis respite services as a new service to build out the full array of crisis continuum services.

*Figure E. Optimal Community Crisis Diversion Utilization*



Crisis residential treatment programs provide crisis treatment services to adults with SMI who have high clinical needs, many of whom are experiencing homelessness. Services are offered as an alternative to hospitalization or to adults stepping down from acute inpatient care and may also include non-clinical models that are peer-led. Treatment services, including psychiatry, nursing, clinical and peer services are provided in a community-based residential setting by a

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

multidisciplinary team. Individuals are stabilized and connected to community supports and ongoing care. According to a SAMHSA report titled *Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies*, crisis residential services are an effective alternative to acute inpatient care at improving a client's symptoms and functioning, and overall costs are less than inpatient care.

Short-term crisis respite services provide person-centered behavioral health crisis and social support in a warm and welcoming setting for adults experiencing a behavioral health crisis. They may be peer-operated or a hybrid setting that includes peers and clinical staff. Services are voluntary and provided in a supportive residential environment as an alternative to psychiatric emergency services and provide critical service connection pathways to crisis stabilization units and mobile crisis response teams. Short-term crisis respite services are a critical care pathway within the crisis continuum because they divert individuals in crisis from unnecessarily hospitalization, and instead provide support in a less acute setting by peers and/or clinical staff. A SAMHSA presentation titled *Peer-run Respite: An Effective Crisis Alternative* indicates that respite guests were 70% less likely to use inpatient or emergency services, and respite days were associated with significantly fewer inpatient and emergency service hours. The OCP model projects that implementation of short-term crisis respite will yield on average *estimated cost avoidance of approximately \$243,000 per bed annually* on average across all sectors.

#### *Subacute Services*

Subacute care has historically been associated with long-term care within the San Diego County region and is provided to individuals who are stepping down from acute psychiatric care or for individuals whose acuity may have intensified and need a higher level of care. Services are provided on a 24/7 basis in a secured setting to adults who are unable to live safely in the community, and include room and board, health monitoring, medication therapy, individual, group and/or family therapy, case management, and discharge planning. Services offered provide structured daily programming to assist clients in improving functioning so they can return to live in the community.

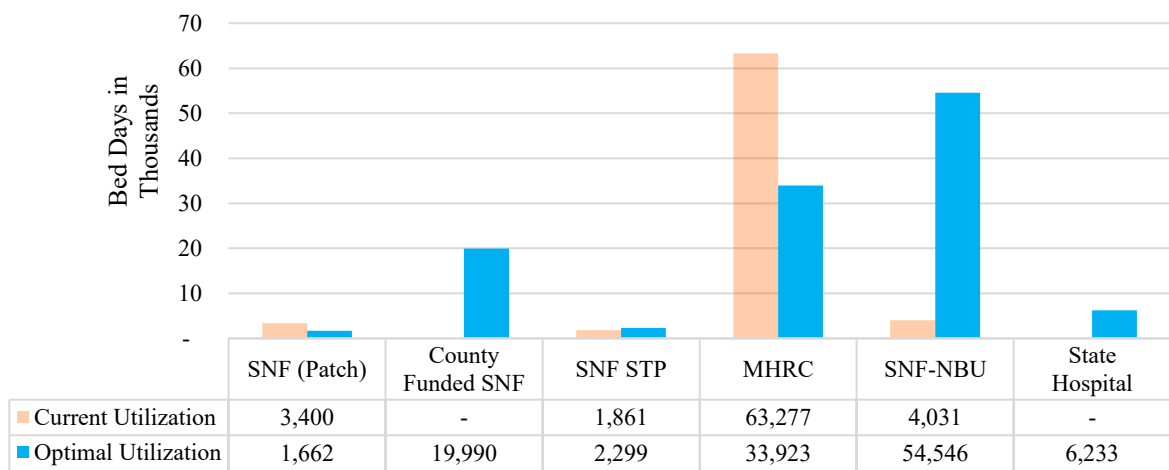
Subacute care includes Skilled Nursing Facility (SNF) Patches, County-Funded SNFs, Department of State Hospital (DSH) beds, SNF-Specialized Treatment Program (STP) beds, County-funded SNFs, Mental Health Rehabilitation Centers (MHRCs), SNF Neuro-Behavioral Unit (NBU) beds, and DSH beds. Within subacute care, challenges continue with identifying care options for individuals who are incompetent to stand trial, forensic patients, and those waiting for State Hospital placement.

Within the OCP model, a key focus is to recalibrate current utilization within subacute care through investments in enhanced reimbursement rates to secure specialized beds that meet the needs of individuals with complex conditions, including NBU beds and County-funded SNF beds, along with some shifting across the system to optimize other bed types that are anticipated to be utilized less frequently once the new beds are established. As demonstrated in *Figure F.*, across subacute

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

care the OCP model demonstrates the need to increase utilization by over 46,000 bed days, almost a 65% increase over the current utilization level.

Figure F. Optimal Subacute Care Utilization



SNF patches are an enhanced daily rate paid to SNFs that provide mental health services to Medi-Cal eligible individuals on Lanterman-Petris-Short (LPS) conservatorship who cannot safely receive care in a less restrictive level setting due their acuity. SNF patches allow residential care to be provided full time and includes both a nursing and a clinical support within these facilities. The OCP model demonstrates minimal change in needs within this service.

County-funded SNFs provide nursing care, rehabilitation, custodial care, and other related health services to adults with a primary mental health condition who do not require hospitalization and for whom other types of less restrictive care has not met their needs. The OCP model demonstrates a dramatic increase in need within this service, by nearly 20,000 bed days.

Institute of Mental Disease (IMD) facilities provide treatment to individuals with mental health conditions in facilities that have more than 16 beds. SNF-STPs are IMDs that provide mental health services for patients who have a diagnosed chronic psychiatric condition and whose adaptive functioning is moderately impaired. The OCP model demonstrates minimal change in needs within this service.

MHRC are also IMDs that provide 24-hour intensive support and rehabilitative services to adults with mental illness who would have been placed in a state hospital or another mental health facility to develop skills to become self-sufficient and capable of increasing levels of independence and functioning. The OCP model demonstrates a decrease in the utilization capacity across MHRCs in the optimal state of nearly 30,000 bed days, or almost a 50% decrease from current utilization. This would be dependent on establishing additional utilization across SNFs, SNF-STPs, DSH, and

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

SNF-NBUs, along with the enhancements to community crisis diversion services and community-based care.

DSHs are State operated psychiatric hospitals for adults that provide evaluation and treatment for individuals with SMI and is the highest level of care available within subacute care serving clients who are unable to have their needs met in other settings. Adults in State Hospital care are on permanent LPS conservatorship and may be harmful to themselves or others. Currently, there are no clients from San Diego County in the State hospital because there is no capacity available, which has been the historical pattern due to inadequate availability of beds. As of August 2022, 36 clients were waiting placement for State Hospital beds. Within the OCP model there is a need for a modest utilization increase within this service by over 6,000 bed days.

SNF-NBU beds provide specialized neurobehavioral treatment and care to individuals who are Medi-Cal eligible and diagnosed with Traumatic Brain Injury or Neuro-Cognitive Impairment and SMI. An additional daily rate is paid to the facility by the County. As with the SNF patch, individuals are on conservatorship and unable to safely receive care in a lower level of care. This service is where perhaps the most dramatic increase is demonstrated within the OCP model of nearly 50,500 bed days.

BHS has continued to increase capacity across subacute care, as reported in previous Continuum of Care updates, expanding access to beds to individuals who cannot be placed in a less restrictive setting. BHS has increased capacity across the region by 165 beds since Fiscal Year (FY) 2018-19, with planning and negotiation efforts underway to further increase capacity through the addition of 51 beds in FY 2022-23.

#### *Community-Based Care*

The OCP model redefines long-term care, which has historically referred to beds within locked and secure facilities and institutions, expanding it to include community-based services and supports for individuals with ongoing care needs. Community-based care pathways are cost-effective and create step down pathways from higher levels of care along with diversion and prevention, when clinically appropriate, from unnecessary acute and subacute care, which is more expensive and often not the appropriate level of care. Offering a full array of client-centered services will provide individuals with the care they need to support positive health outcomes over their lifetime.

Community-based care is provided in adult residential facilities (ARFs) and residential care facilities for the elderly (RCFEs) that offer 24/7 care and supervision to Medi-Cal eligible individuals with various levels of clinical and social care to support recovery and rehabilitation within the community. Augmented Services Programs (ASP) provide enhanced support within licensed ARFs and RCFEs reimbursed through a daily rate with the goal of enhancing and improving recovery, developing client strengths, managing symptoms, and supporting self-sufficiency. BHS contracts with ARFs and RCFEs that accept the federal SSI rate to provide

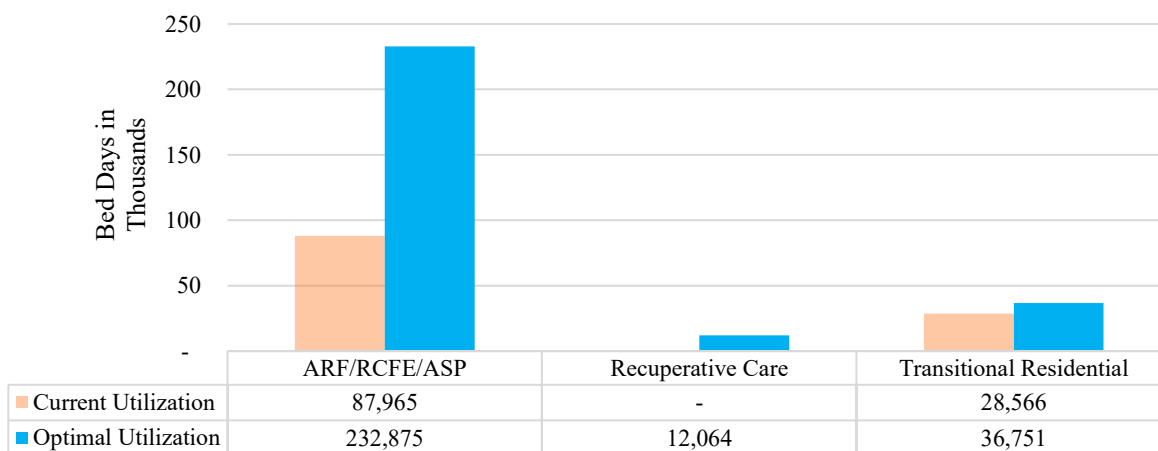
**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

additional individualized services to adults with SMI who are enrolled in case management or Assertive Community Treatment programs. BHS also provides rate enhancements through contracted ASPs. Over the last decade, BHS has experienced significant capacity loss across community-based care within ARFs and RCFEs, which has negatively impacted service delivery across the Continuum of Care.

Recuperative care services support individuals stepping down from secure settings by offering a welcoming environment that sustains stabilization; recuperative care prevents the likelihood of readmission by providing whole person care interventions.

The historical inequity and lack of parity that has plagued this level of care specifically for those with behavioral health conditions, continues to have devastating impacts resulting in people who remain in unnecessary higher levels of care, individuals who continue to be stuck in a cycle of homelessness because they do not have housing options, individuals who are incarcerated, and individuals who are unable to get care at all. Increases will be necessary within community-based care, as outlined in *Figure G.*, to meet the optimal utilization outlined within the OCP model.

*Figure G. Optimal Community-Based Care Utilization*



As demonstrated within the OCP model, a shift will be necessary to achieve the optimal state within community-based care, specifically within ARFs, RCFEs, ASPs, and transitional residential care, which project utilization increasing nearly 150% or over 165,000 bed days in the optimal state, to meet the unique needs of adults in the least restrictive setting.

Also included within the community-based care service area is recuperative care, which provides adults with behavioral health conditions who are experiencing homelessness a safe place to be discharged following hospitalization, when they would otherwise be transitioning in and out of expensive and unnecessary hospital care. This service provides short-term housing for adults to recover while receiving case management and connection to primary care, behavioral health services, and other supportive services, including transportation, food, and housing.

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

As outlined within the OCP model, a utilization increase of at least 12,000 new bed days is projected within recuperative care, a service which does not yet exist within the continuum of care. Additionally, the BHS model projects that implementation of recuperative care services is estimated to *yield average cost avoidance of approximately \$132,000 per bed annually* across all sectors.

The final service that demonstrates a need for increased utilization in the optimal state is transitional residential care. This service provides a therapeutic environment to support adults in acquiring and applying interpersonal and independent living skills, while supporting the development of a personal community support system to minimize the risk of hospitalization. Within the optimal model, transitional residential care demonstrates an increased utilization of nearly 30%, equivalent to over 8,000 bed days. Community-based care capacity is critical to shift away from unnecessary utilization of high acuity services utilization and high-cost crisis care.

BHS continued to expand community-based care with the addition of new capacity in 2021, including nine enhanced ASP beds for older adults in an RCFE, and 48 enhanced ASP beds for adults within a new ARF. BHS will pursue an additional 100 new ASP beds that will include enhanced reimbursement rates through a Request for Statement of Qualification process to further build capacity within the system. Additionally, BHS will continue to evaluate rate reimbursement for existing ARFs, RCFEs, and ASPs to preserve current capacity to ensure capacity is not diminished and bring forth funding recommendations in future Operational Plans.

#### *Inequity and Lack of Parity in Community-Based Care*

One of the more palpable symptoms that continues to plague our region and illustrates the need for expanded step-down and community-based care is the disproportionate rate of psychiatric acute inpatient administrative days. Administrative days occur when a client is no longer in need of acute hospital care and is unable to step down to a lower level of care due to a lack of available placement to meet their individual needs. Essentially, they remain “stuck” in acute care. Additionally, on the front end, the lack of community-based care placement options has resulted in missed opportunities for diversion from unnecessary utilization of acute care. Consistent overutilization of administrative days across the system is driven by a need for additional options for lower levels of care.

Historically, California has lacked parity as it relates to care and supervision for people with SMI, and the disparities in access to long-term care between those enrolled in Medi-Cal and those with commercial insurance or who are able to pay privately is especially pronounced. A 2018 report released by the California Behavioral Health Planning Council cited insufficient funding, staffing, and “Not in My Back Yard” (aka “NIMBYism”) as the most common factors contributing to the loss of licensed beds, with funding highlighted as the most significant issue. ARFs accepting the federal SSI rate, which in 2021 was slightly over \$1,200 per month, were typically unable to support the costs to staff a facility on a 24/7 basis, training, insurance, licensure, utilities, food, transportation, routine maintenance, and other costs necessary to license and operate an ARF, thus



**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

causing ARFs to typically operate at a loss unless they received substantial patch funding. Additionally, ARFs serving more than six residents are subject to zoning and permitting requirements, which is often where NIMBYism presents a barrier.

Locally, the majority of ARF operators in San Diego County do not accept the federal rate opting instead to serve private pay clients at more lucrative rates that may exceed \$6,000 per month, or *nearly five times the federal reimbursement rate*. Facilities also may opt to serve individuals with physical or developmental needs due to the higher tiered funding. The Lanterman Developmental Disabilities Services Act guarantees services and supports to individuals with developmental disabilities through regional centers who may place clients in ARFs and RCFEs at reimbursement rates ranging from \$1,211 per month (Level 1) to \$9,891 per month (Level 4) depending on level of acuity. In contrast, as mentioned above, adults with SMI who are Medi-Cal eligible only receive reimbursement of the federal SSI rate of slightly over \$1,200 making placements within these settings challenging. Due to the low reimbursement rates, many of the ARFs and RCFEs do not serve Medi-Cal eligible individuals with SMI. The outcome is often individuals with behavioral health needs that are left homeless, institutionalized, and/or on extended stays in acute care settings - all resulting in a higher risk of poor health outcomes.

These challenges combined with the escalating cost of real estate have incentivized or forced licensed community-based care facilities in California that serve individuals with SMI at a federal rate to close their doors, thereby reducing capacity across the region and hindering individuals from accessing proper care and housing. According to the State's Community Care Licensing Division data, since 2017, 146 of the 781 licensed ARFs in San Diego County, or 19%, have closed decreasing the number of available beds by over 2,500. Additionally, 138 of the 719 unique RCFEs in the county, or 19%, closed their doors reducing the number of people served by over 1,350. The decreasing number of ARF and RCFE facilities paired with the even fewer that accept individuals who are Medi-Cal eligible continues to be a barrier to client flow across all levels of care, often leaving people unable to step down out of higher levels of care.

## **Strategies to Advance the Optimal Care Pathways Model**

### ***Strategy: Establishing Dedicated Infrastructure and New Services***

#### ***Community-Crisis Diversion***

To build out a full continuum of crisis services, additional crisis residential services and new short-term crisis respite services will be needed. These services will divert individuals from unnecessary utilization of higher levels of care, reduce hospital re-admissions, unnecessary involvement with law enforcement, and support clients in achieving permanent housing. Establishing these new services will open new less expensive care pathways, thereby reducing the cost per capita to care to alleviate the ongoing pressure of administrative days. Recommendations to establish and enhance short-term crisis respite and crisis residential services will be brought before the Board in the future.

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

#### *Subacute Care*

The collaborative efforts with Alvarado Hospital, as described in Attachment A, will enable the County to shift acute inpatient care provision from the San Diego County Psychiatric Hospital (SDCPH), an IMD revenue-excluded facility, to Alvarado Hospital, a General Acute Care Hospital. This uniquely situates the County with an opportunity to establish new subacute services within the SDCPH. BHS will also bring forward recommendations for the new array of services at the SDCPH facility at a future Board meeting.

#### *Community-Based Care*

To expand community-based care capacity BHS is recommending the commencement of planning efforts, in partnership with County Department of General Services (DGS), to design and construct a new Central Region Community-Based Care facility on the Third Avenue property. Planning is underway to determine the design and array of services, which will likely include ARF, RCFE, and recuperative care dedicated for individuals with behavioral health conditions who are Medi-Cal eligible. Recommended actions will be brought before the Board in the future.

In addition to establishing new dedicated capacity in the Central Region, BHS is also working with DGS to design and develop a new East Region Community-Based Care facility. The service array planned for this facility will also be likely to include ARF, RCFE, and recuperative care dedicated for individuals with behavioral health conditions who are Medi-Cal eligible. Recommended actions will be brought before the Board in the future.

To support the capital development of the Central Region Community-Based Care and East Region Community-Based Care projects, BHS will be submitting applications for Community Care Expansion (CCE) Capital Expansion grant funds. CCE Capital Expansion grant funds are available through a competitive process to support the acquisition, construction, and rehabilitation of residential care settings, including ARFs, RCFEs, peer respite, recuperative care, permanent supportive housing, and other residential care that serve the target population. Funding available to the Southern California region totals approximate \$100.5 million. If awarded the grant, BHS will return to the Board at a future date with recommended actions.

#### ***Strategy: Innovating Payment Models***

##### *Subacute Services*

To achieve more person-centered care, remove barriers, and improve utilization of beds across the system, additional capacity and rate enhancements are needed to serve individuals with specialized needs within the lowest level of care, including those with forensic involvement, individuals on the State hospital waitlist, and/or those with complex conditions who often languish in higher levels of care because they are difficult to place or lack options within community-based care. More specifically, this will require enhanced rates to increase utilization capacity within County-funded SNF, DSH beds, and NBU beds to place individuals with complex needs.

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

Innovating payment models will establish new care pathways and rebalance utilization thereby opening capacity to support individuals with specialized needs to ensure they can receive the proper type of care that meets their needs. It is anticipated that removing these barriers will result in higher quality clinical care and reduce the pressure on crisis stabilization units, the unnecessary utilization of acute care, and reduce the waitlist for MHRCs. It will also provide transitional support for people experiencing an acute behavioral health need when they are discharged from an inpatient psychiatric hospital.

#### *Community-Based Care*

To minimize the diminishing community-based care capacity across the region, a commitment to innovating payment models for existing ARFs, RCFEs and ASPs will be critical to stabilize these critical services. In the immediate term, this will be supported partially through the disbursement of one-time, non-competitive CCE Preservation Program Operational Subsidy Payment funding of \$3.4 million authorized for acceptance by the Board on June 28, 2022 (4). This funding will be available for licensed residential and senior care facilities serving applicants and recipients of Supplemental Security Income/State Supplementary Payment (SSI/SSP) or Cash Assistance Program for Immigrants (CAPI), including those who are experiencing or at risk of homelessness. Planning for the disbursement of these funds is underway and will be submitted to the State for approval prior to being allocated.

Beyond the CCE Preservation Program funding a commitment will be necessary to increase ongoing investments to support existing ARFs, RCFEs, and ASPs long-term and to entice new operators to begin serving Medi-Cal eligible individuals, including individuals with specific needs such as clients with forensic involvement, and other populations that have historically faced barriers to placement. Making substantial investments over the next several years to preserve existing capacity and ramp up new community-based care capacity will result in future cost avoidance attributed to diversion of clients from higher levels of care and the ability to step clients down into lower and less expensive levels of care. Reducing unnecessary utilization of higher levels of care is also expected to free up acute inpatient and subacute beds for those in need, which is projected to decrease psychiatric inpatient administrative days.

#### ***Strategy: Preserving Existing Infrastructure***

##### *Community-Based Care*

Through the same CCE Preservation Program, the County has been tentatively allocated one-time, non-competitive funds for Capital Preservation totaling \$9,109,544. This funding will be allocated to licensed residential adult and senior care facilities that serve individuals receiving SSI/SSP and CAPI for physical repairs or upgrades that support facility compliance with licensing standards to avoid closure. Planning for the disbursement of these funds is underway and will be submitted to the State for approval prior to being allocated.

In 2020, California Assembly AB-2377 established a requirement that counties and cities be given the first opportunity to make an offer to purchase facilities planned for closure and to take over

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

operations. This legislation offers a unique opportunity to acquire existing properties. Once receiving the notice of sale, a county only has 60 days to notify the owner of its intent to purchase a property. To further support for counties in expanding community-based care opportunities, on May 1, 2021, California Assembly AB-1766 began requiring the Community Care Licensing Division to provide county behavioral health departments with quarterly reports that include licensed ARFs and RCFEs accepting the federal rate and serving individuals with SMI that have closed in the prior quarter. It includes community-based care facilities for sale, with counties having the first opportunity for purchase. The County will explore opportunities and possible funding as a result of AB-2377 and return to the Board at a later date with recommendations.

Additionally, BHS has commenced planning efforts, in partnership with DGS, to identify potential real estate opportunities that would accelerate the build out of community-based care options within the region. Due to the extensive array of capital projects underway and planned, DGS is developing a Strategic Facilities Plan (SFP) to identify infrastructure requirements for BHS. SFPs are professionally prepared reports analyzing portfolios of current facilities, their condition, location, program requirements, and any gaps in service provision. The SFP will support a data-driven and coordinated approach for assessing the placement and need of new facilities or replacement of existing facilities, along with supporting the regional distribution of services across the county.

***Strategy: Enhancing Equity through Community Engagement***

To advance equity and to ensure services are regionally distributed and built to meet the needs of populations who have been disproportionately underserved, BHS will thread the work outlined within the OCP model to efforts currently underway through the Community Experience Partnership (CEP). The CEP is a collaboration between BHS and the University of California San Diego to integrate data and community engagement to advance behavioral health equity. The Behavioral Health Equity Index allows the public to view behavioral health equity data through dashboards that include data from surveys, vital records, hospitalization, and emergency departments, along with service and outcome data for individuals receiving services through BHS. It also includes indicators of equity over time and across neighborhoods by race/ethnicity, gender, sexual orientation, age, justice involvement and more.

BHS will pursue efforts to connect the Behavioral Health Equity Index work to the OCP model integrating two immensely impactful bodies of work to inform where the highest priority area of future investment to address inequity that currently exists. This will support regional distribution of services across the communities most in need to ensure they have access to behavioral health care in close proximity to where they live.

Additionally, to advance equity across the behavioral health continuum of care, planning is underway to establish ongoing convenings organized around shared community identity, including racial and ethnic identity, in San Diego County. These convenings will include representation from communities that have been disproportionately impacted by behavioral health issues, including people of color, LGBTQ+, low-income families, and individuals from underserved communities

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

and will be touchpoints for the culturally variable and community-specific social construction and stigmatization of mental illness and substance use disorder. They will inform the design, program planning, and implementation of behavioral health services to support the development of a system that addresses inequity and builds capacity for communities that have historically faced systemic barriers to wellness. The councils will advise, guide, develop, and make recommendations on advancing equity for unserved and underserved children, youth, transition age youth, adults, and older adults with behavioral health needs across the region.

***Strategy: Building a Sustainable Public Behavioral Health Workforce***

Enhancing services across the region will also result in an increased need for the public behavioral health workforce and other health workers that are critical in providing care for clients. As outlined in the recent *Behavioral Health Workforce – Addressing San Diego’s Behavioral Health Worker Shortage* report facilitated by the San Diego Workforce Partnership, the region is roughly in need of over 8,100 new public behavioral health workers across the county to meet today’s need across the system. Continued advocacy and action will be necessary to bolster the workforce in a meaningful way that can attract and retain essential behavioral health professionals.

***Strategy: Advocating for Parity Across Reimbursement Rates***

As outlined previously, the system of community-based care was constructed in a way that unintentionally results in parity across reimbursement rates for individuals with behavioral health conditions who are Medi-Cal eligible and in need of care within ARFs and RCFEs. To preserve the existing infrastructure and services, and to incentivize new service providers to provide services to individuals with behavioral health conditions the County must strongly advocate for State and federal legislation that supports adequate reimbursement for community-based care. Without adequate reimbursement rates the system will continue to struggle in identifying providers willing to accept clients who are Medi-Cal eligible with behavioral health conditions.

***Strategy: Aligning the Office of the Public Conservator***

In alignment with the OCP model, a companion Board action brought forward today will recommend formal action to shift the Office of the Public Conservator (Public Conservator), which is currently situated within the County HHSA, Aging & Independence Services, under the oversight of BHS. If approved, the realignment of the Public Conservator under BHS will align clinical oversight and management of services in support of adults with SMI who are on a Lanterman-Petris-Short conservatorship. It will support collaborative and centralized coordination of services to ensure conservatees have access to all necessary treatment, resources, and community supports to facilitate recovery.

It also optimally situates BHS in anticipation of the implementation of Community Assistance, Recovery and Empowerment (CARE) Court, which will require close collaboration across care teams. Under CARE Court, adults with behavioral health conditions who meet certain criteria may be referred by family members, first responders, and other health professions for a clinical evaluation, which may result in court-ordered participation in CARE Court for up to 12 months,

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

with the possibility to extend for an additional 12 months. CARE Court centers around adherence to an individualized CARE plan, which may include treatment and medications, wellness and recovery services, and connection to social supports, including housing.

### **The Impact of the Optimal Care Pathways Model**

Advancing toward the future state of the Optimal Care Pathways model is anticipated to have a resounding impact on the behavioral health continuum of care and result in more client-centered outcomes that advance health equity and address the lack of parity for individuals with behavioral health conditions, as follows:

- Clients will have new diversionary care pathways that connect them to ongoing care long term to *prevent homelessness and/or incarceration*.
- Clients will have *improved access to care through regionally distributed services* that are in close proximity to where they live.
- Clients will be connected to the level of long-term care that meets their unique needs over their lifetime *advancing equity and enhancing population health outcomes*.
- Capacity across the system will increase while the *cost per capita decreases* as less expensive care pathways are established that reduce unnecessary utilization of higher levels of care.

If the optimal system is fully built out through increases in capacity, supported by infrastructure preservation and investments, rate enhancements, and improved administrative processes, a decrease of over 40% in acute care utilization is anticipated due to new care pathways being available. However, it can only occur if a long-term commitment is made to recalibrate and establish adequate ongoing resources that support the expansion of community crisis diversion, community-based care, and subacute services, and infrastructure.

The OCP model guides where additional enhancements and investments are needed to support client-centered care and is expected to evolve as new care pathways are opened and as new initiatives, including CARE Court and CalAIM are operationalized. BHS will continue to assess and update the algorithm and bring forth recommendations to pivot strategies and will bring forward recommendations in future Board actions.

### **Strengthening and Innovating Services for Children and Youth**

The broad aim of the Continuum of Care strategy is applicable to all ages in that integrated and preventative services are the key to improved outcomes over time and should be tailored in ways that reduce health disparities. According to the U.S. Department of Health and Human Services, one in five children 17 and under experience a mental or emotional disorder, with 50% of mental illness beginning around age 14. Data also demonstrates there has been a steady increase in suicide rates among youth on a national level. Locally, we see indications in screening data that demonstrate our youth are vulnerable to future behavioral health conditions. Middle schoolers (ages 12-14) in particular, have 200% higher rates of psychological distress compared to adults (ages 18+).

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

While children are growing, they have distinct clinical needs and social considerations which warrant a strategic approach different from how we care for adults. Moreover, the evidence is clear that implementing earlier interventions in the lives of young people is the best way to build protective factors, promote resiliency, and wellbeing. Current strategies to further build and enhance the Continuum of Care for children and youth are outlined below and detailed in Attachment A.

***Strategic Domain #1: Family System Work and Supports***

Results from the National Survey of Children's Health indicate that 1 in 14 youth have a parent who has poor mental health and that those youth are more likely to have poor general health or have a mental health or behavioral disorder themselves. Youth rely on their families and the adults who care for them to meet their needs, and their involvement is crucial to ensuring optimal health outcomes.

BHS envisions programs serving youth and families focused on:

- Offering family visits and/or requiring family therapy whenever clinically appropriate,
- Ensuring programs are connecting youth to enriching social activities (e.g., community sport teams, local library groups, etc.) which are fundamental to healthy development, and
- Continued partnerships with cities and other organizations to provide enriching activities in safe environments that are accessible and available to all residents.

Critical to mental health development in children is parent and caregiver engagement. Parenting and caregiver skill development and strengthening engagement of fathers have been demonstrated as practices which support positive childhood experiences and reduction of the impacts of Adverse Childhood Experiences (ACEs). The impacts of the COVID-19 pandemic over the past several years have contributed to increases in youth and adult anxiety, depressive symptoms, and family stress. In alignment with efforts to support youth and families, BHS has provided parenting and caregiver skills development services and services to improve attitudes towards fathering and strengthening engagement of fathers in their children's lives to prevent and address risks associated with ACEs through contracts for the Positive Parenting Program and the Father 2 Child Program.

BHS, with its community partners, plans to conduct a community engagement and program development process to include focus group discussions with parents and caregivers of young children, and mental health and child development professionals. This process aims to identify innovative, new approaches and best practices to build stronger resiliency in children, supports for parents and caregivers, and increase family involvement and engagement to strengthen emotional wellness in children and activate protective factors for children and their families. Culturally and community specific services will be explored as part of this development of prevention and early intervention efforts. The lessons from this process will inform procurement planning for new services to support children and families.

**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

To ensure there is no disruption in services while this community engagement is underway, today's action requests authority to extend the following two contracts through September 30, 2023:

- Contract #541201 Father 2 Child (Mental Health America of San Diego County)
- Contract #553898 Positive Parenting Program (Jewish Family Service)

***Strategic Domain #2: School Engagement and Care Opportunities***

As noted above, an estimated one in five children ages 3 to 17 have a mental, emotional, developmental, or behavioral disorder and as early as 7<sup>th</sup> grade, one in eight youth report having suicidal thoughts. Aside from the home, there is no other place where youth spend more time than schools making them an ideal setting to identify and engage youth in needed services. This domain focuses on continued engagement and screening of children in schools to identify opportunities for early interventions and prevent more advanced behavioral health conditions from developing. The Screening to Care initiative, further described in Attachment A, is a key service within this domain that provides universal screening and intervention to middle school students, regardless of their insurance status.

***Strategic Domain #3: Healthcare Integration***

Accessing care early and at the lowest level of need is important in promoting positive outcomes. Often stigma, fear, and other factors can be barriers to care. In 2020, 1 in 3 teens locally reported needing help for an emotional and/or mental health condition, yet over a fifth did not receive counseling within the previous year. Many families trust and access physical health care for their children through primary care providers who can offer integrated access to behavioral health services, when needed. This domain focuses on creating a strong connections and pathways to behavioral health care through the primary care to improve the family experience and provide opportunities for earlier intervention, which yield better health outcomes.

**ENVIRONMENTAL STATEMENT**

Today's actions for authorizing a construction contract for the East Region Crisis Stabilization Unit first phase of design are exempt from CEQA pursuant to Sections 15061(b)(3) and 15262 of the State CEQA Guidelines. Section 15061(b)(3) is applicable because it can be seen with certainty that this action has no potential to cause a significant effect on the environment. At this time, the Board is only authorizing pre-construction services for the East Region Crisis Stabilization Unit. Once design is complete, staff will return to the Board for direction and approval to potentially move forward, make changes to, or not move forward with the project, at which time the appropriate CEQA review will accompany any future Board actions. Section 15262 is equally applicable because the actions before the Board include feasibility analysis and design for possible future actions that do not commit the County to any definitive course of action. Subsequent actions would be reviewed pursuant to CEQA and presented to the Board as required for consideration prior to implementation or use of any acquired property.



**SUBJECT:** RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL (DISTRICTS: ALL)

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

Today's proposed actions support the County of San Diego's 2022-2027 Strategic Plan initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision, by reducing disparities and disproportionality of individuals with mental illness and substance use disorders and ensuring access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

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)**

Attachment A – Behavioral Health Services Continuum of Care Key Updates



**BEHAVIORAL HEALTH SERVICES  
CONTINUUM OF CARE KEY PROJECT UPDATES**

**September 27, 2022**

Under the leadership of the San Diego Board of Supervisors (Board), behavioral health care in San Diego County is in the midst of a profound transformation. The County of San Diego (County) is taking action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous, coordinated care and prevention. These efforts, broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care), are guided by data, focused on equity, and designed to engender collaborative work across silos, within and outside of government. All Continuum of Care capital projects are designed thoughtfully to be a welcoming environment that is conducive to wellness and healing for the individuals and families who visit.

Today's update to the Board includes the following summary of progress of the portfolio of Continuum of Care projects that are bringing this transformation to life reported within the **domains of Crisis and Diversionary Services; Inpatient Hubs and Care Coordination; and Residential and Long-Term Care.**

Diversory Services
<p><i>Regional Crisis Stabilization Units</i></p> <p>On March 26, 2019 (2), the Board approved a recommendation to establish regional mental health crisis stabilization units (CSUs) that provide 24/7 walk-in mental health and substance use disorder services for those in behavioral health crisis. Services in these CSUs include law enforcement drop-offs as a safe alternative to a jail or hospital, psychiatric services, medication, peer support, and transition planning, with stays of less than 24 hours.</p> <p>Since the last update to the Board on May 4, 2021 (11), the North Coastal Community-Based CSU in Vista became operational on October 1, 2021, as did the North Coastal Live Well Health Center Community-Based CSU in Oceanside which open its doors on April 25, 2022, bringing the total number of County-funded CSUs to six. Since becoming operational through September 4, 2022:</p> <ul style="list-style-type: none"> <li>The Vista CSU has had over 2,800 admissions, 29% were referred through law enforcement, and of clients admitted 81% were referred to appropriate treatment services. Of the clients served, 43% were ages 26-39, 50% were White, and 28% of clients self-reported as homeless at the time of admission.</li> </ul>

- The Oceanside CSU has had over 500 admissions, 35% were referred through law enforcement, and of clients admitted 79% were referred to appropriate treatment services. Of the clients served, 39% were ages 26-39, 55% were White, and 30% of clients self-reported as homeless at the time of admission.

On April 10, 2022, the Oceanside Crisis Stabilization Unit (CSU) project was selected for Project of the Year Award in the Structures category by the American Public Works Association (APWA). Following the award, a ribbon cutting ceremony was held on April 18 to mark the County of San Diego's commitment to make mental health and substance use services a priority.

*New Community-Based CSU in East Region with Co-located Sobering Services*

On October 19, 2021 (3), the Board directed a series of actions focused on creating alternatives to incarceration, and on February 8, 2022 (11), a preliminary report on data-driven alternatives to incarceration was presented to the Board with initial recommendations, including strategies to support alternatives to incarceration and connections to services for people with substance use, alcohol, and public conduct-related non-violent misdemeanor charges. The Board also authorized the Chief Administrative Officer to explore further integration of substance use and mental health services, including sobering services, in future crisis stabilization units.

On June 28, 2022 (5), the Board authorized a competitive solicitation for the procurement of community-based crisis stabilization services with co-located sobering services in the East Region. The East Region Community-Based CSU site has been chosen in the city of El Cajon. The project is currently in the programming phase with services estimated to begin Fall 2024. When operational, this facility will up to 16 CSU recliners along with sobering services.

Today's action authorizes the Director, Department of Purchasing and Contracting to advertise and award a Construction Manager at Risk (CMAR) contract for development of the East Region CSU with co-located sobering services capital project. Funds totaling \$1.0 million are included in the Fiscal Year 2022-24 CAO Adopted Operational Plan. The department will return to the Board with future recommendations and to establish additional appropriations for future phases of the project.

To support the capital costs for this project, BHS plans to apply for Round 5: Crisis Continuum of the Behavioral Health Continuum Infrastructure Program (BHCIP) grant funding when the Request for Application (RFA) opens later this calendar year and return to the Board at a future date if funding is awarded.

*Mobile Crisis Response Teams*

On June 25, 2019 (1), the Board approved a recommendation to enhance the crisis intervention options available to the community by establishing a non-law enforcement Mobile Crisis Response Teams (MCRT) pilot program, in coordination with the County's Health and Human Services Agency, Behavioral Health Services, the San Diego County Sheriff's Department, and the San Diego County District Attorney, with initial efforts focused in the North Coastal Region. On June 23, 2020 (26), the Board expanded MCRT by approving an expedited rollout

of MCRTs countywide; and on April 6, 2021 (9), the Board further affirmed their commitment to strengthen MCRT by approving recommendations for a public awareness campaign, outreach to key stakeholders for continued engagement, and other key actions.

MCRT services are 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, with teams dispatched primarily by calls made to the Access and Crisis Line (888-724-7240) though law enforcement agencies can also refer calls they receive to MCRT. See below for key updates since the last update presented to the Board on June 30, 2022.

#### *MCRT Key Data Points*

Since the MCRT program launched in January 2021 through September 4, 2022:

- MCRT has responded to over 2,600 calls referred through the Access and Crisis Line (ACL) and Law Enforcement Agencies (LEA). Of the calls responded to, 765 referrals were received directly from LEA.
- Of the individuals who received an MCRT service, approximately 53% were stabilized in the field with referrals to ongoing care and without the need for additional transport, reducing the need for law enforcement services and utilization of more expensive, and acute services.
- Approximately 30% were ages 26-39, 45% were White, 28% were Hispanic, and 11% were Black/African American.
- Approximately 17% of clients self-reported that they were homeless at the time of assessment.
- Approximately 19% either refused a service or had left the location by the time MCRT arrived. On these occasions, MCRT still provided resources to the individual or family members who may be receptive to services in the future.

#### *Stakeholder Engagement*

On July 7, 2022, an update was provided to the Behavioral Health Advisory Board from a panel of program staff and law enforcement providing updates on 9-1-1 dispatchers who refer calls to MCRT. On August 15, 2022, an update on key MCRT program data was presented to the Human Relations Commission. BHS and MCRT program staff continue to be responsive to requests for information and interviews.

In a parallel effort, the County continues community-based outreach and engagement through a contract with Jewish Family Service's Breaking Down Barriers program. Breaking Down Barriers is a prevention and early intervention program providing outreach and education to reduce stigma around mental illness through trusted community partners.

Since March 2022 through September 5, the program has reached over 6,642 community members through outreach events, presentations, community conversations, flyer dissemination, posters placed in community locations, outreach to local businesses and social marketing. In addition, the program and its partners have distributed MCRT information at 175 community locations including libraries, food distribution centers, parks, businesses, resource

fairs, organization and community meetings, and cultural festivals. The MCRT flyers used to support this effort are available in multiple threshold languages, have been disseminated by the contractor and can also be found on the [MCRT website](#); stakeholders are being encouraged to reference and print as needed for their individual outreach efforts.

#### *Media Campaign Update*

A general media campaign was launched as live in market from January 31, 2022 to May 29, 2022, with an initial objective to inform and educate San Diegans about this valuable new program. The campaign reached people of all ages in San Diego County and included messaging in various languages (English, Spanish, Farsi, Arabic, Tagalog, Vietnamese, and Chinese) to broaden the delivery of the message.

Through a multimedia approach that included out-of-home ads (billboards and place-based posters), radio ads, digital ads, and search ads, the campaign delivered over 91M impressions across San Diego County which indicates success in promoting awareness of the MCRT service. Moreover, the campaign received 13.3M engagements which indicates the target audience interacted with the campaign's message to learn more. Among the various media channels, each channel met or exceeded its respective benchmark goal for a successful media campaign.

Based on the performance of this initial campaign, additional public messaging is planned for the remainder of FY2022-23. BHS will work with its media contractor to expand media to include print ads, over-the-top TV (OTT), connected TV (CTV), social media ads, and bus shelter ads to reach even more San Diegans throughout the County and ensure they are aware of the services MCRT provides. Media channels previously leveraged for the first phase of messaging, such as radio, place-based print materials, and digital ads, will continue to be activated. Subsequent phases of the campaign will incorporate input received by the department through a series of community conversations and focus group discussions with stakeholders. Messaging will be tailored to better resonate and reflect groups with a shared community identity, as well as incorporate best practices and lessons learned from recent public communication on the SARS-CoV-2 virus. With the goal of reaching the most vulnerable, underserved, and/or unserved populations, strategies and related materials to promote the MCRT program will continue to evolve as education and outreach efforts transform to meet changing communication preferences of the community.

#### *988 Launch – New Option for Behavioral Health Crisis Care*

In 2020, Congress designated the new 988 dialing code to operate across the country. In July 2022, the U.S. transitioned to using the 988-dialing code, an easy to remember number that directly links someone in a behavioral health related crisis to immediate care and support. Locally, when someone with a San Diego area code dials 988, they will be seamlessly connected to the Access and Crisis Line and a trained counselor.

Over time, the vision for 988 is to have additional crisis services available in communities across the nation, much the way emergency medical services work. In the short-term, efforts are focused on strengthening and expanding the current crisis call center infrastructure and

<p>capacity to ensure trained crisis counselors are available to quickly respond to 988 via call (multiple languages), text or chat (English only). In the longer term, the vision is to build a robust crisis care response system across the country that links callers to community-based providers who can deliver a full range of crisis care services.</p> <p>The County is working closely with the BHS Administrative Services Organization and behavioral health crisis services providers on the planning and implementation phases in alignment with the vision. BHS is ensuring the capacity to respond to calls received and availability of local crisis resources, as well as the development of internal technological infrastructure to support the long-term goals. Information on 988 was added to the <a href="#">BHS website</a>, paired with the Access and Crisis Line information, with clarification between these two resources.</p>
Inpatient Hubs and Care Coordination
<p><i>Tri-City Psychiatric Healthcare Facility</i></p> <p>In a series of actions to meet the urgent behavioral health needs in North San Diego County, the Board approved final agreements January 14, 2020 (11) between the County and Tri-City for the development and operation of a 16-bed psychiatric healthcare facility on vacant land located at the Tri-City Medical Center campus in Oceanside. In February 2022, community engagement efforts were conducted to solicit community input on the project before the submission of the plans to the Oceanside City Planning Commission, which was approved unanimously at their meeting on June 13, 2022.</p> <p>On December 7, 2021 (26) the Board approved a \$3.2 million increase to the budget for the Tri-City PHF projected bringing the total estimated project cost to \$20,600,000. Construction of the project is anticipated to begin Fall 2022 and be completed by late 2023. A groundbreaking event is being planned for this Fall.</p>
<p><i>Edgemoor Acute Psychiatric Unit</i></p> <p>On August 16, 2022 (7) the Board approved authorization to accept one-time Behavioral Health Continuum Infrastructure Program (BHCIP) Round 3: Launch Ready grant funding in the amount of approximately \$12.4 million to fund the construction of the 12-bed acute psychiatric facility located within the existing Edgemoor Distinct Part Skilled Nursing Facility (DPSNF) campus. Initially, the total estimated cost of this project is approximately \$13.4 million, inclusive of \$12.4 million funded by BHCIP Launch Ready Grant and \$1.0 million County match requirement funded by Realignment.</p> <p>Construction of this new acute psychiatric unit will allow residents to continue to receive the appropriate specialty psychiatric care without requiring them to transfer out of their residence. The new facility will serve residents countywide as needed but will increase accessibility to vulnerable individuals within the East Region, which currently has limited behavioral health infrastructure. The acute psychiatric unit may also be able to serve other area skilled nursing facilities (SNFs) with patients in need of stabilization, thus reducing the need to transport these</p>

<p>patients to hospital emergency rooms. The acute psychiatric unit will also provide local connections to inpatient services for those requiring higher levels of care.</p> <p>The County's Department of General Services and an independent architect, with the guidance of OSHPD liaisons, are assisting with a review of options to meet design requirements for this type of facility. The project is currently in the design phase, with construction is scheduled to begin in 2023, and slated for completion early 2025. This project, along with the Crisis Stabilization Unit with co-located sobering services in East Region (El Cajon), will bolster the region's psychiatric capacity while maintaining Edgemoor's DP licensure.</p>
<p><i>Alvarado Inpatient Acute Psychiatric Services</i></p> <p>On August 30, 2022 (16) the Board approved recommendations to enter into a contract with Alvarado Hospital for Medi-Cal managed care inpatient acute psychiatric services and emergency psychiatric and crisis stabilization services. The actions requested will enable an increase in regional capacity by adding up to 44 new dedicated psychiatric acute inpatient beds for individuals who are Medi-Cal eligible, along with EPU/CSU services to improve access to critical inpatient and stabilization services for vulnerable adults countywide who are experiencing a behavioral health crisis.</p> <p>This action will also result in estimated one-time costs of approximately \$3.0 million for the initial architectural design related to facility improvements in Fiscal Year 2022-23. The total County investment for facility improvements, inclusive of the initial design costs, is estimated at approximately \$28.0 million and will be refined as the design work progresses based on the County's share as outlined through a revenue sharing agreement that is based on the final number of dedicated psychiatric acute inpatient beds for Medi-Cal eligible individuals, and emergency psychiatric and crisis stabilization beds.</p> <p>This collaboration with Alvarado Hospital will also involve medical oversight and leverage academic leadership from University of California San Diego (UCSD) Health and the UCSD Department of Psychiatry and it aligns with the principles of behavioral health hubs articulated in previous actions brought before this Board. This collaboration with Alvarado Hospital is a unique opportunity to advance the behavioral health continuum of care in a relatively expeditious manner and aligns with the principles of ongoing behavioral health hub work across the region.</p> <p>Establishing the Central Region Behavioral Health Hub at Alvarado Hospital also provides a unique opportunity to shift service arrays within the San Diego County Psychiatric Hospital and the County-owned Third Avenue property, briefly outlined below.</p>
<p><i>Third Avenue and San Diego County Psychiatric Hospital Updates</i></p> <p>On October 29, 2019 (31), the Board was informed that development of a vacant, County-owned parcel of land located on Third Avenue, San Diego, was feasible for a variety of mental health services. Based on the establishment of the Central Region Hub at Alvarado Hospital and due to the urgent need identified across the region, BHS will bring forward</p>

recommendations at a future Board meeting to reimagine the Third Avenue property, which will include establishing community-based care capacity.

Additionally, the collaborative efforts with Alvarado described above will enable the County to shift acute inpatient care provision from the San Diego County Psychiatric Hospital (SDCPH), an Institution of Mental Disease (IMD) revenue-excluded facility, to Alvarado, a General Acute Care Hospital, allowing the County to realize operational efficiencies and optimize available revenues. Shifting acute inpatient care to Alvarado Hospital uniquely situates the County with an opportunity to establish new subacute services within the SDCPH. BHS will also bring forward recommendations for the new array of services at the SDCPH facility at a future Board meeting.

#### *Hospital Rates and Incentive Development*

- **Acute Psychiatric Inpatient Services**

In a collaboration with providers, BHS has implemented new value-based reimbursement approaches for inpatient services which includes the development of baseline per-diem rate(s) and establishing additional incentive-based payment opportunities. Shifting toward value-based reimbursement for behavioral health services ahead of planned, statewide reimbursement changes under California Advancing and Innovating Medi-Cal (CalAIM) will help San Diego County effectively prepare for – and keep pace with – changes happening across California and nationally. Value-based reimbursement represents a paradigm shift in the way providers operate.

BHS is advancing value-based reimbursement by utilizing a base rate plus the potential to earn additional dollars if a provider is able to achieve certain outcomes related to the improvement of client care. The base rate is the minimum reimbursement amount that the provider will be paid and has been developed for several services, including hospital acute psychiatric inpatient care, based on actual provider costs, modifiers due to projected inflation, and other publicly available data from CMS cost reports.

BHS has completed extensive initial research and modeling to understand the impact of these payments and will continue working closely with the provider community to define performance measures and associated goals for these incentive payments. The chosen measures will support broader goals to improve behavioral health for San Diego and may include efforts to expand access, better coordinate care, and help people maintain recovery.

- **Naloxone Distribution in Hospitals**

The Continuum of Care strategy aims to promote population health efforts at hospitals that will improve behavioral health outcomes in the community. An immediate priority is to reduce morbidity and mortality related to opioid use disorder. To achieve this aim, BHS implemented rate enhancements at participating hospitals in July 2022 (i.e., increases in the administrative day rate established by the State of California for acute care psychiatric services) for participation in two population health qualifying activities: Department of Health Care Services' Naloxone Distribution Project (NDP); and CA

Bridge. Organizations participating in the NDP dispense naloxone directly to patients who are at risk of experiencing or witnessing an overdose prior to discharge. Organizations participating in CA Bridge offer the following services through emergency departments: medications for addiction treatment (buprenorphine), support from a peer navigator, and a warm handoff to community partners. As of September 1, 2022, a total of nine (9) San Diego County hospitals have signed on to participate in the population health activities (all nine of these hospitals will be participating in the NDP; 7 will also be participating in CA Bridge).

#### **Long-Term Care**

##### *Step-Down and Long-Term Care Investments*

As detailed in the main body of the Board Letter, BHS is proposing actions to redefine and transform long-term care in San Diego County through the development of a new OCP model designed to establish new care pathways that better meet the needs of individuals through community-based care, along with a focus on services that divert individuals from unnecessary utilization of acute care.

Through a broad and comprehensive analysis, the model has determined an optimal future state that is required to support people who continue to lack options for placement due to complex needs, lack of existing services, inadequate capacity, and/or other barriers to care. To achieve this optimal future state, capacity across the system must more than double and be recalibrated to focus on growth across the following three lower levels of care service domains:

- Community crisis diversion
- Subacute services
- Community-based care

The impact of building capacity across these three service domains as outlined in the optimal state is anticipated to result in a substantial decrease in acute inpatient services and will connect people to the care they need in the least restrictive setting.

#### **Children and Youth Behavioral Health Continuum of Care Updates**

##### *Children's Behavioral Health Hub*

On March 10, 2020 (4), the Board approved actions to begin the process of evaluating and potentially developing a behavioral health hub in North Central Region in partnership with Rady Children's Hospital (Rady) which would provide an array of services designed to meet the needs children and youth. Services for this hub may include:

- Inpatient and acute care services
- Crisis stabilization services
- Partial hospitalization
- Care coordination services

Since the update on May 4, 2021 (11), the land use feasibility study has been completed and additional actions to move toward building design and permitting approvals are underway.

Planning, in partnership with Rady, to define the service array for the Children's Hub is also underway. Construction is estimated to begin in 2025.
<p><i>Screening to Care</i></p> <p>On June 8, 2021 (3), San Diego County Board of Supervisors (Board) approved a final American Rescue Plan Act (ARPA) funding framework to support the residents of San Diego County. The approved funding framework included the use of ARPA funding to address the behavioral health services needs of children, youth and families which were identified as high priority.</p> <p>On December 7, 2021, the U.S. Surgeon General issued an Advisory on Protecting Youth Mental Health (Advisory) to highlight the urgent need to address the nation's youth mental health crisis. The Advisory called for a swift and coordinated response to this crisis as the nation continues to battle the COVID-19 pandemic and provided the following recommendations that individuals, families, community organizations, technology companies, governments, and others can take to improve the mental health of children, adolescents, and young adults.</p> <p>To advance recommendations outlined in the Advisory, and in alignment with other efforts to support youth, the <i>Screening to Care</i> initiative was created to address mental health treatment needs for middle school students in partnership with the San Diego County School Board Association and school districts across the county with services that will use a multi-tiered approach which includes universal screening of students facilitated by middle school staff, regardless of the child's insurance status.</p> <p>Based on the screening results, students will be stratified into three different tiers of intervention: school community and classroom-based intervention which is known as Tier 1; small group intervention which is known as Tier 2; and referral to treatment level services known as Tier 3 which will leverage the BHS-operated SchoolLink programs. These services are aimed at preventing more severe behavioral health conditions seen among high school students, and will attend to addressing stigma, promote acceptance, empathy, and compassion and be delivered in a culturally competent manner in alignment with BHS' long-term commitment to creating and maintaining a culturally relevant and culturally responsive system of care.</p> <p>Expansion to elementary and high school students shall be determined as service effectiveness is evaluated. <i>Screening to Care</i> services will be initially funded through ARPA funding for three years, with plans to explore funding opportunities to sustain the program on a long-term basis.</p> <p>Complementing the Screening to Care initiative are additional strategies that further advance behavioral health care for children and youth, outlined in the section below.</p> <p><i>Parks After Dark</i></p> <p>In partnership with the City of San Diego Parks and Recreation, the Parks After Dark program occurred throughout July and August with outdoor family programming to promote wellness and health of community members. Tenets of this community-based program were built on the foundation that connects physical and social community interaction to promote confidence, sense of responsibility, while building self-image and instilling hope and positive connections.</p>

Additional Updates in Support of Continuum of Care Efforts
<p><i>Behavioral Health Impact Fund</i></p> <p>On April 7, 2020 (3), the Board, in partnership with the City of San Diego (City), established a Behavioral Health Impact Fund (BHIF) with appropriations of \$25 million for capital projects to support community-based behavioral health organizations in increasing their capacity to support long-term treatment. One-time funds for capital projects through a competitive procurement process will strengthen the regional Continuum of Care.</p> <p>The BHIF request for proposal (RFP) was issued in May 2020, inviting offerors to submit proposals for capital funds to support the following critical service areas:</p> <ul style="list-style-type: none"> <li>• Licensed adult residential facilities, also known as board and care facilities;</li> <li>• Temporary and transitional housing and support for people with substance use disorders consistent with recovery residence settings;</li> <li>• Residential mental health treatment services, including crisis residential programs for homeless populations and transition age youth;</li> <li>• Residential substance use disorder treatment programs, inclusive of withdrawal management and detoxification services;</li> <li>• Other temporary and transitional housing for homeless populations with behavioral health needs that may include a focus on youth who are victims of commercial sexual exploitation; and,</li> <li>• Information technology to support telehealth, data integration and innovation to optimize access and care for individuals with behavioral health care needs.</li> </ul> <p>On March 29, 2022, the County issued notices of intent to award BHIF projects as outlined on the County's Department of Purchasing and Contracting <a href="#">website</a>. Among these projects is a \$12M award to McAlister Institute for Treatment and Education (MITE) to purchase and renovate a facility in the City of San Diego to provide residential substance use disorder beds, inclusive of withdrawal management and enhanced with medical services including medication assisted treatment.</p>



## ITEM 23: RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL

Nick Macchione, Agency Director, Health and Human Services Agency

Luke Bergmann, PhD, Director, Behavioral Health Services

Nadia Privara, Assistant Director of Departmental Operations, Behavioral Health Services

September 27, 2022

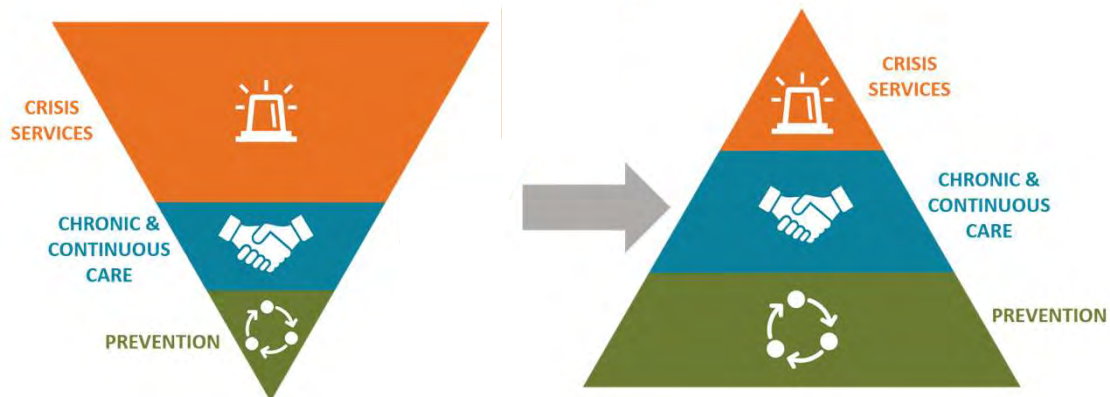


1

## FROM CRISIS TO CONTINUOUS CARE






LIVE WELL  
SAN DIEGO



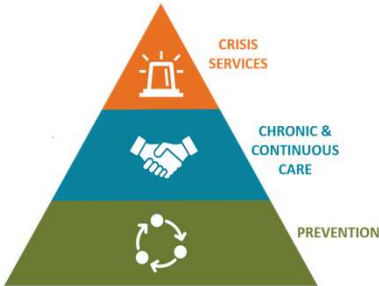
2


CHILDREN & YOUTH STRATEGY



Children & Youth







Children's


Continuum Strategy

3


3

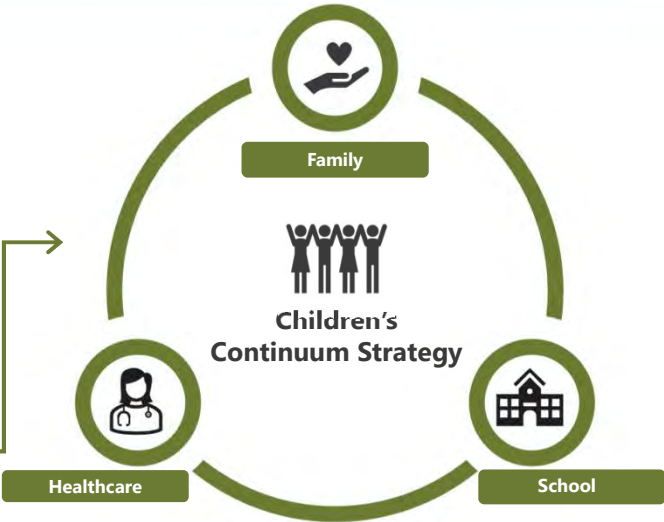
CHILDREN & YOUTH STRATEGY



Children & Youth





4

4



# ENHANCING SERVICES ACROSS THE CONTINUUM OF CARE






**CRISIS AND DIVERSIONARY SERVICES**



**INPATIENT HUBS AND CARE COORDINATION**






**RESIDENTIAL AND LONG-TERM CARE**


5


5


# REGIONALLY DISTRIBUTED SERVICES







 Hubs & Care Coordination

 Crisis & Diversionary Services

 Long Term Care

 Preventive Services

Updated 8/24/22  
Map locations are approximate

6

## REGIONALLY DISTRIBUTED SERVICES



LIVE WELL  
SAN DIEGO

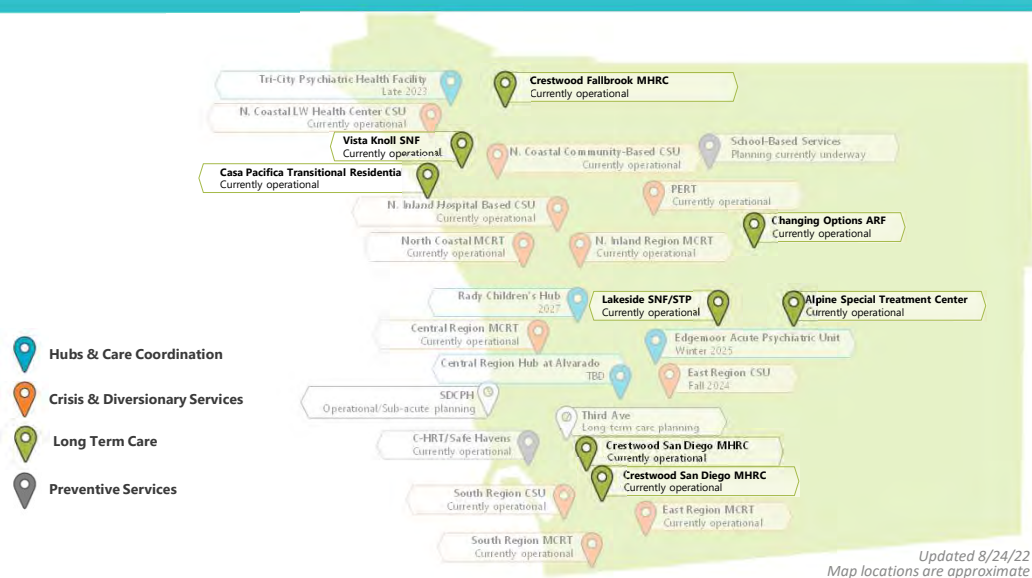


7

## REGIONALLY DISTRIBUTED SERVICES



LIVE WELL  
SAN DIEGO



8

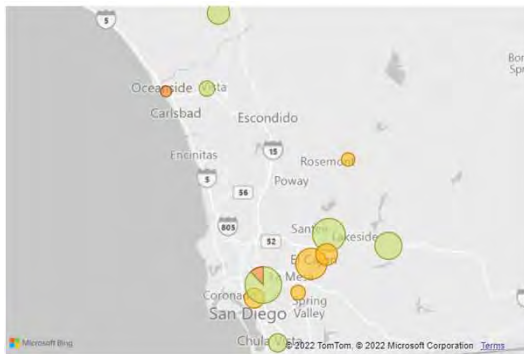
## CHANGES IN LONG-TERM CARE CAPACITY



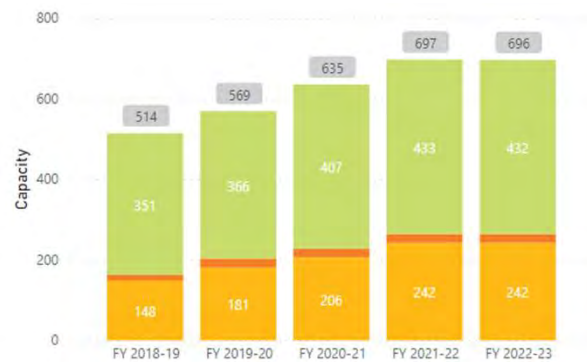
LIVE WELL  
SAN DIEGO

### FY 2022-2023

Capacity by City and Category



### Capacity by FY and Category



9

9

## ENHANCING CARE PATHWAYS



LIVE WELL  
SAN DIEGO

***A client-centered, continuous care model that enables clients to receive effective care in the least restrictive setting, based on their unique needs.***

### SYSTEM IMPACTS



**Meet Social, Environmental and Physical Health Needs of Clients in the Least Restrictive Setting**



**Expand Access to Care and Improve Quality**



**Reduce Average Cost per Bed Day**

10

10

## ENHANCING CARE PATHWAYS



***Optimal Care Pathways Model quantifies the ideal capacity across each level of care***

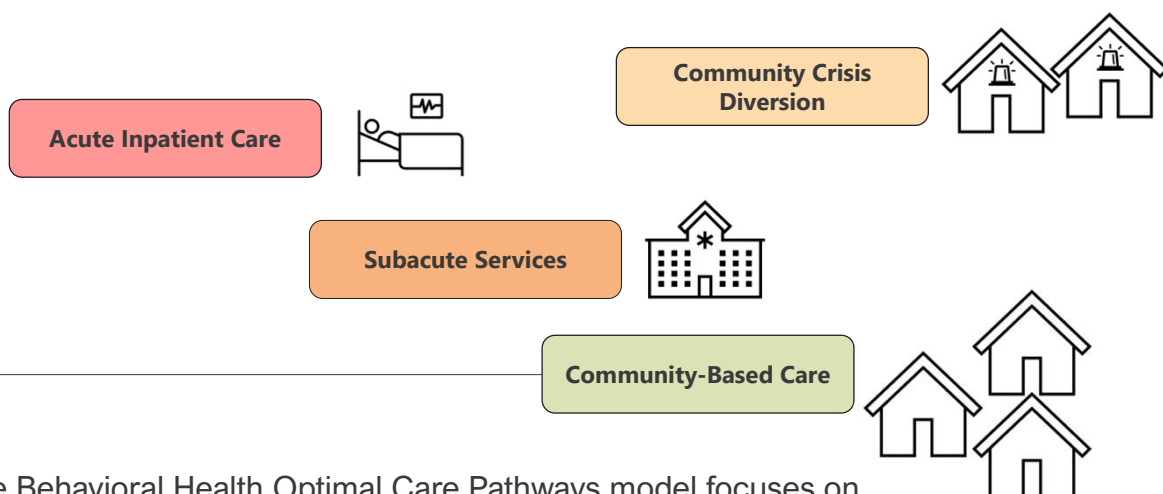
- Based on an extensive analysis that includes both historical and current data, assessment of concepts from the *Crisis Now* model, and meta-analysis of data from other systems
- Considers the social determinants of health and emphasizes the need for community-based care to meet larger system challenges



11

11

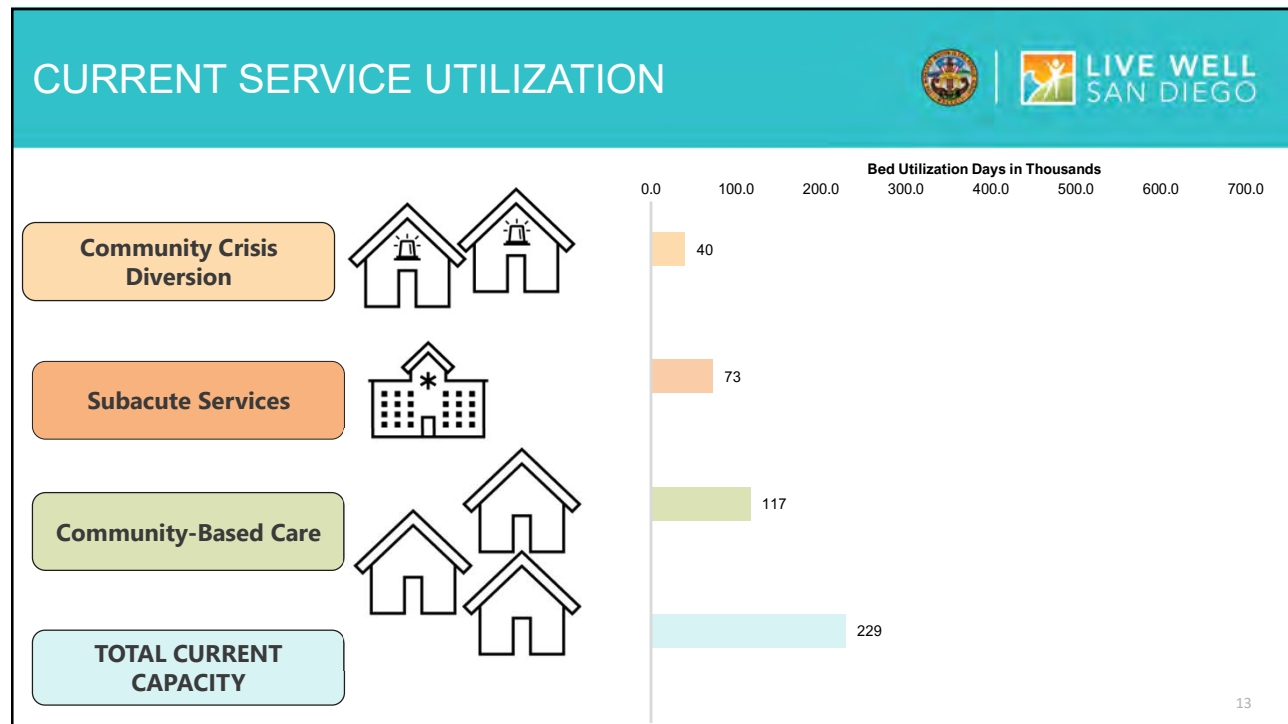
## OPTIMAL CARE PATHWAYS SERVICE CATEGORIES



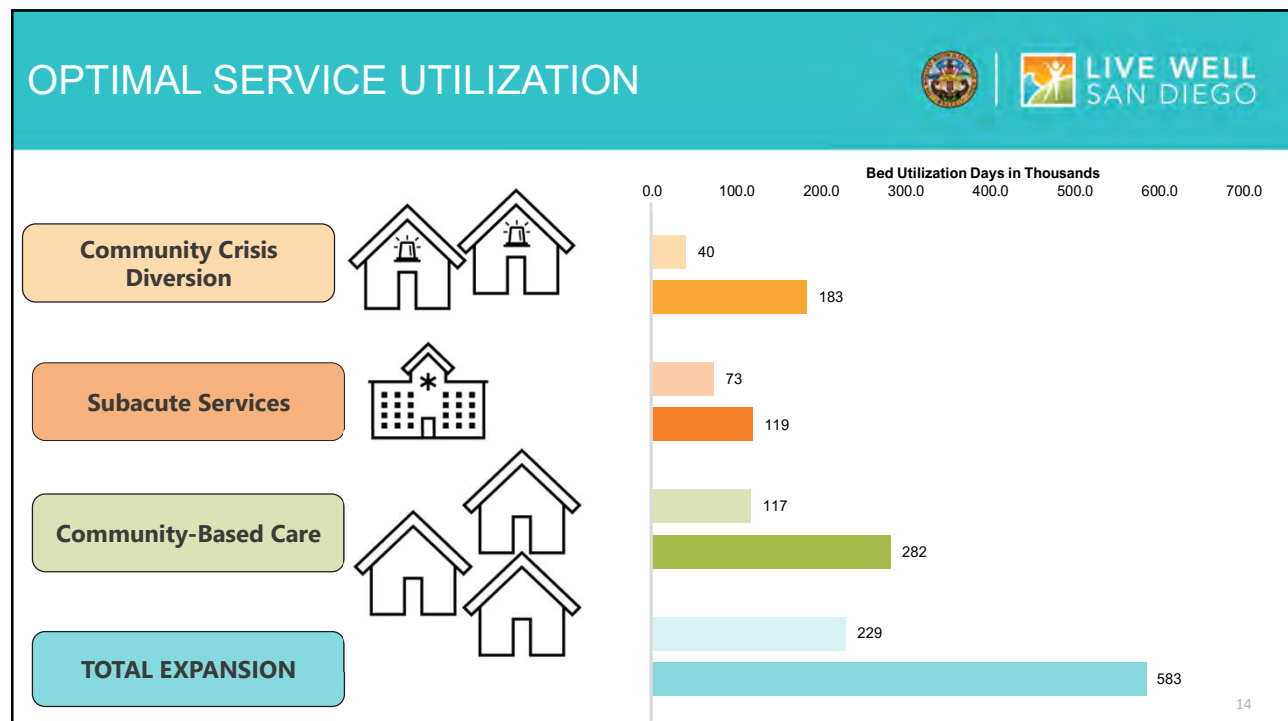
The Behavioral Health Optimal Care Pathways model focuses on diversion to the least restrictive environment possible

12

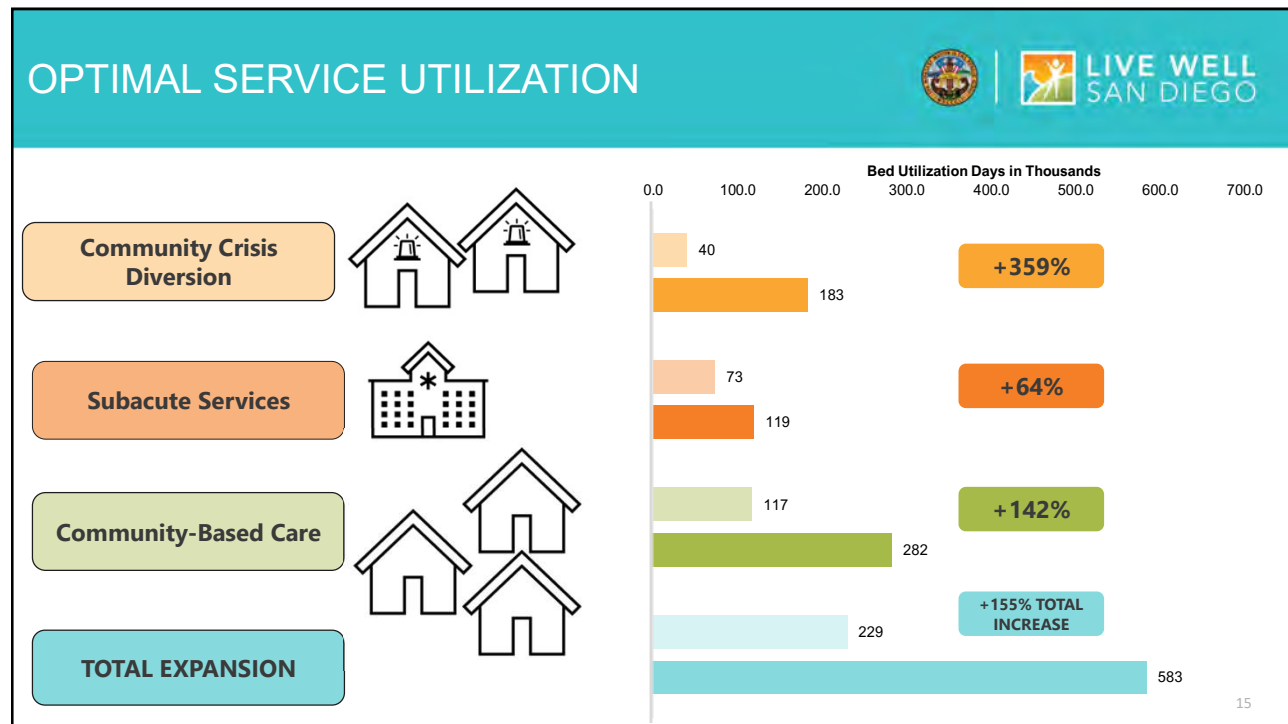
12



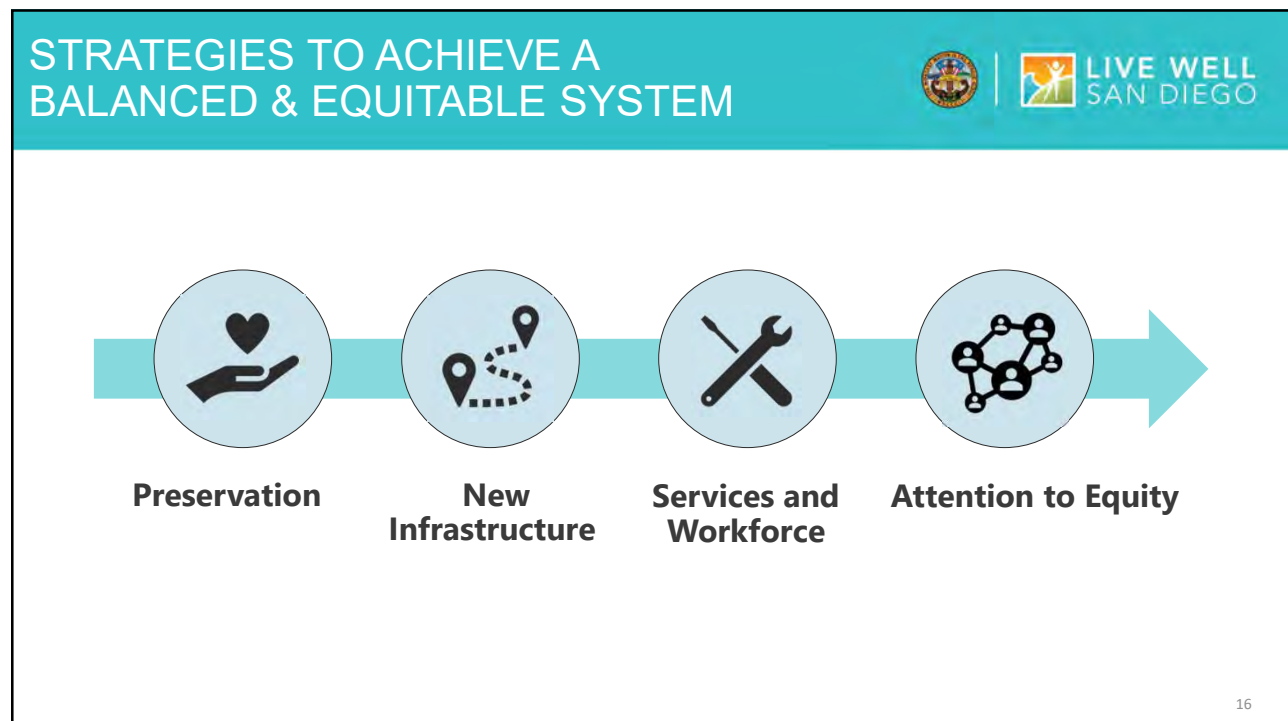
13



14



15



16

## RECOMMENDATIONS



**Recommendation #1:** Receive an update on the Behavioral Health Continuum of Care.

**Recommendation #2:** Find the proposed actions exempt from the California Environmental Quality Act.

**Recommendation #3:** Authorize the Director, Department of Purchasing and Contracting to advertise and award a Construction Manager at Risk contract for the East Region Crisis Stabilization capital project, and to return to the Board for appropriations and authority to execute the option for Phase 2 of construction.

**Recommendation #4:** Designate the Director, Department of General Services as the County officer responsible for administering the Construction Manager at Risk contract.

**Recommendation #5:** Authorize the planning and formation of a behavioral health equity community alliance.

**Recommendation #6:** Authorize the amendment of the Father 2 Child and Positive Parenting contracts, extending the term until September 30, 2023.

17

17

## ITEM 23: RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL

Nick Macchione, Agency Director, Health and Human Services Agency

Luke Bergmann, PhD, Director, Behavioral Health Services

Nadia Privara, Assistant Director of Departmental Operations, Behavioral Health Services

September 27, 2022



18

18





**NATHAN FLETCHER**

**CHAIR**

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

**AGENDA ITEM**

COSD CLERK OF THE BOARD  
2022 OCT 3 AM 11:06

**DATE: October 11, 2022**

**09**

**TO: Board of Supervisors**

**SUBJECT**

**ESTABLISH THE BEHAVIORAL HEALTH IMPACT FUND 2.0 (DISTRICTS: ALL)**

**OVERVIEW**

Behavioral health covers a broad spectrum of mental health and addiction services. In recent years, behavioral health has come into full focus by the San Diego County Board of Supervisors (Board) as the issues surrounding addiction and mental health continue to significantly impact our community. In response to this, the Board has taken measures to address those challenges.

In 2019, I brought forward a board letter to create the Behavioral Health Impact Fund in partnership with the City of San Diego, which was seeded with \$25 million in funding to spend on impactful programs. This fund has successfully supported innovative behavioral health services and has created traditional housing units, crisis treatment vans, and technology for mental health and addiction services. Now that these funds are almost completely expended, I am proposing to close out the existing fund and establish a new fund wholly controlled by the County, the Behavioral Health Impact Fund 2.0 (BHIF 2.0), which would feature lightly modified criteria that can ensure funds are quickly deployed for priority projects along the behavioral health continuum.

Without funding, some of these necessary projects may never come into fruition, thus leaving the region with serious gaps in care. Establishing the BHIF 2.0 to expeditiously award grants to projects within the continuum of services, including workforce, services, and infrastructure, in line with the recently adopted Optimal Care Pathways (OCP) model, will benefit the region and everyone who relies upon the County for behavioral health support.<sup>1</sup>

Today's recommendation asks the Chief Administrative Officer to establish BHIF 2.0, and authorize the issuance of requests for proposals for the continuum of services, including behavioral health workforce programs, supports, and/or infrastructure projects. Staff are asked to

---

<sup>1</sup> RECEIVE AN UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE, AUTHORIZE CONSTRUCTION CONTRACT FOR THE EAST REGION CRISIS STABILIZATION UNIT, AND RECEIVE THE OPTIMAL CARE PATHWAYS MODEL, September 27, 2022.



**SUBJECT: ESTABLISH THE BEHAVIORAL HEALTH IMPACT FUND 2.0  
(DISTRICTS: ALL)**

report back to the Board every 120 days on the status of awards granted to monitor progress toward meeting our goals.

**RECOMMENDATION(S)  
CHAIR NATHAN FLETCHER**

1. Pursuant to Government Code section 26227, find that the proposed Behavioral Health Impact Fund 2.0 is necessary to meet the social needs of the County's population.
2. Establish the Behavioral Health Impact Fund 2.0 grant program.
3. Direct the Chief Administrative Officer to return to the Board within 120 days with proposed evaluation and selection criteria for the Behavioral Health Impact Fund 2.0.
4. Authorize the Director, Department of Purchasing and Contracting, subject to availability of funding, to issue request(s) for proposals for continuum of care services, which includes behavioral health workforce programs, services, and/or infrastructure projects, to award agreements to successful proposers on an ongoing basis, and to amend the grant agreements as necessary.
5. Direct the Chief Administrative Officer, or designee, to administer the Behavioral Health Impact Fund 2.0, including the evaluation of proposals and the administration of the resulting agreements.
6. Direct the Chief Administrative Officer to submit a written report to the Board of Supervisors every 120 days on the status of awards, including the total number of awards granted, types of projects awarded, a description of recently awarded projects, and amount of funds remaining.

**EQUITY IMPACT STATEMENT**

Behavioral Health Services (BHS) serves as the specialty behavioral health plan for Medi-Cal eligible residents within San Diego County who are experiencing serious mental illness or serious emotional disturbance. Our Medi-Cal recipients are some of our most vulnerable representatives of our society, and as a steward of public health, the County must ensure that the resources and services offered through County-operated and contracted programs promote equitable outcomes, advance wellness across the spectrum of need, and are equitably distributed. The Behavioral Health Impact Fund 2.0 would allow for the immediate allocation of support and services to communities disproportionately impacted by historic underinvestment.

**SUSTAINABILITY IMPACT STATEMENT**

Creating a Behavioral Health Impact Fund 2.0 that disseminates expeditiously awarded projects will create positive social and economic enhancements, contributing to the overall sustainability of the region by providing support for the most vulnerable members of our community. This action can help create a healthier, stronger, and more resilient San Diego.

**FISCAL IMPACT**

There is no fiscal impact with today's recommendations to establish the fund. There may be future impacts associated with operating this fund including the issuance of grant agreements.

**BUSINESS IMPACT STATEMENT**

N/A

**SUBJECT: ESTABLISH THE BEHAVIORAL HEALTH IMPACT FUND 2.0  
(DISTRICTS: ALL)**

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

Behavioral health covers a broad spectrum of mental health, substance use, and alcohol services. In recent years, the San Diego region has seen concerning markers for unmet behavioral health needs including increased demand for utilization of behavioral health services, an increase in unhoused individuals, and an increase in drug-related overdose deaths. San Diego County's (County) Behavioral Health Services (BHS) is charged with providing support and services to those in need. However, various factors have limited the County's capacity to respond to needs and includes a lack of funding for regionwide infrastructure, workforce, and program availability. Funding these supports is necessary as outlined in the Optimal Care Pathways (OCP) model adopted by the Board that outlined the significant gap in services, and presented a model for planning future investment in facilities by type.

In 2019, the County was afforded a unique opportunity to create a new funding mechanism for investment in the behavioral health continuum. In 2011, former Governor Jerry Brown closed the State Redevelopment Agency which allowed the agency's remaining funds to be spent in regional San Diego cities and the County. This resulted in dispute and ongoing litigation amongst the municipalities in the region over the future of the Redevelopment Agency funds. The City of San Diego and the County of San Diego both had a vested interest in these funds and came to an agreement on their utilization. Working with the previous administration, we were able to join the County and the City toward a common cause and set aside a portion of disputed funds for behavioral health services, regardless of the outcome of pending litigation.

This partnership with the City resulted in a \$25 million fund titled the Behavioral Health Impact Fund (BHIF). This fund was to be used for one-time capital funding for mental health and drug treatment providers to expand their capacity to provide services to individuals. Many important projects were awarded and notably included 58 co-located residential substance use disorder beds, 21 transitional housing units, improvements for properties dedicated to transitional-aged youth, technology and telehealth purchases to treat substance use disorder, and other amenities and infrastructure improvements. Nearly all of this \$25 million fund has been awarded and the fund will soon be depleted.

It is my recommendation that the Board close out BHIF and establish a new fund, BHIF 2.0, which would be wholly separate from BHIF and the underlying redevelopment litigation that led to its creation. There were particular procedural actions included in how BHIF operated that slowed down the awarding of grants. Additionally, this funding was limited toward use for capital funding when a much more flexible funding source is now needed. While I am not proposing to seed BHIF 2.0 with funds at this time, it is important that a mechanism be established to continue the work as the original BHIF is depleted and future funding sources are identified.

The creation of the BHIF 2.0 can alleviate many financial barriers to providing desperately needed programs within the continuum of services, including workforce, services, and infrastructure. The "continuum of services" means supports and programs, including but not

**SUBJECT: ESTABLISH THE BEHAVIORAL HEALTH IMPACT FUND 2.0  
(DISTRICTS: ALL)**

limited to, mental health assessment and treatment, detoxification, crisis stabilization, residential treatment, temporary or permanent supportive housing, temporary and permanent affordable housing, housing services, behavioral health workforce investments, and the like.

The structure of BHIF 2.0 will be flexible and allow for investments in unmet behavioral health needs. Most importantly, it will be able to disperse awards to ensure progress with OCP and related programs, but will expand in scope to now include services and workforce investments, in addition to infrastructure (e.g., treatment beds, etc.). Awarding grants on a rolling basis can ensure worthy proposals are brought online as quickly as possible. BHS can help guide awards to projects that support the continuum of services.

Today's action will create the new structure of BHIF 2.0, and future actions by this Board will allocate funding. To monitor progress toward meeting our goals, I propose that periodic reports be made to the Board as to the number of grants awarded, the types of projects funded, and the remaining funds. These actions can ensure that necessary projects are funded in a timely fashion and that the Board can be engaged to ensure projects are successful.

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

Today's proposed actions supports the Empower Strategic Initiative in the County of San Diego's 2022– 2027 Strategic Plan by supporting the creation of the Behavioral Impact Fund 2.0, which will fund new projects in the continuum of services

Respectfully submitted,



NATHAN FLETCHER  
Supervisor, Fourth District

**ATTACHMENT(S)**  
N/A



COSD CLERK OF THE BOARD  
2022 OCT 3 AM 11:36

# COUNTY OF SAN DIEGO

## BOARD OF SUPERVISORS

1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CALIFORNIA 92101-2470

### AGENDA ITEM

**DATE:** October 11, 2022

**10**

**TO:** Board of Supervisors

#### **SUBJECT**

**ADDRESSING THE BEHAVIORAL HEALTH WORKER SHORTAGE IN SAN DIEGO COUNTY (DISTRICTS: ALL)**

#### **OVERVIEW**

The County of San Diego (County) is facing a significant behavioral health worker shortage. Today, we lack 8,100 behavioral health workers to meet the current demand. By 2027, it is estimated we will need a total of 18,500 behavioral health workers. This forecast takes into consideration current workforce recruitment and retention projections and anticipated growth in demand. Our behavioral health workers serve some of our most vulnerable populations along the behavioral health continuum of care and range from peer support specialists to psychiatrists.

A recent report conducted by the San Diego Workforce Partnership, "Addressing San Diego's Behavioral Health Worker Shortage" (Attachment A), commissioned by Chair Nathan Fletcher, discovered that San Diego regional behavioral health workers are paid less than their counterparts in most California counties, and are leaving the San Diego workforce. Although many behavioral health workers report they love their profession, many elements such as low compensation, burdensome documentation, inaccessible educational opportunities, and stress on the job are pushing workers out of the region and profession.

Given the heightened need for behavioral health workers to address the local substance use, mental health, and homelessness crisis, it is imperative the region implement policies to build and sustain the workforce. A year-long report by San Diego Workforce Partnership provides San Diego with an understanding of the worker shortage and outlines potential solutions for how to recruit, train, and retain behavioral health workers in the region. Today's action recommends the County adopt solutions outlined in the report to address this crisis. We urge your support.

#### **RECOMMENDATION(S)**

##### **CHAIR NATHAN FLETCHER AND SUPERVISOR LAWSON-REMER**

Direct the Chief Administrative Officer (CAO) to advance a comprehensive strategy to address the regional behavioral health workforce shortage, including advancing the five key

**SUBJECT: ADDRESSING THE BEHAVIORAL HEALTH WORKER SHORTAGE IN  
SAN DIEGO COUNTY (DISTRICTS: ALL)**

recommendations within the San Diego Workforce Partnership Report (Report), which shall include:

1. Receive the San Diego Workforce Partnership Report (Report), "Addressing San Diego's Behavioral Health Worker Shortage" (Attachment A, on file with the Clerk of the Board).
2. Direct the CAO to include in the Board's Legislative Program, Priority Issues, support for legislation that would address behavioral health worker recruitment, training, and retention. In addition, add to the Legislative Program, Guidelines, support for legislation that includes but is not limited to provisions to improve behavioral health workforce licensing and credentialing, supervision and training, higher education, and parity.
3. Direct the CAO to report back in 180 days with the feasibility and, if feasible, a plan to invest in competitive compensation for behavioral health workers by establishing competitive salaries for all behavioral health positions in the County region (County positions and contracted providers), as identified in the Report "Figure 11: Wage recommendations for 10 BH professionals," such that compensation aligns with the median or higher cost-of-living adjusted wages for California Metropolitan Statistical Areas (MSAs). Implementation shall promote best practices and standards that ensure workers are paid and treated equally regardless of if they are County workers or contracted providers.
4. Direct the CAO to report back in 180 days with the feasibility and, if feasible, a plan to pursue administrative relief by implementing the "Opportunities" found in the Report in "Table A.5: Administrative Relief Issue Areas and Opportunities," with the overarching goal to remove administrative barriers for those providing behavioral health services, and ultimately higher quality and more timely care provision. For those Opportunities that are deemed feasible, an implementation strategy should be developed, the feasible actions should be implemented, and the CAO should provide a progress report back to the Board every 120 days on the status of implementation.
5. Direct the CAO to report back in 180 days with the feasibility and, if feasible, a plan to establish regional behavioral health training centers of excellence, which are multiple-purpose sites that serve the public and develop core competencies in training and supervision programs, to establish partnerships with educational institutions, community-based organizations, health systems, workers, and the San Diego Workforce Partnership, to develop multi-agency partnerships at existing service sites.
6. Direct the CAO to report back in 180 days with a plan to build a regional behavioral health workforce training fund and identify Private Sector, County, State, and Federal resources that could be invested in the workforce training fund.
7. Direct the CAO to report back in 180 days with strategies to continue listening to workers during implementation of the aforementioned recommendations, planning, and progress reporting. The plan shall include regular surveys of workers to assess working conditions, updates to the community on the results of the survey, and the establishment of an advisory committee of stakeholders consisting of key healthcare, behavioral health professionals, service provider executives, and labor to help support these activities.
8. Direct the CAO to report back in 180 days with a plan to implement a regional master training agreement with San Diego area community colleges, colleges, and universities that provide practicum placements for future behavioral health professionals.

**SUBJECT:** ADDRESSING THE BEHAVIORAL HEALTH WORKER SHORTAGE IN  
SAN DIEGO COUNTY (DISTRICTS: ALL)

### **EQUITY IMPACT STATEMENT**

We need a behavioral health workforce that reflects the diversity of the population it aims to serve and is culturally competent, linguistically diverse, and representative. Not only do we have a workforce shortage, but our workforce is not representative of our diverse communities. Survey respondents from the Report noted a need for more BIPOC clinicians who are generally underrepresented among licensed providers. Women are underrepresented among psychiatrists, yet make up most of the masters-trained providers. Cultural competency and humility are key components in most training programs, yet the workforce fails to represent the population it services either in language or cultural background. Today's action, through investment in competitive compensation, training centers, and financial support for workers, are all essential for attracting the future workforce and retaining the one we currently have.

### **SUSTAINABILITY IMPACT STATEMENT**

The proposed action to advance efforts to recruit, train, and retain the local behavioral health workforce will contribute to goals in the behavioral health continuum of care to provide services in the communities where people live and reduce the need to travel long distances to find a care provider. Increasing the behavioral health workforce could result in positive social and economic enhancements, contributing to the overall sustainability of the region by providing a large workforce that supports the most vulnerable of our community. Behavioral health workers provide many necessary services to our community that creates a healthier, stronger, and more resilient San Diego. Their dedication to the well-being of others provides positive social contributions to our communities, and therefore, positive social sustainability for our region.

### **FISCAL IMPACT**

There is no fiscal impact associated with recommendations 1 and 2. There will be future fiscal impacts based on recommendations 3 through 8, as staff begins to explore feasibility of and advance overall recommendations from the San Diego Workforce Partnership (SDWP) Report. If recommendations are not feasible immediately, the report will outline rationale for barriers. The SDWP report referenced a cost of \$128 million associated with a variety of projects through a regional training fund. Additionally, work associated with recommendation 6 could result in significant additional ongoing costs above and beyond the SDWP training fund scope, depending on how it is structured and implemented.

It is anticipated that initially some of the work would begin with funding from the \$15 million of American Rescue Plan Act (ARPA) funds allocated for behavioral health renewable funds per Board action taken on August 30, 2022 (20). As different components are deemed feasible and ready to implement, staff will return to the Board for approval with specific fiscal impacts that will result from moving forward in recommended areas. Staff will identify any available funding sources including ARPA funds or other program revenue as available, including reprioritization of existing funding for Board consideration as needed. At this time, there will be no change in net General Fund cost and no additional staff years.

### **BUSINESS IMPACT STATEMENT**

N/A

**SUBJECT: ADDRESSING THE BEHAVIORAL HEALTH WORKER SHORTAGE IN  
SAN DIEGO COUNTY (DISTRICTS: ALL)**

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

The County of San Diego (County), like many other regions, is experiencing a mental health and substance use crisis. To address a growing demand for services, a concurrent investment in both behavioral health facilities and the workforce is needed. On September 27, 2022 (23) the County approved a transformational item that outlined the significant gap in services across the continuum and presented a model for planning future investment in facilities by type. Although the County continues to make significant investments in the behavioral health continuum infrastructure, there is still a significant gap in the workforce available to provide services.

The County is facing a significant behavioral health worker shortage. Our behavioral health workers serve some of our most vulnerable populations along the behavioral health spectrum, and range from peer support specialists to psychiatrists. Today, we lack 8,100 behavioral health workers to meet the current demand - this means patients are not getting the care they need and cycling through ineffective solutions. By 2027 it is estimated we will need a total of 18,500 more behavioral health workers. When coupled with an aging population, the gap in our workforce will be that much more challenging to confront. This projected workforce gap takes into consideration current workforce recruitment and retention projections and anticipated growth in demand.

Recognizing these trends, Chair Nathan Fletcher convened the San Diego Behavioral Health Workforce Steering Committee, in partnership with the San Diego Workforce Partnership, in early 2020 to analyze the current shortage and to recommend solutions to the issue. The members of the steering committee met six times over a 12-month period and comprised experts in the field including representatives from universities, hospital groups, medical and health centers, behavioral health nonprofits, patient advocacy groups, County Behavioral Health Services, and the County Behavioral Health Advisory Board.

As a result of the convenings and Steering Committee meetings, supported by incoming San Diego Workforce Partnership Policy Committee Board Chair Supervisor Terra Lawson-Remer and continued work from Chair Nathan Fletcher, the San Diego Workforce Partnership produced a report, "Addressing San Diego's Behavioral Health Worker Shortage" (Attachment A). The Report synthesized the results from a year-long research process, including 1,600 survey responses from behavioral health workers (representing about 10% of the current workforce). The Report identifies five key recommendations for how to address the worker shortage. The five key recommendations outline bold initiatives specific to San Diego: 1) invest in competitive compensation, 2) pursue administrative relief opportunities, 3) establish regional training hubs, 4) build a regional workforce training fund, and 5) continue listening to workers. In addition to these recommendations, the Report suggests legislative and administrative policy recommendations on licensing and credentialing, supervision and training, higher education, contracting, documentation, and reimbursement parity at the local, state and federal levels. The Report recommendations are described in greater detail below.

**SUBJECT: ADDRESSING THE BEHAVIORAL HEALTH WORKER SHORTAGE IN  
SAN DIEGO COUNTY (DISTRICTS: ALL)**

*Invest in Competitive Compensation*

Pay is the primary reason why people are leaving behavioral health professions. The Report notes that 55 percent of behavioral health workers interviewed were dissatisfied with their pay compared to 24 percent of U.S. workers overall. Furthermore, pay is a deterrent for those considering entering behavioral health professions when compared to other careers that may not require as much educational investment. If San Diego County is to attract and retain workers that can live in the region where they work, compensation must be a priority.

The Report shows that with higher pay individuals are less likely to leave their jobs. Survey responses emphasize the association between compensation and retention and indicate that workers who leave will leave for similar jobs but in a lower cost of living location or higher pay. Investment in competitive compensation for behavioral health workers refers to matching or exceeding median salaries when adjusting for cost-of-living. Among 33 other California Metropolitan Statistical Areas (MSAs), behavioral health occupations in San Diego fall below median salaries. See Table 1, Reproduction of Figure 11, Wage recommendations for 10 BH professionals. Social and human services assistants, which include peer support specialists, pay the lowest among comparison MSAs. Peer support specialists should be a key focus in addressing pay parity. With the passage of Senate Bill (SB) 803 (Sen. Jim Beall, 2020), certified peer support specialists now qualify for Medi-Cal reimbursement which opens new funding opportunities. Legislative advocacy around rate-setting structures and federal and state reimbursement is integral in the effort to address compensation and should be threaded with this recommendation.

Table 1. Reproduction of Figure 11, Wage recommendations for 10 BH professionals.

Occupation	San Diego Percentile rank of 34 CA MSAs	Average 2021 San Diego Wage	Match median wage in highest- paying MSA	Match median wage in 75th percentile MSA
Social and Human Services Assistants (Includes Peer Support Specialists)	1%	\$32,620	\$73,340	\$51,067
Psychiatrists	4%	\$165,386	\$383,773	\$329,386
Psychiatric Aides	11%	\$31,176	\$66,957	\$42,956
Community Health Workers	12%	\$43,892	\$73,882	\$55,669
Marriage & Family Therapists	12%	\$46,944	\$98,632	\$69,319



**SUBJECT: ADDRESSING THE BEHAVIORAL HEALTH WORKER SHORTAGE IN  
SAN DIEGO COUNTY (DISTRICTS: ALL)**

Mental Health and Substance Use Disorder Social Workers	17%	\$56,216	\$119,113	\$93,362
Clinical, Counseling, and School Psychologists	45%	\$103,811	\$153,474	\$140,097
SUD Counselors	27%	\$45,590	\$85,947	\$63,837
Registered Nurses	33%	\$112,222	\$175,701	\$138,380
Psychiatric Technicians	48%	\$62,656	\$96,016	\$80,543

Today's action will begin efforts to address compensation for behavioral health workers in the San Diego region both internally for County workers and through County contracts. Ensuring competitive compensation will promote staff retention, staff recruitment, and improve job satisfaction for Medi-Cal programs where there is high staff turnover and mental health clinicians are leaving for private practice. Staff turnover is detrimental to the people who rely on the County for behavioral health services. Trust developed between mental health providers and patients is integral to rehabilitation outcomes. When clinicians leave, it impacts their clients and dismantles the therapeutic alliance they have created.

Pay for workers is impacted by cost reimbursement and is a direct result of state and federal policies and contracting practices at the County level. On June 8, 2021 (11), the Board of Supervisors acted to strengthen the County's service delivery and contracting policies with guidance from the Fiscal Subcommittee. Today's action will build on this policy and the Framework for the Future to promote contracting policies that uplift all workers both in contracted agencies and among county staff. The dramatic shortage in behavioral health workers presents an environment where agencies are competing for the same employees. The recommendations today offer an opportunity to increase the pipeline of workers, reduce turnover, and support a robust behavioral health workforce for the region. With the implementation of the recommended actions, it will be imperative that contracts do not displace county employees or drive down public service investment.

To address compensation specifically, we propose a mechanism to support salary increases for behavioral health positions and build in market-rate adjustments such as cost of living adjustments. We need an additional 8,100 workers just to meet the current need which creates competition between agencies. The County of San Diego is a primary provider and payer for behavioral health services and has an opportunity to lead in addressing compensation for the region to keep workers here, support students who want to stay, and recruit new workers for the region, for both internal County positions and opportunities at contracted service providers.

**SUBJECT: ADDRESSING THE BEHAVIORAL HEALTH WORKER SHORTAGE IN  
SAN DIEGO COUNTY (DISTRICTS: ALL)**

*Pursue Administrative Relief*

The Report identifies 12 issue areas and 29 opportunities, Table A.5: “Administrative Relief Issue Areas and Opportunities” to address administrative relief as a mechanism for retaining workers. Administrative relief refers to lessening the documentation, paperwork, and administrative requirements of behavioral health worker jobs. These opportunities would create instant bandwidth within the existing workforce by prioritizing direct services in programs.

Among San Diego behavioral health workers surveyed, 39 percent were either dissatisfied or completely dissatisfied with the administrative burden of their work. This is the third most common reason why workers are leaving the profession ranking right below pay and stress on the job. The administrative burden was described in survey responses as “impossible,” “unsustainable,” and the audit process as “merciless,” “pathological,” “demoralizing” and “brutal.” Addressing administrative burden in the healthcare field is considered one of the most effective strategies for reducing burnout. Such a high level of dissatisfaction with administrative burden is of serious concern as the loss of any qualified, compassionate, and experienced behavioral health worker hampers our ability to respond to the regional behavioral health crisis.

While the State is potentially pursuing some administrative changes through the California Advancing and Innovating Medi-Cal (CalAIM) process, there are additional actions the County could take. The County can lessen the administrative burdens in County operational processes that are not required by State or Federal statutes, and negatively impact worker stress without demonstrated benefit to clients. Examples include duplicative documentation and redundant data entry due to separate electronic medical record systems. Chart review and auditing process are onerous both for contracted providers and staff within the Agency. Efficiencies should be explored in terms of technological solutions and reporting requirements with a focus on the triple aim of improving clinical care, promoting better outcomes, and reducing costs.

Additionally, administrative burdens for new and training behavioral health professionals is hampering their ability to enter the field. Most behavioral health occupations require hours in an internship, residency, or other on-the-job supervised clinical experience which are often performed at County contracted agencies. Agencies enter into service-learning agreements with colleges and universities and the student completes training and background screening before placement. Today’s recommendation asks the Department of Purchasing and Contracting and Behavioral Health Services to explore a master training agreement that would streamline the ability to place students with County contracted agencies expeditiously. If County contracts included an agreement with baseline training and screening processes for contracted providers who provide supervised clinical experiences it would allow for faster placements and more flexibility when changes are needed. Additionally, a master training agreement would streamline student placement onboarding and provide administrative relief for licensed clinicians providing supervision.

Ultimately, administrative burden takes time away from patient care, contributes to burnout, and increases the cost of providing services. The Report acknowledges that addressing administrative burdens is complex, systemic, and historical. We hope that Table A.5: “Administrative Relief Issue Areas and Opportunities” can be the first step in identifying opportunities for improvement both for improved County processes and in our Legislative Program.

**SUBJECT: ADDRESSING THE BEHAVIORAL HEALTH WORKER SHORTAGE IN  
SAN DIEGO COUNTY (DISTRICTS: ALL)**

*Establish Regional Training Centers of Excellence*

Regional behavioral health training centers of excellence (COE) are an opportunity to build a pipeline for in-demand behavioral health jobs. These multiple-purpose sites serve the public and develop core competencies in training and supervision programs that are needed to expand the region's behavioral health workforce infrastructure. COEs would also provide technical assistance and operational support to other community-based organizations to establish their own training programs, and provide applied research opportunities for innovations in service delivery, training efficacy, and workforce optimization

Behavioral health training and education program coordinators identified the lack of quality training sites as one of the primary obstacles to increasing the number of students and graduates in their programs. Through COEs, future workers can be trained in real-world environments, supported through technical assistance, and can contribute to a culture of innovation. The Report recommends the County establish a partnership with educational institutions (mental health undergraduate programs, graduate programs, and community colleges), community-based organizations (CBOs) delivering behavioral health services, health systems, community colleges, and the San Diego Workforce Partnership, to develop multi-agency partnerships at existing service sites, like CBOs, that develop core competencies in integrated training and supervision program design, operations, behavioral health training financing, and public sector retention, all while providing much-needed services to the public. Workers should also be included in these partnerships.

*Build Regional Behavioral Health Training Fund*

A behavioral health workforce training fund would remove economic barriers that may prevent people from entering or advancing in the behavioral health workforce. The cost of living in San Diego coupled with the cost of education and training is an economic barrier for many. Working around the barrier of the cost of education can open up new pathways, and not only increase the pipeline for the behavioral health workforce, but can address systemic issues of economic inequity.

This Report estimates a \$425 million investment is needed to expand the region's behavioral health worker talent recruitment, training, and education systems for the additional 18,500 workers needed over the next five years. The County has demonstrated a commitment to supporting this fund by allocating a portion of its remaining American Rescue Plan Act (ARPA) funds of \$15 million towards this endeavor. However, the amount allocated by the Board is only a portion of the total funding that is needed. Continued investment, in coordination with community partners, is required to meet the goal of building out a regional behavioral health training fund.

The Report does not recommend the full amount of \$425 million as the initial investment as it will take time for programs to scale. The recruitment, education, training, supervision, and placement needed, and public service incentive system infrastructure, is not yet in place to effectively manage the size of the total investment. Therefore, the Report recommends only an initial \$128 million in investment from multiple entities to scale out the program and build the necessary infrastructure. The County should identify Private Sector, County, State, and Federal resources that could be invested into the workforce training fund.

**SUBJECT: ADDRESSING THE BEHAVIORAL HEALTH WORKER SHORTAGE IN  
SAN DIEGO COUNTY (DISTRICTS: ALL)**

*Continue Listening to Workers*

The final of the key five recommendations is a recommendation to continue listening to workers. Policy implementation should be informed by workers themselves and include representation from County-contracted providers' workers, organized labor, and represented Behavioral Health Services staff. Behavioral health workers that responded to the survey clearly love the work but are still leaving the profession. If we address the workers' identified needs, we can aim to increase recruitment, retention, and training. We must measure success through both quantitative measures and the voices of workers themselves.

To do this, the County should regularly survey workers, track trends and progress toward goals, and regularly report back to the local community of practice on findings and insights that can inform job quality investments for behavioral health workers. In addition to feedback from workers through surveys, an engaged advisory committee of stakeholders should be established consisting of key healthcare, behavioral health professionals, service provider executives, and organized labor to help support these activities.

*Legislative and administrative policy recommendations*

In addition to identifying key areas for improvement, the Report provides legislative and administrative policy recommendations. These policy recommendations cover licensing and credentialing, supervision and training, higher education, contracting, documentation, and reimbursement parity at the local, state, and federal levels. As with many things, this needs to be a partnership with state and federal partners to secure the policy changes needed. Therefore advocacy for our behavioral health workforce through the County Legislative Program and Guidelines are necessary to fully address the barriers identified in the Report.

For example, many of the occupations profiled in this report require thousands of hours of internships, residencies, and other forms of on-the-job, supervised clinical experience in addition to education to sit for state licensure with the Board of Behavioral Sciences (BBS) or other licensure organizations. The state can reevaluate and ease requirements for various licensures or expand the scope of practice for various licenses. To attract new behavioral health workers to California, the State, through administrative changes or through legislation, can ease the burden of credentialing out-of-state and foreign behavioral health clinicians by streamlining and simplifying the approval process for respective boards.

Contracting, documentation, and parity can also be addressed by the State. As for administrative burden, the State and Federal government both have the purview to adopt policies regarding reporting and billing. The State sets documentation requirements local jurisdictions must adhere to. Although the State is going through a profound change in its processes through CalAIM, special attention should be given to various areas of improvement including the administrative burdens related to documentation identified in the Report. In addition, the State can alleviate issues of parity, documentation, and contracting by incorporating same-day billing for physical health and mental health appointments at Federally Qualified Health Centers and ensuring managed care plans are supporting behavioral health workers through proper reimbursement of services.

Today's request is for the Board to receive the Report and to implement policies that will create the behavioral health workforce our region sorely needs. The County has a duty to provide services

**SUBJECT: ADDRESSING THE BEHAVIORAL HEALTH WORKER SHORTAGE IN  
SAN DIEGO COUNTY (DISTRICTS: ALL)**

to the San Diego community and has a responsibility to help guide the local economy to keep the necessary workforce thriving. Implementing policies found in the Report can provide a pathway to begin addressing our current and future needs. We encourage you to support this board letter today.

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

Today's proposed actions support the Equity Strategic Initiative of the County of San Diego's 2022– 2027 Strategic Plan by supporting opportunities to create a behavioral health workforce that serves our community.

Respectfully submitted,



**CHAIR NATHAN FLETCHER**  
Supervisor, District 4



**TERRA LAWSON-REMER**  
Supervisor, District 3

**ATTACHMENT(S)**

Note: Due to the size of the attachments, the documents are available online through the Clerk of the Board's website at [www.sandiegocounty.gov/content/sdc/cob/bosa.html](http://www.sandiegocounty.gov/content/sdc/cob/bosa.html).





COSD CLERK OF THE BOARD  
2022 OCT 3 PM 12:02

# COUNTY OF SAN DIEGO

## BOARD OF SUPERVISORS

1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CALIFORNIA 92101-2470

### AGENDA ITEM

**DATE:** October 11, 2022

**11**

**TO:** Board of Supervisors

#### **SUBJECT**

**ENHANCING FENTANYL EDUCATION AND STRENGTHENING HARM  
REDUCTION EFFORTS FOR YOUNG PEOPLE (DISTRICTS: ALL)**

#### **OVERVIEW**

On June 28, 2022, the Board of Supervisors unanimously directed the Chief Administrative Officer to work with the Health and Human Services Agency (HHS) Director to develop recommendations and implementation plan to declare illicit fentanyl as a Public Health Crisis. It is important that the Board of Supervisors continue to support efforts to educate and increase awareness against the devastating and harmful impacts of illicit fentanyl especially among young people.

There are several ways the County can deliver a stronger response to stem the illicit fentanyl crisis. These responses include:

- Working with education institutions, officials, and the California State Legislature to require illicit fentanyl awareness education in the classroom for students.
- Increasing Narcan/Naloxone distributions and trainings across the County to parents and student first responders.
- Explore opportunities for additional funding to support on campus drug and alcohol prevention programs.

Accidental overdose deaths caused by illicit fentanyl have reached historic levels across the nation. The Centers for Disease Control and Prevention (CDC) estimate that over 80,000 overdose deaths caused by fentanyl occurred in 2021 alone. Data from the CDC show that accidental deaths caused by fentanyl is the number one killer of people between the ages of 18 and 45, far exceeding the number of deaths caused by car accidents, COVID, heart disease, and gun violence within this age group.

While fentanyl is the number one killer of people between the ages of 18 and 45, it is worth noting the increasing threat the drug poses to the youth in our community. In 2021, twelve children under

**SUBJECT:     ENHANCING FENTANYL EDUCATION AND STRENGTHENING  
              HARM REDUCTION EFFORTS FOR YOUNG PEOPLE**

the age of 18 died from an accidental illicit fentanyl overdose in San Diego County according to data received from the San Diego County Medical Examiner. This is more than twice the number from the year before. The youngest was only 13 years old. Even more children, some as young as four months of age, have ingested illicit fentanyl. These children have overdosed but survived due to the quick and informed action of first responders. Poisonings from illicit fentanyl are greatly impacting our already strained emergency departments and, in doing so, further harming our community at large.

Efforts to prevent substance use among youth are often hand-in-hand with efforts to improve mental health. According to the CDC and the National Alliance of Mental Illness, substance use and mental health conditions can be co-occurring disorders. Suffering from these can be especially challenging for youth. Increased feelings of loneliness and isolation resulting from poor mental health paired with the challenges of everyday life and the stigma of seeking services could drive youth to engage in risky behaviors that can include self-medicating. Improving resilience and coping skills, on the other hand, can have protective factors.

In 2019, the CDC's Youth Risk Behavior Surveillance Data Summary and Trends Report found that more than 1 in 3 high school students experienced feelings of sadness and hopelessness, a 40% increase in the last decade. "Mental health challenges in children, adolescents, and young adults are real and widespread," said the United States' Surgeon General, who in 2021 issued an advisory highlighting the urgent need to address the nation's youth mental health crisis. That same year, a coalition of medical professionals specializing in child and youth health declared this crisis to be a national emergency.

The San Diego County Office of Education (SDCOE) has recognized this intersection and has supported school districts with initiatives and resources that promote crisis intervention and improve emotional wellbeing. The SDCOE has also embarked on a concerted effort to provide substance use education by hiring a full-time expert solely dedicated to raising awareness and prevent harm.

While traditional substance-use prevention education incorporated into health class curriculum seeks to prevent substance misuse, the potentially deadly dose found in just one pill and the alarming increase in illicit fentanyl-caused deaths among youth creates an urgent need to highlight and enhance awareness on the specific deadly dangers associated with the use of this drug.

Currently, the State of California Education Code does not specifically address the dangers of illicit fentanyl. In fact, in 2009, the Federal Elementary and Secondary School Act, Title IV Part A, Safe and Drug Free Schools and Communities (SDFSC) was eliminated and the mandate for school districts to use prevention curriculum was removed and defunded. Subsequently, most prevention activities in San Diego County schools now occur during Red Ribbon Week, celebrated annually each October 23-31.

As trusted messengers, the education community is uniquely positioned to provide youth with this life saving information in a safe, structured, and supportive environment. Recommendations on this board letter create a two-step process to work with the appropriate stakeholders and community partners to prioritize, enhance, and properly disseminate this information especially when our community is living through a time of crisis.

**SUBJECT:     ENHANCING FENTANYL EDUCATION AND STRENGTHENING  
              HARM REDUCTION EFFORTS FOR YOUNG PEOPLE**

The threat to our youth from illicit fentanyl is heightened in this age of social media. Drug dealers have taken to apps like Snapchat, Instagram, and Facebook, marketing what they claim to be legitimate medications such as OxyContin, Percocet, Adderall, and Xanax. These pills are almost always counterfeit, containing none of the actual medication, but possessing often fatal doses of fentanyl, methamphetamine, or other harmful drugs. Currently, the County is working on a youth fentanyl warning campaign across multiple media platforms to education youth and parents about the risks of fentanyl.

Further harm reduction efforts and strategies targeted towards young people should be implemented. Parents and student first responders should be trained and have access to Naloxone in times of emergencies. Naloxone is an opioid antagonist, attaching to the opioid receptors in the brain, blocking and removing fentanyl from those same receptors and capable of reversing an otherwise fatal overdose. Survival from an accidental illicit fentanyl overdose is most often attributable to a timely administration of Naloxone. Additionally, equipping those who work with and around youth with the tools and training can and will save lives. This board letter will direct the Chief Administrative Officer to work with the five members of the Board of Supervisors, the District Attorney, the HHSA Director, and the Sheriff to enhance harm reduction outreach, efforts, and implementation in San Diego County and secure additional units of Naloxone to support this effort.

Another component of educating our youth to the harmful effects of illicit fentanyl is to secure funding to pursue partnerships to maximize impact. These partnerships will secure highly trained and skilled subject matter experts who can work with stakeholders, NGOs, parent, teacher, student associations and school officials to effectively present evidence-based illicit fentanyl and substance use awareness information.

Investing in the wellbeing of youth is an investment in the future of our overall community health. We hope that you can support these efforts by directing the CAO to work with staff and report back in 90 days with associated costs.

**RECOMMENDATION(S) SUPERVISOR JIM DESMOND, SUPERVISOR TERRA  
LAWSON-REMER AND DISTRICT ATTORNEY SUMMER STEPHAN**

1. Direct the Chief Administrative Officer to work with the California Department of Education, the California State Board of Education Instructional Quality Commission, the California Superintendent of Public Instruction, the San Diego County Office of Education and the San Diego District Attorney's Office to draft and propose immediate administrative modifications to state curriculum framework and instructional materials mandating San Diego County schools to provide enhanced substance use prevention and mental health education during the county's declaration of a public health crisis caused by illicit use of a substance such as fentanyl.
2. Direct the Chief Administrative Officer to work with the San Diego County Office of Education and the District Attorney's Office to add an item to the County's 2023 Legislative Program Sponsorship Proposals seeking state legislation that amends the California Education Code to mandate enhanced substance use prevention and mental



**SUBJECT:     ENHANCING FENTANYL EDUCATION AND STRENGTHENING  
               HARM REDUCTION EFFORTS FOR YOUNG PEOPLE**

health education during the county's declaration of a public health crisis caused by illicit use of a substance such as fentanyl. This recommendation should go into effect if efforts to reach the proposed administrative solution are unsuccessful.

3. Direct the Chief Administrative Officer to schedule and promote outreach events to distribute Naloxone to parents and student first responders, in collaboration with Board of Supervisors offices, the District Attorney, and Sheriff
4. Direct the Chief Administrative Officer to secure additional harm reduction funding for Naloxone to enhance distribution and training efforts amongst parents and students in the five Supervisorial Districts and report back in 90 days with associated costs and staff time.
5. Direct the Chief Administrative Officer to secure ongoing funding to support implementation of fentanyl awareness in schools within school-based Substance Use Disorder (SUD) prevention and life skills curriculum in San Diego County and report back in 90 days with a funding opportunity.

**EQUITY IMPACT STATEMENT**

The County of San Diego is committed to achieving the highest standards in establishing the safest environment for all our residents. Fentanyl is responsible for a disproportionate number of deaths among 18–45-year-old residents of San Diego County. People of all race/ethnicities, genders, and socioeconomic backgrounds can fall victim as fentanyl does not discriminate. The County has the responsibility to address the importance of this alarming epidemic as it is detrimental to the fabric of our society.

**SUSTAINABILITY IMPACT STATEMENT**

The proposed action to enhance fentanyl education and strengthening harm reduction efforts for young people will positively impact youth in San Diego County by providing knowledge and harm reduction tools to sustain health and well-being.

**FISCAL IMPACT**

There is no fiscal impact for today's recommendations. There may be future fiscal impacts based on recommendations from today's action. Staff will return to the Board of Supervisors in 90 days with recommendations for consideration and approval. Funding for the costs will need to be identified by the department to secure Naloxone and support on campus illicit fentanyl awareness programs and activities and will proceed once identified. Health and Human Services Agency, Sheriff Department, and District Attorney will monitor their budgets and return to the Board with mid-year action to adjust the budget if necessary and/or incorporate in future budget as funding becomes available. At this time, there will be no change in net General Fund and no additional staff years with today's recommendations.

**BACKGROUND**

According to the Drug Enforcement Administration's (DEA) website, prescription fentanyl is a synthetic opioid typically used to treat patients with chronic severe pain or severe pain following

**SUBJECT:    ENHANCING FENTANYL EDUCATION AND STRENGTHENING  
HARM REDUCTION EFFORTS FOR YOUNG PEOPLE**

surgery. Fentanyl is a Schedule II controlled substance that is similar to morphine, but, about 100 times more potent. Under the supervision of a licensed medical professional, fentanyl has a legitimate medical use.

Illicit fentanyl, primarily manufactured in foreign clandestine labs and smuggled into the United States through Mexico, is being distributed across the country and sold on the illegal drug market. Fentanyl is being mixed in with other illicit drugs to increase the potency of the drug, sold as powders and increasingly pressed into pills made to look like legitimate prescription medications. Because there is no official oversight or quality control, these counterfeit pills often contain lethal doses of fentanyl, with none of the promised drug.

There is significant risk that illegal drugs have been intentionally contaminated with fentanyl. Because of its potency and low cost, drug dealers have been mixing fentanyl with other drugs including heroin, methamphetamine, and cocaine, increasing the likelihood of a fatal interaction.

Producing illicit fentanyl is not an exact science. Two milligrams of fentanyl can be lethal depending on a person's body size, tolerance and past usage. DEA analysis has found counterfeit pills ranging from .02 to 5.1 milligrams (more than twice the lethal dose) of fentanyl per tablet. The DEA found that 42% of pills tested for fentanyl contained at least 2 mg of fentanyl, considered a potentially lethal dose. One kilogram of fentanyl has the potential to kill 500,000 people.

In 2021, the United States Customs and Border Protection (CBP) Office of Field Operations (OFO) seized 6,354 pounds of powder fentanyl at the San Diego County Ports of Entry (POE) San Ysidro, Otay Mesa and Tecate. The balance of the Southwest Border Points of Entry in Arizona, New Mexico and Texas combined seized 3,230 pounds of fentanyl.

Over 66% of all powder fentanyl that was seized along the Southwest Border of Mexico in 2021 occurred in San Diego County. This is a staggering amount of fentanyl that has entered our region, and this is just the amount that has been seized. The Drug Enforcement Administration estimates that it takes two milligrams of fentanyl to kill the average adult. The amount of fentanyl seized in our County/region is enough kill an estimated 144 million individuals. Additionally, this does not include illicit fentanyl pressed into pills.

San Diego County has not been spared from this crisis. The number of people in our community dying from accidental fentanyl overdoses has increased exponentially over the past several years. The San Diego County Medical Examiner reported 33 fentanyl caused deaths in 2016 and the provisional number of fentanyl caused deaths for 2021 exceeds 800, an increase of over 2300% in only five years. Preliminary numbers indicate accidental fentanyl overdose deaths in 2022 will likely exceed those from 2021. The number of fentanyl overdose deaths is far greater than some public health emergencies that have been previously declared. These figures ignore the hundreds of individuals who overdose on fentanyl and survive but who suffer long-term physical and mental damage as a result.

**SUBJECT:    ENHANCING FENTANYL EDUCATION AND STRENGTHENING  
              HARM REDUCTION EFFORTS FOR YOUNG PEOPLE**

The Board of Supervisors has supported many efforts to address this deadly trend including action by the District Attorney and Health and Human Services Agency to launch an education and prevention campaign called The San Diego Opioid Project. This campaign reached millions of people in San Diego County using social media and other targeted avenues. However, a more comprehensive strategic plan that can urgently increase prevention and treatment while continuing to support prosecution and accountability of drug dealers and cartels is needed.

**BUSINESS IMPACT STATEMENT**

N/A

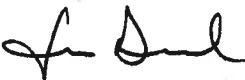
**ADVISORY BOARD STATEMENT**

N/A

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

Today's proposed action supports the Community Initiative of the County of San Diego's 2022-2027 Strategic Plan by making health, safety and thriving a focus of all policies through internal and external collaboration and pursuing policy and program change for healthy, safe and thriving communities.

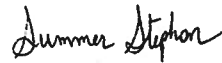
Respectfully submitted,



**JIM DESMOND**  
Supervisor, District 5



**TERRA LAWSON-REMER**  
Supervisor, District 3



**SUMMER 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:** October 11, 2022

**14**

**TO:** Board of Supervisors

### SUBJECT

**AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)**

### OVERVIEW

Under the leadership of the San Diego County Board of Supervisors (Board), behavioral health care in San Diego County is in the midst of a profound transformation. The County of San Diego (County) is taking action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous, coordinated care and prevention. These efforts, broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care), are guided by data, focused on equity, and designed to engender collaborative work within and outside of government.

Today's recommended actions will continue to advance the County Health and Human Services Agency, Behavioral Health Services' (BHS) work across the Continuum of Care within three strategic domains, including *Crisis and Diversionary Services, Inpatient Hubs and Care Coordination, and Residential and Long-Term Care*, by establishing critical infrastructure and services dedicated to support people with behavioral health conditions who are Medi-Cal eligible.

Building on Continuum of Care efforts underway, BHS developed the Behavioral Health Continuum of Care Optimal Care Pathways (OCP) model, a data-informed algorithm that quantifies optimal utilization across service areas within the system. The OCP model proposes to recalibrate and expand services, along with the addition of new service types to remove barriers to care, reduce per capita cost, and connect individuals to the care they need, when they need it to ensure wellness over the long-term.

Today's recommended actions will advance the County toward the optimal state of the OCP model by establishing new capital infrastructure for subacute and community-based care services

**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

dedicated to supporting individuals with behavioral health conditions who are Medi-Cal eligible. Establishing additional capacity within these service categories will ensure proper care pathways are available to divert individuals from unnecessary utilization of expensive acute care.

These items support 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 unserved and underserved, as well as the ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by working across systems to support better care of individuals, better health for local populations, and more efficient health care resourcing.

## **RECOMMENDATION(S)**

### **CHIEF ADMINISTRATIVE OFFICER**

1. Find that the proposed activities are exempt from the California Environmental Quality Act (CEQA) pursuant to Sections 15060(c)(3), 15061(b)(3), and 15262 of the State CEQA Guidelines.
2. Establish appropriations of up to \$7.0 million in the County Health Complex Fund for Capital Project 1023557, Tri-City Healthcare District Psychiatric Health Facility, based on Realignment and Intergovernmental Transfer revenues. **(4 VOTES)**
3. Authorize the acceptance of \$4.4 million of one-time Behavioral Health Continuum Infrastructure Program Launch Ready Grant funding from the California Department of Health Care Services for Fiscal Year (FY) 2022-23 through FY 2026-27, for total awarded grant funding of \$16.8 million, for the construction of a new 12-bed Acute Psychiatric Unit within the existing Edgemoor Distinct Part Skilled Nursing Facility campus and authorize the Agency Director, Health and Human Services Agency, or designee to execute all required documents, upon receipt, including any annual extensions, amendments, or revisions that do not materially impact or alter the services or funding level.
4. Authorize the department to formally shift future services at the San Diego County Psychiatric Hospital facility from psychiatric acute inpatient care and emergency psychiatric unit services to a new optimal array of services to be informed through a Request for Information, which may include a small psychiatric acute inpatient unit and subacute care. The final service array will be informed by revenue modeling to determine availability of funding to sustain operations.
5. Establish appropriations of up to \$5.0 million in the County Health Complex Fund, Capital Project 1025925, San Diego County Psychiatric Hospital Facility for planning and design related to facility improvements to support future programming, based on Realignment and Intergovernmental Transfer revenues. **(4 VOTES)**

**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

6. Authorize the Director, Purchasing and Contracting to advertise and award an architectural and engineering contract and to take any action authorized by Article XXIII, Section 401, et seq. of the Administrative Code, with respect to contracting for the design of the San Diego County Psychiatric Hospital Facility. Designate the Director, Department of General Services as the County of San Diego Officer responsible for administering the awarded architectural and engineering contract.
  7. Authorize the Director, Department of Purchasing and Contracting to take any action authorized by Article XXIII, Section 401, et seq. of the Administrative Code and Public Contract Code Section 20146 to advertise and award a single Construction Manager at Risk contract for the San Diego County Psychiatric Hospital capital project, to authorize Phase 1 of the contract for preconstruction services, and to return to the Board for appropriations and authority to execute the option for Phase 2, construction.
  8. Authorize the formal shift of the approved capital development and subsequent provision of services slated for the vacant parcel of County-owned land located on Third Avenue, Capital Project 1023736, from acute inpatient, crisis stabilization, and intensive outpatient services to community-based care services, which may include an adult residential facility, residential care facility for the elderly, recuperative care services, and other services, as needed, to support the development of the Central Region Community-Based Care Facility on Third Avenue, and authorize the Director, Department of General Services, to issue, and to take any related actions necessary to issue a request or requests for proposals for development and operation of a Central Region Community-Based Care Facility and/or related services. The final service array will be informed by revenue modeling to determine availability of funding to sustain operations.
  9. Establish appropriations of \$1.0 million in the County Health Complex Fund for Capital Project 1025926, East Region Community-Based Care Facility for planning and design to support construction, which may include an adult residential facility, residential care facility for the elderly, recuperative care services, and other services, as needed, based on Realignment and Intergovernmental Transfer Revenues, and authorize the Director, Department of General Services, to issue, and to take any related actions necessary to issue, a request or requests for proposals for development and operation of an East Region Community-Based Care Facility and/or related services. The final service array will be informed by revenue modeling to determine availability of funding to sustain operations.
- (4 VOTES)**

**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

### **EQUITY IMPACT STATEMENT**

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) serves as the specialty behavioral health plan for Medi-Cal eligible residents within San Diego County who are experiencing serious mental illness or serious emotional disturbance, and the service delivery system for Medi-Cal eligible residents with substance use disorder care needs. As a steward of public health for the region, BHS must ensure that the resources and services offered through County-operated and contracted programs promote equitable outcomes, advance wellness across the continuum of need, and are equitably distributed based on the needs of the region's diverse communities.

In support of these efforts, BHS utilizes a population health approach, incorporating evidence-based practices and robust data analysis, to identify need and design services that are impactful, equitable, and yield meaningful outcomes for clients. This includes facilitating ongoing engagement and input from stakeholders, consumers, family members, community-based providers, and healthcare organizations through formal and informal convenings, along with cross-collaboration with other County departments and community partners. Additionally, through the establishment of the Community Experience Partnership, in collaboration with the University of California San Diego, BHS is leading the development of the Behavioral Health Equity Index, a tool to help measure behavioral health equity that will inform program planning, siting of services, and allocation of resources in a way that supports the most pressing community needs.

If approved, today's actions will set a course for the region's behavioral health system by expanding crisis services and advancing the vision of the Optimal Care Pathways model to build dedicated subacute and community-based care capacity that connects individuals who are Medi-Cal eligible to care in the least restrictive setting to meet their unique needs long term. The model establishes new care pathways that divert people from unnecessary utilization of expensive acute care and thereby reduces per capita cost.

These actions will ultimately aim to reduce behavioral health inequities among the region, advancing services that will impact vulnerable populations including individuals experiencing homelessness and those with justice involvement.

**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

## **SUSTAINABILITY IMPACT STATEMENT**

Transforming the Behavioral Health Continuum of Care in San Diego County supports the County of San Diego's (County) Sustainability Goal #2 to provide just and equitable access through the regional distribution of services that allows chronically underserved communities and individuals with behavioral health conditions to receive care in close proximity to where they live. Today's actions will establish dedicated crisis services, subacute care, and community-based care in locations that are geographically dispersed throughout the region to support individuals who are Medi-Cal eligible.

The historic inequity and lack of parity within long-term care has resulted in individuals who remain stuck in higher levels of care, an endless cycle of visits to emergency services, chronic homelessness for people with behavioral health conditions, and individuals who are unable to get care, which has resulted in a higher risk of poor health outcomes. According to the State's Community Care Licensing Division, since 2017, 146 of the 781 licensed adult residential facilities in San Diego County, or 19%, have closed and 138 of the 719 unique residential care facilities for the elderly, or 19%, have closed leaving people unable to step down out of higher levels of care.

Today's actions support Sustainability Goal #4 to protect the health and wellbeing of individuals with behavioral health conditions who are Medi-Cal eligible by establishing dedicated long-term care infrastructure, inclusive of community-based care and subacute care, that supports them in the least restrictive setting thereby removing historical barriers to care.

County Health and Human Services Agency, Behavioral Health Services will continue to explore thoughtful and sustainable building design for the Capital projects and facility improvements outlined in today's actions.

## **FISCAL IMPACT**

### **Recommendation #1: Exemption from CEQA**

There is no fiscal impact associated with this recommendation.

### **Recommendation #2: Tri-City Psychiatric Health Facility**

Funds for this request are partially included in the Fiscal Year (FY) 2022-24 Operational Plan in the County Health Complex Fund for Capital Project 1023557, Tri-City Healthcare District Psychiatric Health Facility. If approved, this will result in estimated costs and revenues of up to \$7.0 million for the Tri-City Healthcare District Psychiatric Health Facility. The funding source is Realignment and Intergovernmental Transfer revenues. Current project appropriations are \$20.6 million General Fund fund balance (\$17.4 million) and Realignment and Intergovernmental



**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

Transfer revenues (\$3.2 million). The new total project cost is estimated at \$27.6 million, inclusive of current approved appropriations (\$20.6 million) and new appropriations (\$7.0 million).

**Recommendation #3: Accept Additional Behavioral Health Continuum Infrastructure Program Launch Ready Grant Funding**

Funds for this request are partially included in the FY 2022-24 Operational Plan in HHSA. If approved, this request will result in estimated costs and revenues of \$8.8 million in FY 2022-23 through FY 2026-27 for the Edgemoor Psychiatric Unit Capital project appropriated in the County Health Complex Fund. The estimated revenue of \$8.8 million is inclusive of \$4.4 million associated with the Behavioral Health Continuum Infrastructure Program Launch Ready Grant allocation funded by State Fiscal Recovery Funds established by the American Rescue Plan Act to cover 50% of the estimated overage cost for the project (\$8.8 million), and a \$4.4 million County match funded by Realignment. The total grant funding conditionally awarded for this capital project is \$16.8 million. The total estimated cost for this project is still being finalized and staff will return to the Board to establish appropriations for this project and with other recommended actions in the future.

**Recommendations #4 - #7: Facility Improvements for Future Services at the San Diego County Psychiatric Hospital Facility**

Funds for this request are not included in the FY 2022-24 Operational Plan for the County Health Complex Fund. If approved, this request will result in estimated costs and revenues of \$5.0 million in Capital Project 1025925, San Diego County Psychiatric Hospital project for costs related to planning, design, project management, consultant, and other costs. The funding source is Realignment and Intergovernmental Transfer revenues. The total estimated cost is under development and will include substantial infrastructural improvements, maintenance, and major systems upgrades. The department will return to the Board to establish appropriations for this project and with other recommended actions in the future.

**Recommendation #8: Central Region Community-Based Care Facility**

Funds for this request are included in the FY 2022-24 Operational Plan for the County Health Complex Fund. Capital Project 1023736, Central Region Community-Based Care Facility current project appropriations are \$32.0 million. Funding sources are Intergovernmental Transfer revenues (\$12.0 million) and Behavioral Health Realignment (\$20.0 million). The department will return to the Board to establish additional appropriations and with other recommended actions in the future. The County will continue to pursue any new federal and State funding, grants, or other funding sources, including the use of securitized Tobacco Settlement Funds.

**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

**Recommendation #9: East Region Community-Based Care Facility**

Funds for this request are not included in the FY 2022-24 Operational Plan for the County Health Complex Fund. If approved, this request will result in estimated costs and revenues of \$1.0 million in Capital Project 1025926, East Region Community-Based Care Facility for costs related to planning and design. The funding source is Realignment and Intergovernmental Transfer revenues. The estimated total facility development and construction costs are being developed, and the department will return to the Board to establish appropriations for this project and with other recommended actions in the future. The County will continue to pursue any new federal and State funding, grants, or other funding sources, including the use of securitized Tobacco Settlement Funds.

There will be no change in net General Fund cost and no additional staff years resulting from any of today's recommendations.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

The Behavioral Health Advisory Board received this Board letter as an informational item at their regular meeting on October 6, 2022.

**BACKGROUND**

Under the leadership of the San Diego County Board of Supervisors (Board), behavioral health care in San Diego County is in the midst of a profound transformation. The County of San Diego (County) is taking action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous, coordinated care and prevention. These efforts, broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care), are guided by data, focused on equity, and designed to engender collaborative work across silos, within and outside of government.

The County Health and Human Services Agency (HHS), Behavioral Health Services (BHS) has advanced Continuum of Care efforts by addressing the immediate needs and setting a more appropriate care trajectory for individuals experiencing behavioral health crises, which has resulted in major investments in:

- Psychiatric acute inpatient beds to support the increasing number of people in need of hospitalization;

**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

- Regionally distributed crisis stabilization units to divert individuals experiencing a behavioral health crisis from unnecessarily utilizing emergency departments; and
- The implementation of mobile crisis response teams countywide to respond in the field to individuals who are experiencing a behavioral health crisis.

*Tri-City Psychiatric Health Facility*

On January 14, 2020 (11), the Board approved agreements between the County and Tri-City Healthcare District for the development and operation of a 16-bed psychiatric health facility (PHF) at the Tri-City Medical Center. The Board also approved establishing appropriations of \$17.4 million to fund the construction of the Tri-City PHF. On December 7, 2021 (26), the Board approved additional appropriations of \$3.2 million for the project which is anticipated to begin in Fall 2022 and be completed by late 2023.

Today's recommendation will establish appropriations up to \$7.0 million for the Tri-City PHF project for increased costs of construction related to current market conditions. Construction of the project is anticipated to begin Fall 2022 and be completed by late 2023.

*Accept Additional Grant Funding for Edgemoor Acute Inpatient Unit*

On January 31, 2022, the Department of Health Care Services (DHCS) released a Request for Application for the Behavioral Health Continuum Infrastructure Program (BHCIP) round 3 funding cycle, BHCIP Launch Ready Grant, which provides funding to construct, acquire, and rehabilitate real estate assets to expand the behavioral health continuum of treatment and service resources in settings serving Medi-Cal beneficiaries. Proposed behavioral health infrastructure projects must demonstrate they have been through a planning process and are ready for implementation.

In March 2022, BHS submitted a BHCIP Launch Ready Grant application totaling \$12.4 million for the Edgemoor Acute Psychiatric Unit capital project to support the expansion of the Continuum of Care infrastructure within San Diego County and on June 21, 2022, BHS received a notice of conditional award of approximately \$12.4 million. On August 16, 2022 (7), the Board authorized acceptance of these funds.

On September 13, 2022, DHCS notified BHS that *additional* BHCIP Launch Ready grant funding was conditionally awarded for the Edgemoor Acute Inpatient Unit capital project increasing the total grant funding awarded to the County from \$12.4 million to \$16.8 million, inclusive of the initial allocation awarded (\$12.4 million) plus 50% (\$4.4 million) of the estimated overage cost for the project (\$8.8 million) based on initial rough estimates for the project, due to increasing

**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

costs of construction. When completed, this capital project will add a new 12-bed acute psychiatric unit within the existing Edgemoor Distinct Part Skilled Nursing Facility (Edgemoor) campus, allowing residents to continue to receive the appropriate specialty psychiatric care without requiring them to transfer out of their residence at Edgemoor. This facility will have the capacity to serve residents countywide, as needed, and will increase accessibility to vulnerable individuals within the East Region which currently has limited behavioral health infrastructure.

Today's recommended action is to accept the increased BHCIP Launch Ready grant funding of \$4.4 million for the development and construction of the Edgemoor Acute Inpatient Unit within the existing Edgemoor campus. This project will support access to individuals experiencing a behavioral health crisis in the East Region. The total estimated cost of the capital project is under development and recommended actions will be brought before the Board in the future.

### **Optimal Care Pathways Model**

On September 27, 2022 (23), BHS introduced the Optimal Care Pathways (OCP) model, a data-informed algorithm that quantifies optimal utilization across three distinct service areas, including *community crisis diversion, sub-acute services, and community-based care*. The OCP model outlines the need to recalibrate and *nearly double current utilization levels* across these three service categories by adding new services, developing innovative payment models, and establishing dedicated infrastructure that is centered around connecting clients to the care they need in the least restrictive setting to meet their unique needs long term. The model also removes barriers to care by establishing new care pathways that divert people from unnecessary utilization of expensive acute care and thereby reduces per capita cost. In alignment with the optimal state of the OCP model, recommendations are included today that will establish dedicated capacity within sub-acute services and community-based care dedicated to supporting individuals with behavioral health conditions who are Medi-Cal eligible.

### ***Establishing Subacute Care at the San Diego County Psychiatric Hospital Facility***

On August 30, 2022 (16), to further advance regional distribution of services and to enhance capacity for critical crisis and inpatient services, the Board approved recommendations to establish 44 new dedicated psychiatric inpatient beds at Alvarado Hospital for individuals who are Medi-Cal eligible, along with emergency psychiatric unit and crisis stabilization unit services, thereby establishing the Central Region Behavioral Health Hub at Alvarado Hospital (Central Region Hub). The agreement with Alvarado Hospital will establish a bed reservation system that guarantees bed availability for Medi-Cal eligible individuals thereby increasing regional capacity for critical inpatient services that serve adults experiencing a behavioral health crisis.

**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

Establishing the Central Region Hub at Alvarado Hospital will shift the provision of acute inpatient care from the San Diego County Psychiatric Hospital (SDCPH), an Institution of Mental Disease (IMD) revenue-excluded facility, to Alvarado Hospital, a General Acute Care Hospital, will allow the County to realize operational efficiencies, and optimize available revenues. This opportunity has allowed BHS to explore options for future services within the SDCPH facility, including establishing subacute care, to meet urgent needs, as outlined in the OCP model.

Subacute care is provided to individuals who are stepping down from acute psychiatric care or for individuals whose acuity may have intensified and therefore they need a higher level of care. Services are provided on a 24/7 basis in a secured setting to adults who are unable to live safely in the community, and include room and board, health monitoring, medication therapy, individual, group and/or family therapy, case management, and discharge planning. Services offered provide structured daily programming to assist clients in improving functioning so they can return to live in the community. As outlined in the OCP model, subacute services demonstrated an *increased bed day utilization need of nearly 65%* in the optimal future state.

Planning is underway, in partnership with the County's Department of General Services (DGS) and consultants, to identify the new array of services for the SDCPH facility, which will likely include subacute care, along with considerations such as licensing, facility capacity, revenue modeling, and infrastructure limitations, to identify the optimal array of new services that will be developed within the SDCPH property, and may include:

- A small **psychiatric acute inpatient unit**, which would be of a relatively smaller scale when compared with existing psychiatric acute inpatient services provided currently;
- **Skilled Nursing Facility (SNF) Specialized Treatment Program beds**, which are IMDs that provide mental health services for patients who have a diagnosed chronic psychiatric condition and whose adaptive functioning is moderately impaired;
- **SNF Neurobehavioral Health beds**, which provide specialized neurobehavioral treatment and care to individuals who are Medi-Cal eligible and diagnosed with traumatic brain injury or neuro-cognitive impairment and serious mental illness;
- **SNF Medical beds**, similar to services at the County's Edgemoor Distinct Part SNF, which provide long-term skilled nursing care for individuals with complex medical needs who require skilled nursing care under the direction of physicians and supervision of registered nurses; and/or,
- Other subacute services.

Establishing dedicated new subacute capacity for specialized beds designed to meet the needs of individuals with complex conditions who have serious mental illness would provide vital support

**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

to individuals in stepping down from acute inpatient care and stepping up from lower levels of care to ensure they are connected to the right level of care at the right time. The new subacute services at the SDCPH facility would not commence until the new acute inpatient unit within Alvarado Hospital is completed and operational, subsequently followed by the transition of existing services out of the SDCPH, and finally the completion of facility improvements within the SDCPH facility. Additionally, the facility may require licensure by the State, which will be dependent on the final array of services outlined.

Today's action recommends formally shifting future services at the SDCPH facility from psychiatric acute inpatient care and emergency psychiatric unit services to a new optimal array of services to be informed through a Request for Information, which may include a small psychiatric acute inpatient unit and subacute care.

Additionally, today's action requests authorization to establish appropriations up to \$5.0 million and to commence planning and design work related to facility improvements, in partnership with DGS and consultants, for the SDCPH facility to support future programming. The total project cost is under development and will include substantial infrastructural improvements, maintenance, and major systems upgrades. The department will return to the Board to establish appropriations for this project and with other recommended actions in the future.

#### *Reimagining the Third Avenue Property as Community-Based Care*

On October 29, 2019 (5), the Board approved the County-owned property at Third Avenue for the development and construction of the Central Region Behavioral Health Hub, to include acute inpatient, crisis stabilization, and intensive outpatient services. The County now has an opportunity to establish acute inpatient psychiatric services and crisis services at the Central Region Hub at Alvarado Hospital; this can be accomplished in a more expedient and efficient manner when compared to development of a standalone acute care hospital. This also allows the County to pivot toward a new strategy for the vacant County-owned property on Third Avenue, to include community-based care dedicated for individuals with behavioral health conditions who are Medi-Cal eligible.

Community-based care pathways are cost-effective and create step-down pathways from higher levels of care, along with diversion and prevention, when clinically appropriate, from unnecessary acute and subacute care, which is more expensive and often not the appropriate level of care. Offering a full array of client-centered services will provide individuals with the care they need to support positive health outcomes over their lifetime.

**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

The new scope of services being recommended for the Central Region Community-Based Care Facility on Third Avenue site include adult residential facilities and residential care facilities for the elderly that offer 24/7 care and supervision to Medi-Cal eligible individuals with various levels of clinical and social care to support recovery and rehabilitation within the community. Also recommended is recuperative care, which supports individuals stepping down from secure settings by offering a welcoming environment that sustains stabilization and prevents the likelihood of readmission by providing whole person care interventions. The OCP model projects a need to *increase community-based care bed utilization days by nearly 150%* in the optimal state.

Today's recommendation requests Board approval to formally shift the approved scope of services and capital development of the Third Avenue property from acute inpatient, crisis stabilization, and intensive outpatient services to *community-based care services*, inclusive of an adult residential facility, a residential care facility for the elderly, recuperative care services, and other services, as needed. If approved, planning and design activities will shift scope to support the development and construction of the Central Region Community-Based Care Facility. DGS intends to issue a Request for Information to determine industry interest in and feasibility of a developer-led approach to development and operation of a Central Region Community-Based Care Facility, to be followed by a Request for Proposals depending on the results of the Request for Information.

Upon completion, the Central Region Community-Based Care Facility is expected to result in new capacity dedicated to support individuals with behavioral health conditions who are Medi-Cal eligible. The estimated total cost of this capital project is under development as the County drafts a development and operations request for proposal for this facility. Staff will return to the Board to establish appropriations for this project and with other recommended actions in the future.

To support the construction of the Central Region Community-Based Care Facility, the County plans to apply for *Community Care Expansion (CCE) - Capital Expansion* grant funding available through the California Department of Social Services. CCE grant funds may be utilized for the acquisition, construction, and rehabilitation of adult and senior care facilities serving Supplemental Security Income/State Supplementary Payment and Cash Assistance Program for Immigrants applicants and recipients, including those who are experiencing or at risk of homelessness.

#### *East Region Community-Based Care Facility*

Also aligning with the optimal future state outlined in the OCP model, is an opportunity to design and construct a new community-based care facility in the East Region that would include an adult residential facility, a residential care facility for the elderly, recuperative care, and other services,

**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

as needed, dedicated to providing services to Medi-Cal eligible individuals with behavioral health conditions. As noted in the OCP model, San Diego County has a critical need for dedicated community-based care to support individuals with behavioral health conditions in the least restrictive setting long term. DGS intends to issue a Request for Information to determine industry interest in and feasibility of a developer-led approach to development and operation of an East Region Community-Based Care Facility, to be followed by a Request for Proposals depending on the results of the Request for Information.

If approved, today's recommendation would establish appropriations of \$1.0 million for HHSA and DGS in collaboration with other key partners to initiate planning and design activities for an East Region Community-Based Care Facility. The estimated total cost of the capital project would be informed by this work. County staff will return to the Board to establish appropriations for this project and with other recommended actions in the future.

#### **ENVIRONMENTAL STATEMENT**

Today's actions for authorizing the procurement of design professional services and the issuance of requests for proposals for the East and Central Region Community-Based Care Facilities are exempt from CEQA pursuant to Sections 15060(c)(3), 15061(b)(3), and 15262 of the State CEQA Guidelines. The proposed actions to authorize requests for proposals for development of the East and Central Region Community-Based Care Facilities are not subject to review under the CEQA pursuant to CEQA Guidelines section 15060(c)(3) because the action is not a project as defined in Section 15378 of the CEQA Guidelines. The proposed actions are administrative activities that will not result in direct or indirect physical changes in the environment. Section 15061(b)(3) is applicable because it can be seen with certainty that this action has no potential to cause a significant effect on the environment. At this time, the Board is only authorizing the procurement of architect/engineering and preconstruction services for the San Diego County Psychiatric Hospital. Staff will return to the Board for direction and approval to potentially move forward, make changes to, or not move forward with the project, at which time the appropriate CEQA review will accompany any future Board actions. Section 15262 is equally applicable because the actions before the Board include a feasibility analysis and design for possible future actions that do not commit the County to any definitive course of action. Subsequent actions would be reviewed pursuant to CEQA and presented to the Board as required for consideration prior to implementation.



**SUBJECT:** AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES (DISTRICTS: ALL) (4 VOTES)

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

Today's proposed actions support the County of San Diego's (County) 2022-2027 Strategic Plan initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision, by reducing disparities and disproportionality of individuals with mental illness and substance use disorders and ensuring access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

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  
Chief Administrative Officer

**ATTACHMENT(S)**

N/A

ITEM #14: AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH FACILITY AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES

Nick Macchione, Agency Director, Health and Human Services Agency  
 Luke Bergmann, PhD, Director, Behavioral Health Services

October 11, 2022



1

## FROM CRISIS TO CONTINUOUS CARE



LIVE WELL  
SAN DIEGO



2

## REGIONALLY DISTRIBUTED SERVICES



LIVE WELL  
SAN DIEGO

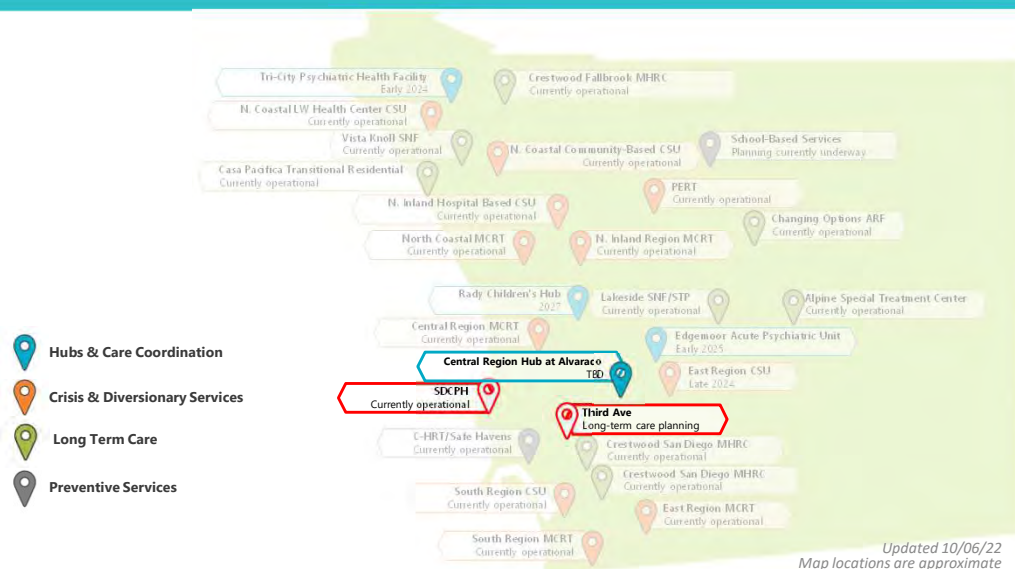


3

## REGIONALLY DISTRIBUTED SERVICES



LIVE WELL  
SAN DIEGO

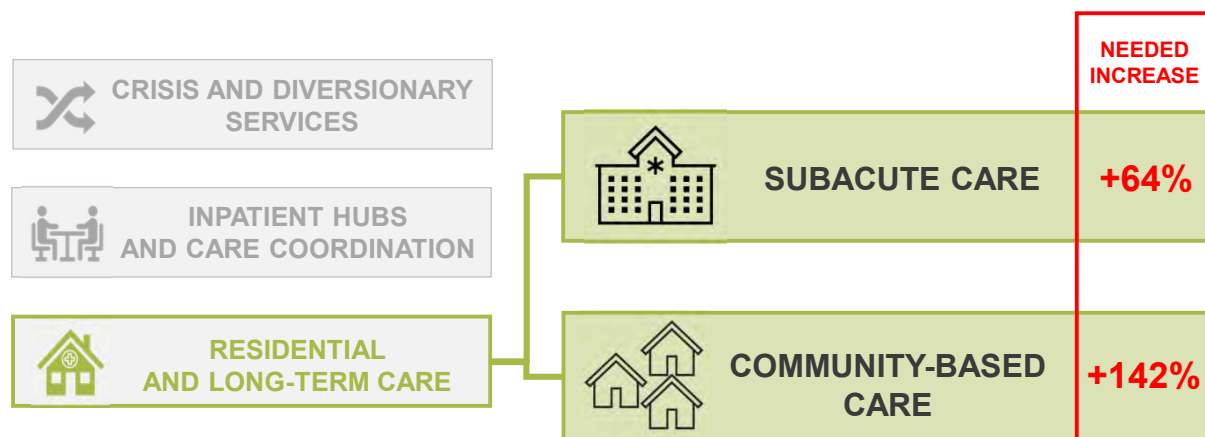


4

## REDEFINING LONG-TERM CARE



LIVE WELL  
SAN DIEGO



5

5

## SHIFTING FUTURE SERVICES AT SDCPH



LIVE WELL  
SAN DIEGO



San Diego County Psychiatric Hospital (SDCPH)

### PROSPECTIVE SERVICES

#### *Subacute services may include:*

- Psychiatric acute inpatient unit
- Skilled Nursing Facility (SNF) Specialized Treatment Program (STP) beds
- SNF Neurobehavioral Health (NBH) beds
- SNF medical beds

6

6

## SHIFTING THE SCOPE AT THIRD AVENUE



LIVE WELL  
SAN DIEGO



Central Region  
Community-Based Care Facility

### PROSPECTIVE SERVICES

- Adult Residential Facility (ARF) Beds
- Residential Care Facility for the Elderly (RCFE) Beds
- Recuperative Care Services

7

7

## RECOMMENDATIONS




LIVE WELL  
SAN DIEGO

- Find the proposed actions exempt from the California Environmental Quality Act.
- Establish the following appropriations:
  - Up to \$7 million for Tri-City Healthcare District Psychiatric Health Facility.
  - \$5 million for the planning and design related to facility improvements for the San Diego County Psychiatric Hospital.
  - \$1 million for the planning and facility programming of the East Region Community-Based Care Facility.
- Authorize the acceptance of the \$4.4 million Behavioral Health Continuum Infrastructure Grant funding for the construction of the new Acute Psychiatric Unit on the Edgemoor campus.
- Authorize the shift of future services at the San Diego County Psychiatric Hospital and Third Avenue.
- Authorize competitive solicitations for architectural and engineering services, professional services, preconstruction services, and the development of the Central Region and East Region Community-Based Care Facilities.

8

8



ITEM #14: AUTHORIZE APPROPRIATIONS FOR THE TRI-CITY PSYCHIATRIC HEALTH FACILITY AND THE EAST REGION COMMUNITY-BASED CARE FACILITIES; ACCEPT GRANT FUNDING FOR THE EDGEMOOR ACUTE INPATIENT UNIT; SHIFT FUTURE SERVICES AT THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL FACILITY AND THE VACANT COUNTY-OWNED PROPERTY AT 4307 THIRD AVENUE; AND ISSUE COMPETITIVE SOLICITATIONS FOR PROFESSIONAL SERVICES, PRECONSTRUCTION SERVICES, AND THE DEVELOPMENT OF THE CENTRAL REGION AND EAST REGION COMMUNITY-BASED CARE FACILITIES

---

Nick Macchione, Agency Director, Health and Human Services Agency  
Luke Bergmann, PhD, Director, Behavioral Health Services

October 11, 2022





# COUNTY OF SAN DIEGO

## BOARD OF SUPERVISORS

1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CALIFORNIA 92101-2470

### AGENDA ITEM

**DATE:** October 25, 2022

**20**

**TO:** Board of Supervisors

COSD CLERK OF THE BOARD  
2022 OCT 17 AM 11:25

**SUBJECT**

**A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT FRAMEWORK (DISTRICTS: ALL)**

**OVERVIEW**

The nation is in the grip of an opioid crisis. Drug overdose deaths have increased year-over-year, with 71 percent of drug overdose deaths caused by opioids. In 2021, more than 900 San Diegans died from opioid-related accidental overdoses, a 54 percent increase from the previous year. These deaths are a result of both legally prescribed opioids and illicit opioids including heroin and fentanyl. The County of San Diego (County) has a responsibility to respond to the opioid crisis and take all reasonable steps possible to stem the loss of life and heal those who have developed a related substance use disorder.

According to the U.S Department of Justice, the opioid crisis we face today is the result of actions by particular opioid pharmaceutical companies, manufacturers, and illegal distributors who have flooded the medical and street marketplaces with their products. In response to an epidemic of addiction and related deaths from prescribed opioids, jurisdictions throughout the nation brought forward litigation to remediate opioid addictions and harms. The County is a party to these lawsuits and is expected to receive tens of millions of dollars in settlement funds to address the local opioid crisis. Judicious use of these funds has the potential to stem the opioid crisis and hopefully reverse these alarming trends.

To prepare for the allocation of these funds, we convened opioid experts and community stakeholders including representatives from the medical community, hospitals, first responders, social justice and equity advocates, drug treatment specialists, law enforcement, city officials, and others. These convenings focused on topics relating to healthcare integration in both our health systems and jail systems, harm reduction, and social supports and services. Key themes arose from the convenings centered around the need for care coordination, cultural competency, stigma reduction, community-based organization and first responder support, the building of housing, creating a robust workforce to treat and assist patients, and addressing health disparities.



**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

The key themes that emerged from the three convenings, as well as community and interdepartmental surveys, have been utilized to develop a proposed "Opioid Settlement Framework," which is included as Attachment A. This Framework presents evidence-based strategies to spend the expected opioid settlement funds that advance solutions in the sectors of healthcare integration, harm reduction, and social supports and services. We propose rapid implementation of these strategies to begin healing the damage done by the opioid crisis. The County, with the goal of acting swiftly to match the urgency of the situation, should find solutions to invest in this framework as quickly as possible in anticipation of receipt of the settlement funds. We implore your support.

**RECOMMENDATION(S)**

**CHAIR NATHAN FLETCHER AND SUPERVISOR JOEL ANDERSON**

1. Pursuant to Government Code section 26227, find that the proposed Opioid Settlement Framework set forth in Attachment A is necessary to meet the social needs of the County's population.
2. Adopt the Opioid Settlement Framework in Attachment A.
3. Authorize the Auditor & Controller to establish a trust fund for the Opioid Settlement Framework with interest earnings allocated and distributed to the trust fund.
4. Direct the CAO to implement, when opioid settlement funds are available, the programs and services outlined in the Opioid Settlement Framework that are deemed consistent with the terms of the applicable settlement agreements.
5. Authorize the CAO subject to the availability of funds, to execute funding agreements and any other documents necessary for the implementation of the Opioid Settlement Framework.
6. Authorize the Director, Department of Purchasing and Contracting, subject to the availability of funds and upon successful negotiations and determination of fair and reasonable price, to award contracts and to amend existing contracts for purposes of implementing the Opioid Settlement Framework.
7. Direct the CAO to report back to the Board on the status of implementation of the Opioid Settlement Framework within 180 days after receipt of settlement funds.
8. Receive the Report in Attachment B titled "Opioid Settlement Framework: Community Engagement Summary and Opportunities for Utilizing Funds."

**EQUITY IMPACT STATEMENT**

Social determinants of health, or the conditions in which people live, work, learn, and play, can contribute to health inequities and result in an intergenerational risk for substance use and overdose. The socioeconomic status of an individual and other related factors can increase the risk for substance use and abuse. In addition, opioid use and death among historically underserved population groups is on the rise. The adoption of the Opioid Settlement Framework is an opportunity to address inequitable investment of resources and help those whose social determinants of health puts them at higher risks of harm related to opioid use.



**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

### **SUSTAINABILITY IMPACT STATEMENT**

Adopting the Opioid Settlement Framework and expeditiously investing in the identified programs and services will create positive social and economic enhancements, contributing to the overall sustainability of the region by providing support for the most vulnerable members of our community and for those who are suffering from opioid-related harms. This action can help create a healthier, stronger, and more resilient San Diego.

### **FISCAL IMPACT**

The complete fiscal impact associated with today's recommendations is unknown at this time. However, it is anticipated that a portion of the Phase I programs would be implemented in Fiscal Year 2022-23 as the County is expected to receive its first annual settlement distribution payment in November. The first payment is expected to be \$4,202,515.15. The County should receive 17 additional payments on an annual basis and annual amounts, while anticipated to be similar to the first payment, are subject to change. The first implementation of Phase I programs would be scaled in size to manage to available resources, with a recognition that these may be one-time funds over a finite number of years. As the County becomes notified of future settlement awards and distributions, additional programs from Phase I would be implemented, eventually moving to the implementation of Phase II programs as funding allows. Throughout the implementation of the framework, programs in the framework will be scaled to meet available revenues and priorities. At this time, there will be no change in the net General Fund and no additional staff years.

### **BUSINESS IMPACT STATEMENT**

N/A

### **ADVISORY BOARD STATEMENT**

N/A

### **BACKGROUND**

The nation is in the grip of an opioid crisis. Drug overdose deaths have increased year-over-year, with 71 percent of drug overdose deaths being caused by opioids.<sup>1</sup> In 2021, more than 900 San Diegans died from opioid-related accidental overdoses, a 54 percent increase from the previous year.<sup>2</sup> Locally, there has been a year-over-year increase in opioid-related deaths for more than a decade. The increase in opioid-related deaths has reached a crisis point and immediate action must be taken to prevent further tragedy and help heal those who have developed a substance use disorder (SUD).

Opioids are a class of drugs that include heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as OxyContin, hydrocodone, codeine, morphine, and many others. These drugs affect the spinal cord and brain to reduce the intensity of pain-signal perception and brain areas that control emotion. They can also affect the brain to cause euphoria or a feeling of being "high." Prolonged use of opioids can result in a chemical

---

<sup>1</sup> [Drug overdose deaths - Health, United States \(cdc.gov\)](https://www.cdc.gov/drugoverdose/deaths-health/index.html)

<sup>2</sup> County of San Diego, Department of the Medical Examiner, Reported 2022

**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

dependency that requires people to habitually use opioids to function normally and avoid withdrawal side effect symptoms that can be severe. Immediate abstinence from opioids for someone who has developed an opioid use disorder (OUD) may result in death. In many cases, guidance from professionals paired with medicated-assisted therapy (MAT) and other therapies is necessary to help people safely wean themselves from opioid use.

Many people first interact with opioids due to a medical necessity. However, even legally prescribed opioids can be dangerous and highly addictive. Misusing opioids outside of what a medical professional prescribes puts a person at risk of developing an OUD. People who develop an OUD may seek other forms of opioids such as illicit fentanyl or heroin to address their dependency.

Fentanyl is a newer opioid. Fentanyl is highly potent and only requires a minimal amount of substance to cause a euphoric high or relieve symptoms of opioid withdrawal. People who are living with a SUD have begun to seek out fentanyl as their drug of choice. Within the larger illicit drug supply, fentanyl is found mixed with other classes of nonopioid drugs, like cocaine, methamphetamine, and counterfeit nonopioid prescription or pressed pills. This is of an alarming concern, as nonopioid users may not have built up a tolerance to opioids - putting them at higher risk for overdose or unknowingly developing an opioid dependency themselves. In 2021, San Diego County recorded over 800 fentanyl-related overdose deaths.<sup>3</sup> This marks over a 400 percent increase in two years, from 151 recorded deaths in 2019.

Today's opioid crisis has been building for decades. In the 1990s, opioid manufacturers began a marketing and outreach campaign to the medical community claiming that opioids have a low risk of addiction and that "pain management" should be part of most interactions with patients. This tactic resulted in opioid prescriptions becoming commonplace in the medical community. Purdue Pharma, one of the largest opioid manufacturers, has generated more than \$35 billion in revenue since bringing OxyContin to market and engaging in this tactic.<sup>4</sup>

Jurisdictions throughout the country sued various pharmaceutical manufacturers and distributors for their role in the opioid crisis. Nationwide settlements have been reached to resolve opioid litigation brought by 47 states and local jurisdictions. The County of San Diego is a litigant in these lawsuits and will likely be awarded tens of millions of dollars. These agreements allow for settlement funds to be spent on a wide range of uses under remediation including new programs, supports, treatment, wrap-around services, workforce investment, housing, infrastructure, and other solutions. The flexibility enabled by these agreements will allow for a diversity of solutions that can tackle the opioid crisis from all angles.

*Why A Framework Is Needed*

The County is set to receive an unprecedented quantity of funds to address the opioid crisis. In order to ensure that we are making best use of these funds, we are proposing the adoption of an Opioid Settlement Framework, included as Attachment A, to articulate specific programs and

---

<sup>3</sup> County of San Diego, Department of the Medical Examiner, Reported 2022

<sup>4</sup> [THE ROLE OF PURDUE PHARMA AND THE SACKLER FAMILY IN THE OPIOID EPIDEMIC \(govinfo.gov\)](https://govinfo.gov)

**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

services to transform the County's approach. This framework is rooted in expert and stakeholder engagement.

Given the severity and size of the regional opioid crisis, with year-over-year trends seeing increased opioid deaths, there is an immediate need to use these funds across a diversity of programs. We urge the Board to invest as much of the total amount of the opioid settlement funds as possible that can be scaled given the urgency of the issue. Instead of receiving the funds spaced out over a period of decades as is anticipated, the County should seek financial options that would allow for the utilization of as much of these funds as possible for immediate use. These funds will be placed in a trust.

The Framework is also structured to provide guidance on a two-phased implementation strategy. Certain programs should be implemented immediately and other programs will require additional structures in place before they can be successfully implemented. Additionally, there is flexibility built into the Framework in the event there are updated guidelines on the use of these funds.

*Opioid Convenings and Community Feedback*

As part of the County of San Diego's planning efforts to determine how to best use the opioid settlement funds, Chair Nathan Fletcher and Supervisor Joel Anderson hosted a series of three Opioid Settlement Fund Community Engagement Forums on August 12, September 6, and September 7, 2022.

Each convening featured a different discussion topic, and brought together County and community stakeholders, including representatives of those with lived experience, for discussions on how best to plan for the use of the funds. Community stakeholders included representatives from the medical community, hospitals, first responders, social justice and equity advocates, drug treatment specialists, law enforcement, city officials, and others.

For each convening, guest speakers were invited to help frame the context of the featured topic through brief presentations. Expert speakers included Wilma Wooten MD, MPH, San Diego County Public Health Officer; Luke Bergman, PhD, Behavioral Health Services Director; Sara Whaley, MPH, MSW, MA, Johns Hopkins Bloomberg School of Public Health; Rob Kent, General Counsel at the White House Office of National Drug Control Policy; Samantha Karon, MPH, National Association of Counties; and Simonne Ruff, Corporation for Supportive Housing.

Following the guest speaker presentations, forum participants were randomly assigned to small, facilitated breakout groups to provide feedback, suggestions, and information for consideration in the spending framework. These comments were collected and have helped to guide the proposed Opioid Settlement Framework. Feedback was also solicited from community members and County staff after the convenings to further allow for input and was incorporated into the Framework. Over 200 community members provided feedback in this process.

Three different issue areas were explored during the convenings. The issue areas included healthcare integration, harm reduction, and social supports. Participants in the convenings

**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

discussed different perspectives surrounding these topics and offered solutions to address the topics. Themes, potential solutions, and comments by attendees resulting from convenings are found in Attachment B: *Opioid Settlement Planning: Community Engagement Summary and Opportunities for Utilizing Funds*.

**Opioid Settlement Framework Components**

*Healthcare Integration*

Healthcare integration is defined as actions taken in an effort to align or incorporate behavioral health services into overall healthcare to improve access, minimize stigma, lower costs, and increase overall health outcomes. In the opioid space, this integration is not happening because of a lack of investment in resources and technology, available workforce, impact of stigma on both patients and providers, and a lack of dedicated care navigation specialists. By investing in healthcare integration we can increase positive health outcomes for people experiencing an OUD. There are a number of strategies that were identified in the convenings to improve healthcare integration.

Treatments are available for people with OUD. This may involve prescribed medication-assisted therapy (MAT) like Buprenorphine, Methadone, or Naltrexone which normalizes brain chemistry, blocks the euphoric effects of opioids, relieves physiological cravings, and normalizes body functions without the negative and euphoric effects of most opioids. MAT can be paired with other types of therapies, including cognitive behavioral therapy and contingency management for better recovery outcomes.<sup>5</sup> Research shows that a combination of medication and therapy can successfully treat OUDs, and for some people struggling with addiction, MAT can help sustain recovery.<sup>6</sup> MAT is also used to prevent or reduce opioid overdose.

In tandem with MAT, the County can investigate investment in prescription digital therapeutics (PDTs) to help individuals combat addiction. PDTs are software applications that are prescribed by a healthcare practitioner who is legally authorized to prescribe medications and devices. The goal of PDTs is to evaluate, diagnose, manage symptoms, or treat an illness, injury, or disease by remaining connected with patients via their phone. This technology incentivizes patients to complete lessons and abstain from drug use. Recent data has supported that PDT reduces hospitalizations and lowers healthcare costs for patients.

If a person experiences a nonfatal overdose in a hospital setting they should be bridged to social supports to improve health outcomes and save lives. The Emergency Department (ED) relay model can target those individuals experiencing nonfatal overdoses in hospitals and connect them to resources, harm reduction, and other services.<sup>7</sup> This model offers a critical opportunity to respond to the increasing number of overdoses because the risk of overdose is much higher for those who have recently experienced an overdose. This 24/7 service model dispatches a

---

<sup>5</sup> [Medication-Assisted Treatment \(MAT\) | SAMHSA](#)

<sup>6</sup> [Association between Participation in Counseling and Retention in a Buprenorphine-Assisted Treatment Program for People Experiencing Homelessness with Opioid Use Disorder - PubMed \(nih.gov\)](#)

<sup>7</sup> [Relay | Brandeis Opioid Resource Connector \(opioid-resource-connector.org\)](#)



**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

“Wellness Advocate” to hospitals to meet patients in substance use crisis. Wellness Advocates stay in contact with patients for up to 90 days and connect them to appropriate support services, including overdose prevention, harm reduction, substance use disorder treatment, social services, eligibility programs, and emergency housing. By providing overdose education and opioid antagonists like naloxone, referrals to effective treatment such as buprenorphine or methadone, harm reduction programs, and other social services, overdose survivors are offered the chance to connect to the services that can help them thrive.

Many facets of healthcare are needed to interact with each other to make these treatments successful and treatments should be made available in a variety of medical settings. It is also important that treatment for the justice-involved population be prioritized. More than 10 million individuals pass through jails around the country annually, with at least half of those individuals having substance use disorders, half of whom have an OUD.<sup>8</sup> People who have been incarcerated are approximately 100 times more likely to die by overdose than the general public in the first two weeks after their release.<sup>9</sup> Individuals entering jails should be provided MAT treatment if needed to not only help them combat their opioid use but help increase their chances of abstaining from opioid use in the future. Doing so may not only decrease drug use in San Diego jails but may also decrease overdose deaths related to opioid use. The San Diego County Sheriff's Department has been an advocate for best practices in healthcare integration for OUD and is currently implementing a MAT program in the jails. Further investments in medical information sharing between jails, community-based organizations, and healthcare systems through avenues such as the Community Information Exchange and Health Information Exchange should be invested in to improve the quality, safety, and efficiency of healthcare and treatment delivery.

Paralleling the epidemic observed in the general population, opioid use in pregnancy has escalated dramatically in recent years.<sup>10</sup> Opioid exposure during pregnancy has been linked to poor health effects for both mothers and their babies. For mothers, OUD has been linked to maternal death; for babies, maternal OUD or long-term opioid use has been linked to poor fetal growth, preterm birth, stillbirth, and specific birth defects, and can cause neonatal abstinence syndrome. Special attention is needed for pregnant and postpartum women who have an OUD and may include support services, MAT, and wrap-around services postpartum.

Integration across physical health, mental health, SUD treatment services and community-based services is a key component of addressing the well-being of People Who Use Drugs (PWUD) and managing the care of individuals in a lower-acuity, chronic care context rather than expensive episodic, acute care contexts. SUDs can often be chronic conditions so community-based harm reduction services and services embedded in emergency departments and throughout the healthcare system can help bridge care for many clients for whom recovery is non-linear. When SUD treatment providers work in conjunction with harm reduction services and with harm

---

<sup>8</sup> [Promising Practice Guidelines for Jail-Based Medication-Assisted Treatment NEW.indd \(ncchc.org\)](#)

<sup>9</sup> [Barriers to Broader Use of Medications to Treat Opioid Use Disorder - Medications for Opioid Use Disorder Save Lives - NCBI Bookshelf \(nih.gov\)](#)

<sup>10</sup> [Opioid Use and Opioid Use Disorder in Pregnancy | ACOG](#)

**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

reduction principles, service continuity can be optimized, and health outcomes can be improved. Treating the whole person and ensuring access to best practices in harm reduction throughout every level in the spectrum of care was a recurring theme across the community forums.

*Harm Reduction*

Harm reduction is an approach that emphasizes working directly with PWUDs to prevent overdose and infectious disease transmission, improve the physical, mental, and social well-being of those served, and offer flexible options for accessing SUD treatment and other healthcare services. This approach is people-centered and means helping people who use drugs access services they need to stay alive and the building of trust so that when they wish to seek help, they know where to turn.

Addressing stigma around drug use is an important component to connecting people to treatment and services. Feelings of shame or fear of rejection can prevent people from having open conversations with their medical doctor, family, and friends. By eliminating the stigma around drug use we can create open communication with people who need help and connect them to necessary services. Education and training for service providers, housing providers, law enforcement, first responders, emergency rooms, and community members across the spectrum of care with an emphasis on addressing stigma in the treatment process is crucial. Abstinence may not be immediately achievable by all who misuse substances; however, many smaller changes may be feasible that could bring substantial benefits, such as reducing the risk of chronic and infectious disease, lowering the rates of opioid overdose deaths, and improving overall physical and mental health outcomes.

Research demonstrates that stigma damages the health and well-being of people with a SUD and interferes with the quality of care they receive in clinical settings.<sup>11</sup> Breaking down the systemic myths and misconceptions about harm reduction and substance use treatment is paramount to providing equitable services regardless of gender, race, age, sexual orientation, ethnicity, culture, spirituality, health, or socioeconomic status. Public health messaging campaigns that promote first-person language, educate on opioid use disorder treatments and avoid messaging made to villainize PWUD can be a powerful tool to ending stigma. Examples of anti-stigma campaign efforts include the application of multimedia efforts, personal stories from people impacted and messaging that emphasizes that recovery is possible.

Prevention is an important component of harm reduction principles. Public health campaigns and other programs targeted toward potential new users of opioids can help avoid a new class of users. Particularly, campaigns aimed at curbing drug use among children and college students may be beneficial if rooted in evidence-based best practices. The anti-tobacco Truth campaign was shown to significantly reduce tobacco use in youth by branding tobacco as an unhealthy lifestyle.<sup>12</sup> Incorporating lessons learned from this campaign, and avoiding messaging from past campaigns that have failed to curb drug use, is essential to addressing opioid use. In addition, per recent Board action on October 11, 2022 (11), the County will be supporting our school systems

---

<sup>11</sup> [The Impact of Stigma on People with Opioid Use Disorder, Opioid Treatment, and Policy - PMC \(nih.gov\)](#)

<sup>12</sup> <https://www.mdpi.com/1660-4601/14/12/1517>

**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

with awareness and education campaigns for our youth and providing naloxone, and other opioid antagonists that can reverse an opioid overdose, in school health programs. We should also be working to incorporate opioid education into the curriculum. A partnership with the District Attorney will be important to advance these messages.

Upstreaming access and introduction to prescription drug abuse is an important tool in combating the opioid crisis. Household prescription drugs may be used improperly or abused by either the intended patient, general public, family member or children. The San Diego County Prescription Drug Abuse Task Force reported 576 unintentional prescription-related deaths in 2020 and 7,723 opioid-related emergency department visits in 2019.<sup>13</sup> Drug drop-off programs are a safe and proven solution to address the hoarding of expired, unused, and unwanted prescription drugs.<sup>14</sup> Providing the community access to drug disposal systems will not only eliminate some of the supply of prescription drugs that may be abused but would raise awareness around the issue of prescription drug hoarding and abuse. One strategy could include requiring drug disposal systems to be allocated when a patient receives a prescription opioid. Leftover opioids can be safely disposed of, thereby reducing the potential for future opioid abuse.

If a person is experiencing an overdose, using naloxone or other opioid antagonists may save their life. Opioid antagonists are designed to rapidly reverse the effects of opioid overdose and are an integral pillar of harm reduction and prevention of fatality. The County already distributes these medications, but we could better integrate these solutions into our harm reduction strategies to curb opioid effects and usage. This can include enhancing supply and distribution of opioid antagonists to individuals susceptible to using opioids and better equipping our peer and community health workers and healthcare facilities, our first responders, hospitals, schools, primary care, and our jail systems. Additionally, having opioid antagonists available at regional family justice centers would serve the community and provide access to victims who may have co-occurring substance use challenges. Employees and co-located partners at these centers countywide will be best prepared to potentially save the lives of those they serve should the need arise.

The County should seek all avenues and options for making life-saving opioid antagonists available in all settings. This can include investing in the utilization of an array of opioid antagonists, any of which the County could pilot. Across the State, there are pilot programs being implemented with the utilization of opioid antagonists other than naloxone, particularly in our State Corrections facilities and through paramedic field distribution. In conjunction with opioid antagonists, pilot programs can be implemented where paramedics administer MAT buprenorphine when responding to certain emergency calls. This could be part of Emergency Medical Services' layered strategy to reduce opioid overdose deaths. Other components of this initiative include the Leave Behind Naloxone Program and a warm handoff to wrap-around services for patients who receive the initial prehospital buprenorphine treatment.

Harm reduction programs are community-based programs that deliver low-threshold services aimed at engaging PWUD in services that reduce risk and encourage behavior change. The first

---

<sup>13</sup> [https://www.sdpdatf.org/files/ugd/6b5bbf\\_a8e2a38a2fd44845997e03c45de50992.pdf](https://www.sdpdatf.org/files/ugd/6b5bbf_a8e2a38a2fd44845997e03c45de50992.pdf)

<sup>14</sup> Dea National Rxtake Back Day." Take Back Day, <https://takebackday.dea.gov>

**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

rule of harm reduction programs is to meet people where they are to build trust and encourage participants to return. As a result, harm reduction programs often serve as the primary avenue to meet the health needs of PWUD and thus, are uniquely positioned to connect PWUD with support and wrap-around services. Harm reduction programs can provide a range of services including education and training, testing, and linkage to care. Additionally, harm reduction programs can serve as a bridge to other health services including Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) diagnosis and treatment, and MAT for substance use. Programs may differ in size, scope, and delivery venue including mobile services that take into consideration geographic location, demographic of population to be served, and needs of the community.

Harm reduction is a proven principle that saves lives and plays a significant role in preventing drug-related deaths and connecting people to healthcare, social services, and treatment.<sup>15</sup> The County has a duty to provide care and support to all people impacted by the opioid crisis including those who may not be ready to enter treatment. Investment in harm reduction programs is a critical component of the continuum of care and a necessary tool for addressing the opioid epidemic. Through compassionate and intentional outreach we can lessen the harms resulting from opioids in our community.

*Social Supports*

Social supports are defined as semi-formal, non-clinical services that help people get into or stay in recovery. These services include more than just programmatic approaches that help people enter and stay in recovery, but take into consideration a person's whole spectrum of needs. This ranges from emotional and social support to housing and workforce integration. The Opioid Settlement Framework outlines a number of short-term and long-term strategies that helps accomplish these objectives.

The relationship between substance use and experiencing homelessness is bidirectional, with homelessness exacerbating the harmful effects of drug use, and vice versa. Having unstable housing and being pushed to the margins increases all health risks, including those related to substance use. Yet traditionally, housing resources have not been prioritized for those with primary SUD. People with SUD have historically been explicitly excluded from housing services and permanent supportive housing programs. Therefore, a key pillar of the comprehensive strategy outlined in Attachment A is housing support for people living with severe SUDs. Informed by a housing-first approach, investing in collaborative, low-barrier bridge housing, housing for individuals with co-occurring diagnoses that have exited from the collaborative courts system, permanent housing solutions, and resident support services that are not contingent on treatment status is crucial to whole-person wellness.

Stakeholders and officials in our collaborative behavioral health and drug court system have expressed a desire to see the establishment and expansion of transitional housing sites, organized around harm reduction principles with low threshold accessibility. Programs should meet people where they are at, offering variable lengths of stay and focusing on the basic elements of wellness promotion: food, hygiene, connection to healthcare, and navigation to permanent

---

<sup>15</sup> [Harm Reduction | SAMHSA](#)



**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

housing. In addition, County contracted partners and community-based organizations play an integral role in treatment, services, and resource navigation for individuals with a SUD. In the advancement of the Framework, it is crucial that we collaborate with our partners through engagement and consideration of funding for aligning efforts.

Recently, the Governor signed into law the Community Assistance Recovery and Empowerment (CARE) Court Program which connects a person struggling with untreated mental illness – and often a co-occurring SUD – with a court-ordered Care Plan for up to 24 months.<sup>16</sup> Each plan is managed by a care team in the community and can include clinically prescribed, individualized interventions with several supportive services, medication, and a housing plan. As we gear up for local implementation of CARE Court, we need to be proactively investing in housing solutions for high-need individuals experiencing co-occurring SUDs and mental health needs.

Other services may offer avenues to help connect people with OUD to treatment and care. Overdose-receiving centers provide a warm handoff to County Health and Human Services Agency (HHS) for follow-up and wrap-around services. These centers should be explored for local implementation, particularly in tandem with other sobering centers and services. The County should also fund and establish additional detoxification and sobering centers and supportive services to improve acute sobering and treatment capacity for those who are living with an OUD.

Further, developing and supporting a workforce that employs harm reduction principles across all levels and types of services is critical to addressing the crisis. Existing talent attraction and retention challenges in the behavioral health industry must be addressed, and the Framework proposes to support the expansion of the size and diversity of mental health and addiction treatment professionals in San Diego, with an emphasis on retaining and increasing the capacity of the existing workforce. Much of the specific needs of our workforce is captured in the San Diego Workforce Partnership Report, Addressing San Diego's Behavioral Health Worker Shortage, adopted by the Board of Supervisors on October 11, 2022 (10).

Individuals with lived experience with formal training may offer an effective way to help individuals engage and continue in treatment. Peers and community health workers with lived experience are often trusted messengers in their communities that can offer valuable perspectives and input on how best to meet the needs of PWUD. Effective peer services leverage the lived experience of individuals but also formally train peers and establish a firm understanding of the peer's role and responsibilities. In addition to peers, community-based organizations and family members play an integral role in an individual's success in recovery. The County should be investing in training programs and support services for both peer advocates and community health workers, but also for parents and family members.

Family members are many times the closest relationships that PWUDs have and are eager to help their loved ones, making their relationship an easily accessible path to help for the PWUDs. Unfortunately, many family members simply do not have the knowledge or skillsets needed to assist their loved ones. With the proper nonclinical education, training, tools, and resources

---

<sup>16</sup> [Bill Text - SB-1338 Community Assistance, Recovery, and Empowerment \(CARE\) Court Program.](#)

**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

family members can serve as a critical component toward wellness and recovery for people living with a SUD.

Trusted messengers in vulnerable communities, preferably with lived experience, can more effectively reach historically underserved populations that are being disproportionately impacted by opioid overdose deaths. Community health workers and peers integrated into County services could be empowered with the tools and training to provide direct linkages to care tailored towards clients' readiness to engage in healthy behavior - whatever that may be. Work in this space and future investments should be rooted in addressing historic underinvestment in the region with special focus given to communities disproportionately impacted by the crisis.

San Diego County is home to more tribes than any other county, and our tribal communities need a targeted investment to equitably address the opioid crisis. The rate of drug overdose deaths in our tribal communities is above the national average and recent data show this trend continuing.<sup>17</sup> Empowering trusted community-based organizations is key to reaching the community. For example, the Dream Weaver Consortium is a partnership with several Native American health clinics that joins cultural practices with evidence-based practices to address mental health and SUDs. The Dream Weaver Consortium program provides services in San Diego County, including behavioral health services to all age groups through intergenerational activities. Services are provided on reservations and in urban areas and include education and outreach at community events, cultural and social gatherings, and health clinics. The County currently contracts with the Consortium for services, and the Framework provides additional support to continue this collaboration.

Further, data from the Medical Examiner and other sources has strongly demonstrated that opioid abuse and associated fatalities have disproportionately impacted our rural communities. The U.S. Department of Agriculture has funded various programs and services to help address the opioid epidemic among rural populations, which the County should investigate. Through investing in program resources for community supports, prevention, treatment, and recovery opportunities for those in need in our vulnerable rural communities, the County can help to address many of the deeper, systemic, and long-term issues making these residents vulnerable to the opioid crisis. Establishing essential tools for rural leaders to use to understand the impact and cause(s) of the crisis in their community in addition to what federal, state and local resources are available, can help support grassroots strategies to address this crisis.

To truly address the opioid crisis, investments must be made along the full spectrum of a person's needs, not just in the form of healthcare or harm reduction. A person's health and well-being cannot be safeguarded if they do not have housing, social and emotional support, or culturally competent behavioral health professionals able to meet the client's needs. Investing in social supports and services, as outlined in Attachment A, will take measures to begin addressing basic needs so important to the road to recovery. Programs and strategies outlined above should be evaluated for success, opioid overdose and naloxone revivals should be surveyed, and renewed investments in demonstrably effective strategies should be prioritized.

---

<sup>17</sup> [Drug Overdose Prevention in Tribal Communities | Budget | Injury | CDC](#)

**SUBJECT: A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND  
ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT  
FRAMEWORK (DISTRICTS: ALL)**

People in the San Diego region are dying every day from opioid abuse and only through immediate investments in healthcare integration, harm reduction, and social supports can we save lives. We urge your vote.

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

Today's proposed actions supports the Health Equity Strategic Initiative in the County of San Diego's 2022– 2027 Strategic Plan by investing in access for care and support for all impacted by the opioid crisis.

Respectfully submitted,



CHAIR NATHAN FLETCHER  
Supervisor, District 4



JOEL ANDERSON  
Supervisor, District 2

**ATTACHMENT(S)**

- A. Opioid Settlement Framework
- B. *Opioid Settlement Planning Community Engagement Forum: Summary and Opportunities for Utilizing Funds*

### Attachment A: Opioid Settlement Framework

This document outlines the County of San Diego’s framework for the utilization of opioid remediation funds from anticipated opioid settlement awards.

Phase I programs will be implemented immediately once opioid settlement funds are awarded to the County and available for allocation and will be prioritized for ongoing funding where appropriate. Existing programs will be augmented using the opioid settlement funds.

Phase II programs will be implemented once funds and infrastructure are available and will receive ongoing funding where appropriate.

#### Healthcare Integration

Program	Description	Phase
Medicated Assisted Treatment (MAT)	<ol style="list-style-type: none"> <li>1. Establish funding for medicated assisted treatment (MAT) for individuals who are uninsured or low-income individuals whose insurance does not cover the needed service and integrate into primary healthcare.</li> <li>2. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.</li> <li>3. Provide MAT education and awareness training to healthcare providers, emergency medical technicians (EMTs), law enforcement personnel, and other first responders.</li> <li>4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication with other support services.</li> <li>5. Provide care coordination and support services for continuity of care for individuals with substance use needs including MAT.</li> </ol>	I
Emergency Department (ED) Relay Model and Other Services	<ol style="list-style-type: none"> <li>1. Establish a 24/7 service called the ED Relay Model that dispatches “Wellness Advocates” to hospitals to meet patients in substance use crises. Wellness Advocates stay in contact with patients for up to 90 days and connect them to appropriate support services, including overdose prevention, harm reduction, substance use disorder treatment, social services, eligibility programs, and emergency housing.</li> <li>2. Establish additional supportive services which ensure after-care follow-up and linkage to resources and services.</li> </ol>	I
Other Therapies	<ol style="list-style-type: none"> <li>1. Support contingency management services, cognitive behavioral therapy, and other evidence-based therapies for people with substance use disorders (SUD), opioid use disorders (OUD) (and/or any co-occurring mental health conditions) including FDA approved prescribed digital therapeutics.</li> <li>2. Broaden scope of recovery services to include co-occurring SUD or mental</li> </ol>	I

	health conditions.	
Justice-involved Persons	<ol style="list-style-type: none"> <li>1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/mental health (MH) disorders within and transitioning out of the criminal justice system.</li> <li>2. Increase funding for jails to provide treatment to people who are incarcerated with OUD, with consideration of utilizing telemedicine.</li> <li>3. Provide wrap-around services and connection to peer support specialists for people leaving incarceration.</li> <li>4. Provide funding for a technology hub for medical information and data exchange between jails, County departments, community-based organizations, and health and hospital systems, which may include integration with the Community Information Exchange and Health Information Exchange.</li> <li>5. Provide authority and funding for utilization of different types of opioid antagonists in jails with broader access to staff with incorporation of vending machines and modular naloxone hubs.</li> <li>6. Investigate investment in bracelet technology that provides signal of medical distress.</li> <li>7. Provide funding for a full range of harm reduction services in jails.</li> </ol>	I
Pregnant & postpartum	<ol style="list-style-type: none"> <li>1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have SUD or OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.</li> <li>2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.</li> <li>3. Expand services for neonatal opioid withdrawal syndrome for women in custody.</li> </ol>	II

#### Harm Reduction and Prevention

Program	Description	Phase
Public Health Messaging Campaign	<ol style="list-style-type: none"> <li>1. Funding for media campaigns to prevent opioid use (similar to the Truth campaign to prevent youth from misusing tobacco).</li> <li>2. Funding for evidence-based prevention programs in schools.</li> <li>3. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment (similar to the Michigan.gov End The Stigma campaign to promote first-person language, education on opioid use disorder treatments, and avoid messages made to villainize persons with OUD).</li> </ol>	I
Drug Disposal	<ol style="list-style-type: none"> <li>1. Funding for community drug disposal programs.</li> </ol>	I

	2. Delivery of drug disposal bags to all households in the County coupled with a public health awareness campaign on safe disposal.	
Opioid Antagonist Distribution	<ol style="list-style-type: none"> <li>1. Increased availability and distribution of opioid antagonists and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, regionalized family justice center employees, care coordinators, intake specialists and co-located onsite partners persons being released from jail or prison, or other members of the general public.</li> <li>2. Expand training for first responders, schools, community support groups, and families on opioid antagonist use.</li> <li>3. Provide funding to implement a pilot program for paramedic use of buprenorphine in conjunction with naloxone which would also explore the establishment of overdose-receiving centers to provide a warm handoff for follow-up and wrap-around services.</li> <li>4. Provide opportunity for funding other appropriate pilot programs implementing the use and community distribution of different Food and Drug Administration (FDA) approved opioid antagonists than naloxone.</li> <li>5. Address barriers to opioid antagonist certification and distribution.</li> </ol>	I
Treatment/ Access to Treatment Efforts	<ol style="list-style-type: none"> <li>1. Provide low-threshold evidence-informed harm reduction programs suitable to the geographic location, demographic considerations, and needs of the community including mobile services accompanied with wrap-around services to reduce harms associated with drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl avoidance, connections to care, and the full range of harm reduction and treatment services provided by these programs.</li> <li>2. Establish additional detoxification and sobering centers and supportive services to improve acute sobering and treatment capacity.</li> </ol>	I
Evaluation and Data	<ol style="list-style-type: none"> <li>1. Evaluate programs and strategies described in this opioid abatement strategy list.</li> <li>2. Explore the use of data tracking software and applications for overdoses and naloxone revivals.</li> </ol>	II

## Social Supports and Services

Program	Description	Phase
Wrap-Around Services	<ol style="list-style-type: none"> <li>1. Broaden scope of recovery services to include co-occurring SUD or mental health conditions.</li> <li>2. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare.</li> <li>3. Provide community support services through County partners and community-based organizations, including social and legal services, to assist in</li> </ol>	I

	<p>the reintegration of justice-involved persons with OUD and any co-occurring SUD/MH conditions.</p> <ol style="list-style-type: none"> <li>4. Provide housing and supportive services for individuals with SUD/MH conditions that are involved in the CARE Court and other collaborative court systems.</li> <li>5. Hire additional social workers or other behavioral health workers to facilitate the expansions above.</li> <li>6. Fund family-centered programs with technology-rich approaches to address a range of behavioral-health challenges in addition to training and support services for parents and family members.</li> </ol>	
Housing	<ol style="list-style-type: none"> <li>1. Provide access to housing for people with OUD and any co-occurring or dual diagnoses SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate Federal Food and Drug Administration approved mediation with other support services.</li> <li>2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those in assisted housing who need it to persons with OUD and any co-occurring SUD/MH conditions.</li> </ol>	II
Workforce Investment	<ol style="list-style-type: none"> <li>1. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.</li> <li>2. Fund workforce development, training programs, apprenticeship, and education costs for peer support specialists that offer a range of services, including health education, encouragement, empathy, coping skills, recovery modeling, and concrete assistance in overcoming the situational barriers to treatment retention.</li> </ol>	II
Rural Communities and Tribal Partners	<ol style="list-style-type: none"> <li>1. Support impacted tribal communities, the Dream Weaver Consortium, and other tribal healthcare and community-based partners through funding culturally competent OUD/SUD program treatment and prevention services.</li> <li>2. Fund and expand OUD/SUD prevention, education, and treatment services in rural communities.</li> <li>3. Engage tribal and rural leaders on matters related to OUD/SUD efforts.</li> <li>4. Address barriers to access for rural and tribal partners.</li> <li>5. Investigate opioid remediation funding opportunities and programs being implemented and invested in through the U.S. Department of Agriculture that can be implemented locally.</li> </ol>	I



# 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:** October 25, 2022

**22**

**TO:** Board of Supervisors

### **SUBJECT**

**RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT FISCAL YEAR 2022-23 ANNUAL UPDATE (DISTRICTS: ALL)**

### **OVERVIEW**

The Mental Health Services Act (MHSA) provides funding to counties to address a broad continuum of mental health service needs, including prevention, early intervention, and system development; and to address the necessary infrastructure, technology, and training to effectively support the public mental health system. MHSA programs provide services for children, youth, and families; transition age youth; adults; and older adults, with an emphasis on individuals who are unserved or underserved. 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.

MHSA provides funding for critical programs that serve individuals with serious mental illness or serious emotional disturbance, supporting some of San Diego County's most vulnerable populations and providing funding for previously unserved populations. MHSA supports timely access to quality behavioral health care that is responsive to cultural and linguistic needs. In support of the MHSA vision - to build a system in which mental health services are equitable, regionally distributed, and accessible to all individuals and families within the region who are in need - the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) is spearheading work to proactively address and identify unmet behavioral health needs within the region, and the systemic and regional inequities that lead to these unmet needs.

BHS is in the third year of implementing the MHSA Three-Year Program and Expenditure Plan: Fiscal Years (FY) 2020-21 through 2022-23 (Three-Year Plan), approved by the San Diego County Board of Supervisors (Board) on October 27, 2020 (7). The MHSA FY 2022-23 Annual Update (Annual Update) presented today includes budget and programmatic changes to the Three-Year Plan. The majority of services outlined in the Annual Update are a continuation of

**SUBJECT:     RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT  
FISCAL YEAR 2022-23 ANNUAL UPDATE (DISTRICTS: ALL)**

programs previously approved by the Board in the Three-Year Plan. As mandated by the MHSA, the Three-Year Plan and subsequent Annual Updates require approval by the Board prior to submission to the California Mental Health Services Oversight and Accountability Commission.

Today's action requests the Board receive and approve the Annual Update, which includes MHSA funding of approximately \$230.2 million in FY 2022-2023, inclusive of \$400,000 dedicated to the California Mental Health Services Authority, to continue participation in statewide prevention and early intervention campaigns and local initiatives.

Today's proposed actions support 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 unserved and underserved as well as our ongoing commitment to the regional *Live Well San Diego*—of healthy, safe, and thriving communities. This—will be accomplished by enhancing access to behavioral health services, promoting well-being in children, adults, and families, and encouraging self-sufficiency.

**RECOMMENDATION(S)  
CHIEF ADMINISTRATIVE OFFICER**

1. Receive and approve the MHSA FY 2022-23 Annual Update (Annual Update) and authorize the Agency Director, Health and Human Services Agency, to submit the Annual Update to the California Mental Health Services Oversight and Accountability Commission.

**EQUITY IMPACT STATEMENT**

The vision of the Mental Health Services Act (MHSA) is to build a system in which mental health services are equitable, regionally distributed, and accessible to all individuals and families within the region who are in need. MHSA funding provides individuals who are experiencing serious mental illness or serious emotional disturbance with timely access to quality behavioral health care that is responsive to their cultural and linguistic needs. Programs funded through MHSA are designed to serve individuals of all ages, particularly the County's most vulnerable, unserved, and underserved low-income populations, such as individuals experiencing homelessness, LGBTQIA+, Black Indigenous and People of Color, children who are commercially sexually exploited, youth and adults with justice-involvement, transition age youth, and people with complex behavioral health needs.

In support of these efforts, the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) employs a population health approach, driven by evidence-based practices and robust data analysis, to design services that are impactful, equitable, and geographically accessible. The needs of the community are at the forefront at this work and community engagement is a fundamental component of MHSA. BHS solicits input from the community, stakeholders, consumers, family members, community-based providers, and healthcare organizations through formal and informal convenings, along with cross-collaboration with other County departments and community partners.

Additionally, through the establishment of the Community Experience Partnership, in collaboration with the University of California San Diego, and the recent launch of the

**SUBJECT:     RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT  
FISCAL YEAR 2022-23 ANNUAL UPDATE (DISTRICTS: ALL)**

Behavioral Health Equity Index, BHS is leading the development of a tool for measuring behavioral health equity to inform program planning, siting of services, and allocation of resources to support the most critical community needs.

**SUSTAINABILITY IMPACT STATEMENT**

Mental Health Services Act (MHSA) programs support the County of San Diego's (County) Sustainability Goal #2 to provide just and equitable access through the regional distribution of services that allows chronically underserved communities and individuals with behavioral health conditions to receive care in close proximity to where they live. Services are provided at numerous County locations, as well as through community-based providers to ensure care is geographically dispersed throughout the region.

Additionally, MHSA programs support Sustainability Goal #1 to engage the community in meaningful ways and continually seek stakeholder input to foster inclusive and sustainable communities. MHSA provides services to children, youth, and families, transition age youth, adults, and older adults in a community-centric approach taking into consideration language and cultural barriers to ensure equitable access for those in need of behavioral health services. The MHSA Community Planning Process ensures community voices are considered when undertaking program planning. Furthermore, County Health and Human Services Agency, Behavioral Health Services is committed to a community-driven equitable distribution of services informed through principles of population health, the Community Experience Partnership and the Behavioral Health Equity Index, as outlined in the Equity Impact Statement.

**FISCAL IMPACT**

Funds for this request are included in the Fiscal Year (FY) 2022-24 Operational Plan for the Health and Human Services Agency. If approved, this request will result in estimated Mental Health Services Act (MHSA) costs and revenues of approximately \$230.2 million in FY 2022-23, inclusive of \$400,000 dedicated to the California Mental Health Services Authority, to continue participation in statewide prevention and early intervention campaigns and local initiatives. The funding source is MHSA. There will be no change in net General Fund cost and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

At their meeting on October 6, 2022, the Behavioral Health Advisory Board voted to approve the recommendations.



**SUBJECT:     RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT  
FISCAL YEAR 2022-23 ANNUAL UPDATE (DISTRICTS: ALL)**

**BACKGROUND**

The Mental Health Services Act (MHSA) provides funding to counties to address a broad continuum of mental health service needs, including prevention, early intervention, system development, and to address necessary infrastructure, technology, and training to effectively support the public mental health system. MHSA-funded programs provide services to children, youth, and families, transition age youth, adults, and older adults, with an emphasis on individuals who are unserved or underserved. The MHSA is comprised of five components:

- Community Services and Supports,
- Prevention and Early Intervention (PEI),
- Innovation,
- Workforce Education and Training, and
- Capital Facilities and Technological Needs.

The California Welfare and Institutions Code Section 5847 states that county mental health programs shall prepare and submit a Three-Year Plan and subsequent Annual Updates for programs and expenditures funded by the MHSA. The Three-Year Plan and subsequent Annual Updates must be adopted by the San Diego County Board of Supervisors (Board) and submitted to the California Mental Health Services Oversight and Accountability Commission within 30 days of adoption by the Board. The MHSA Three-Year Program and Expenditure Plan: Fiscal Year (FY) 2020-21 through 2022-23 (Three-Year Plan) was approved by the Board on October 27, 2020 (7).

Today's action requests the Board receive and approve the recommended MHSA FY 2022-23 Annual Update (Annual Update). The Annual Update (Attachment A) includes an expenditure plan of approximately \$230.2 million, programmatic, and budgetary updates to the Three-Year Plan, and documentation, as required, to comply with MHSA regulations. The Annual Update includes \$400,000 as part of the FY 2022-23 amount assigned to the California Mental Health Services Authority 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.

A Community Program Planning (CPP) process is required by MHSA funding, through which counties gather input from a diverse range of stakeholders regarding the needs of regional unserved and underserved populations. The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) maintains regular contact with stakeholders throughout the year to inform program planning and development. This included engagement with the Behavioral Health Advisory Board, System of Care Councils, Hospital Partners, consumers and their families, and other stakeholders to gather input and form recommendations for the utilization of MHSA funds.

BHS has also engaged the University of California San Diego (UCSD) in a multi-year contract to facilitate development of an engagement framework, enhancements to the CPP process, provide MHSA trainings, and inform the strategic development of the Three-Year Plan and subsequent Annual Updates, in addition to facilitation and threading with the Community Experience

**SUBJECT:     RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT  
FISCAL YEAR 2022-23 ANNUAL UPDATE (DISTRICTS: ALL)**

Partnership (CEP). The CEP is a collaboration between BHS and UCSD to integrate data and community engagement to advance behavioral health equity through the development of the Behavioral Health Equity Index, a tool to help measure behavioral health equity that will inform program planning, siting of services, and allocation of resources in a way that supports the most pressing community needs.

Since the establishment of the MHSA, the County has invested nearly \$2 billion of MHSA funding to expand and enhance critical mental health programs to dramatically shift how residents of San Diego County access care and support for behavioral health needs through the continued development of a regionally distributed model of care focused on prevention and continuous care, rather than perpetual crisis. MHSA-funded programs are rigorously evaluated across many areas, which include but are not limited to access, quality of service, cost, integration, utilization, clinical outcomes, and client satisfaction. Specific structural, process and outcome measures vary depending on the service and population but are standardized across levels of care. The evaluation of MHSA-funded programs demonstrates a positive impact across multiple domains, particularly for programs that treat mental health symptoms but also proactively address unmet social needs and connection to education, employment, housing, and physical healthcare.

The County remains committed to making financial, staffing, and other resources available for behavioral health services to meet the increasing demand due to stressors post-pandemic and economic uncertainty. BHS conducts ongoing extensive planning to MHSA programming to mitigate large swings in funding projections and align services with MHSA revenues. In looking forward, BHS resolves to make critical investments in services, capacity, and workforce.

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

Today's proposed action supports the County of San Diego's (County) 2022-2027 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision, by reducing disparities and disproportionality; and ensuring access for all through a fully optimized mental health and social service delivery system that provides programs and services for all individuals with behavioral health needs to enhance the community through increasing the wellbeing of San Diego County residents and their environments.

Respectfully submitted,



HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

Attachment A - Mental Health Services Act Fiscal Year 2022-23 Annual Update

*COUNTY OF SAN DIEGO  
HEALTH AND HUMAN SERVICES AGENCY*

## **Mental Health Services Act (MHSA) Fiscal Year 2022-23 Annual Update**




### **Behavioral Health Services**

October 25, 2022




[Mental Health Services Act \(MHSA\) Fiscal Year 2022-23 Annual Update \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/mental-health-services-act-mhsa-fiscal-year-2022-23-annual-update)



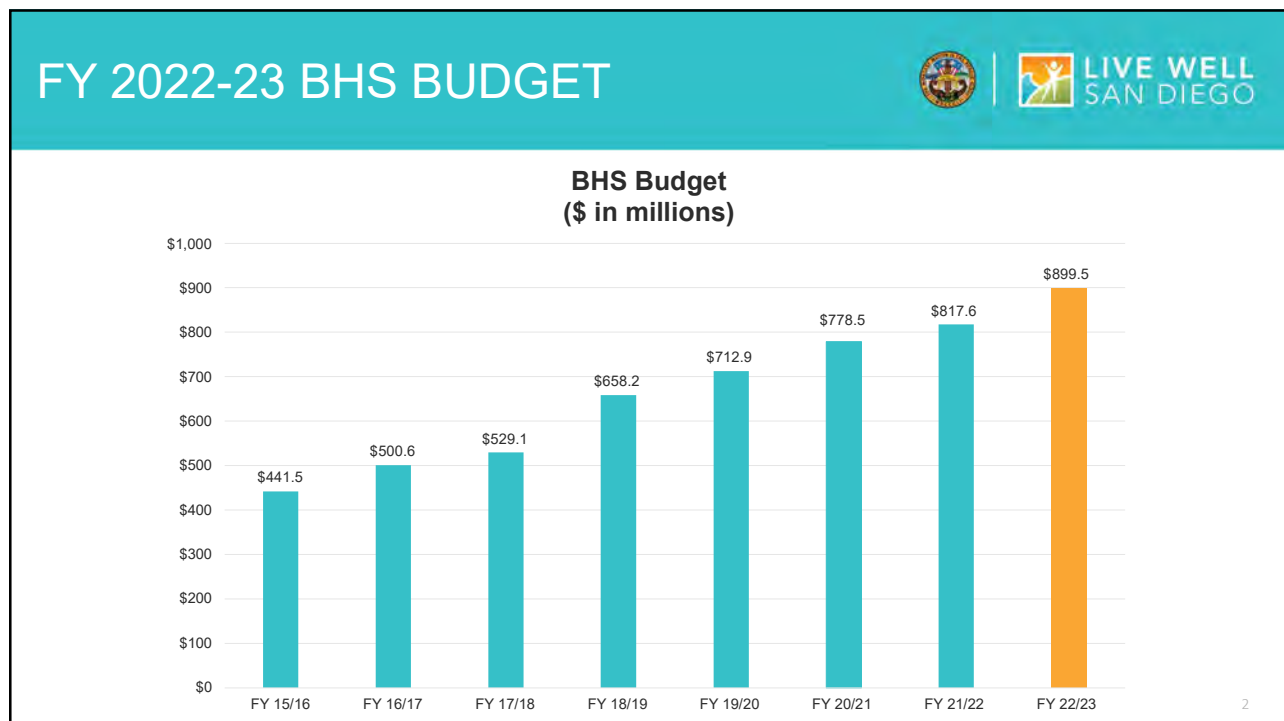
## ITEM #22: MENTAL HEALTH SERVICES ACT FISCAL YEAR 2022-23 ANNUAL UPDATE

Nick Macchione, Agency Director, Health and Human Services Agency  
Luke Bergmann, PhD, Director, Behavioral Health Services  
Nadia Privara, Assistant Director of Departmental Operations, Behavioral Health Services

October 25, 2022



1



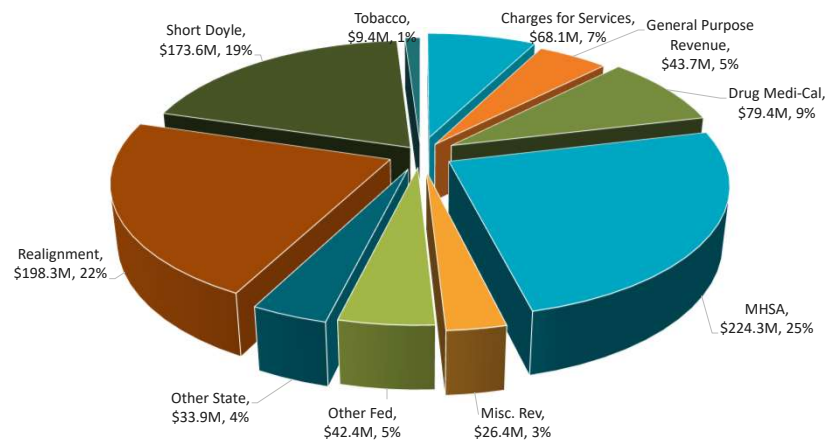
2

## BHS FUNDING VIA MHSA



LIVE WELL  
SAN DIEGO

**TOTAL BHS Approved Budget FY 2022-23: \$899.5 MILLION**



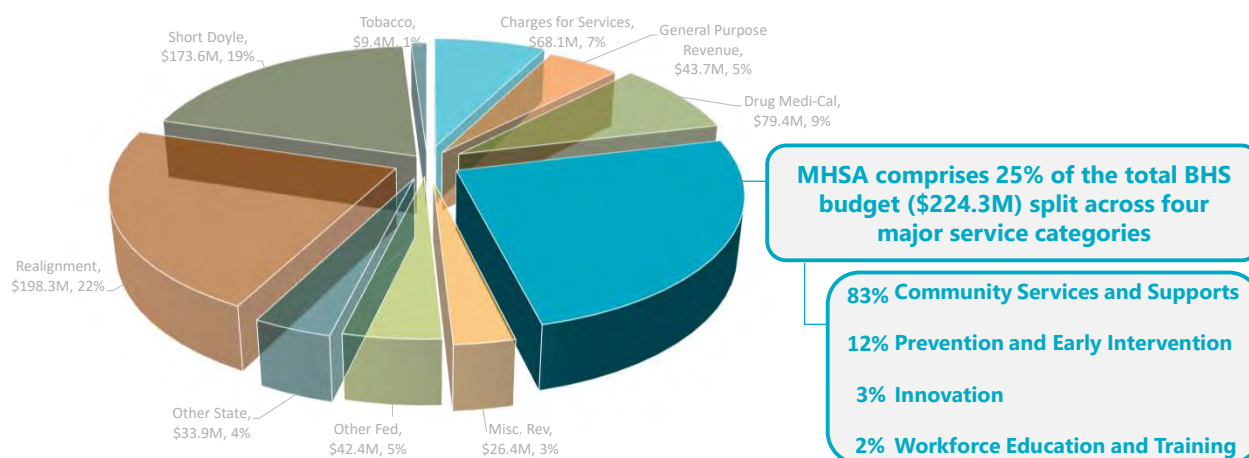
3

## BHS FUNDING VIA MHSA



LIVE WELL  
SAN DIEGO

**TOTAL BHS Approved Budget: \$899.5 MILLION**



4

## ONGOING AND EXTENSIVE PLANNING



### *Population Health and a Data-driven Approach in Service Design and Delivery*

**COMMUNITY PROGRAM PLANNING**

**OPTIMAL CARE PATHWAYS MODEL**

**COMMUNITY EXPERIENCE PROJECT**

**BEHAVIORAL HEALTH EQUITY INDEX**

5

5

## KEY INVESTMENTS AND HIGHLIGHTS



### ***Behavioral Health Services for CYF - \$4.9M***

- Children's Full-Service Partnership
- Fee-for-Service provider rate Increases for Specialty Mental Health Services
- *Come Play Outside*

### ***Behavioral Health Services for Adults - \$11.9M***

- Biopsychosocial Rehabilitation (Outpatient Services)
- Assertive Community Treatment (ACT) Services
- County-operated Programs
  - Institutional Case Management
  - Strengths Based Case Management
  - New Peer Support Classification



6

6

## KEY INVESTMENTS AND HIGHLIGHTS



LIVE WELL  
SAN DIEGO

### ***Crisis & Diversionary Services – \$6.2M***

- Short Term Acute Residential Treatment
- Crisis Stabilization Unit - North Coastal Oceanside

### ***Long-Term Care Services – \$4.1M***

- Augmented Services Programs

### ***Workforce***

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



7

7

## KEY INVESTMENTS AND HIGHLIGHTS



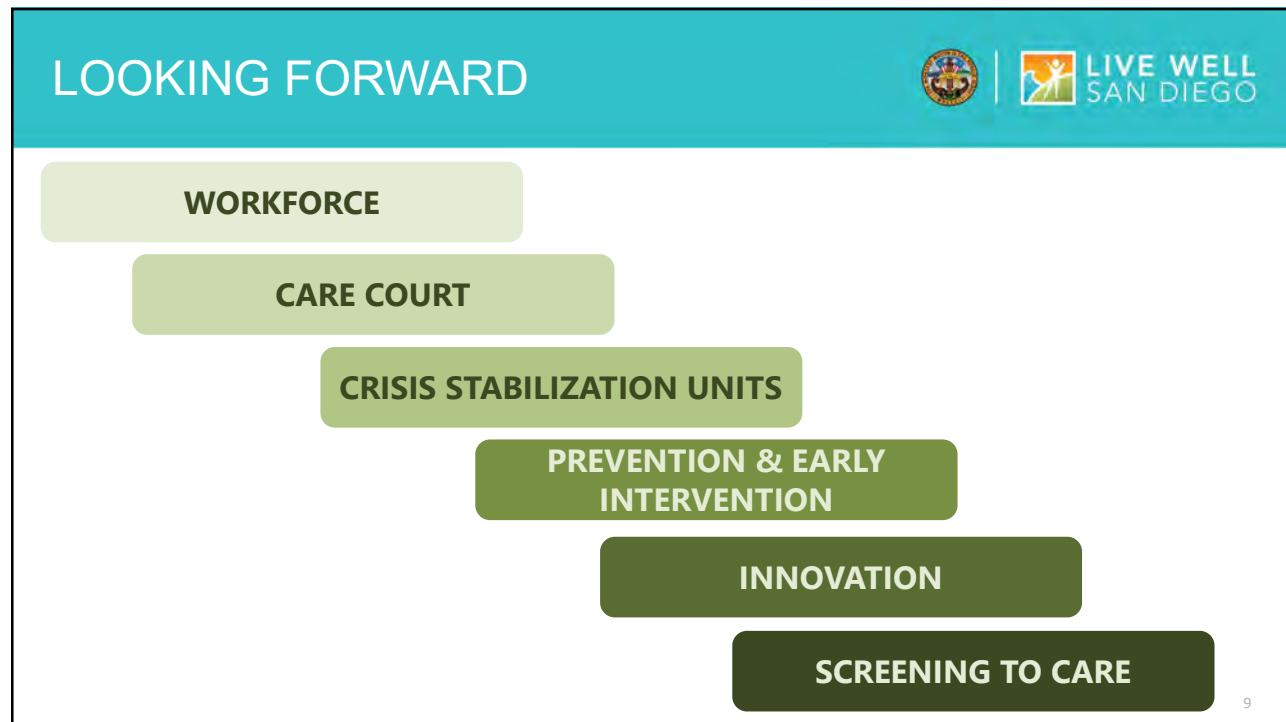
LIVE WELL  
SAN DIEGO

### ***Unserved and Underserved Populations – \$7.3M***

- Services for Clients with Justice Involvement
  - ACT Parolee
  - Behavioral Health Court
- Mental Health Services for LGBTQ+ Youth
- Commercially Sexually Exploited Children Program



8

8



9

## RECOMMENDATION





Receive and approve the MHSA Fiscal Year 2022-23 Annual Update (Annual Update) and authorize the Agency Director, Health and Human Services Agency, to submit the Annual Update to the California Mental Health Services Oversight and Accountability Commission.

10

10






## ITEM #22: MENTAL HEALTH SERVICES ACT FISCAL YEAR 2022-23 ANNUAL UPDATE

---

Nick Macchione, Agency Director, Health and Human Services Agency  
Luke Bergmann, PhD, Director, Behavioral Health Services  
Nadia Privara, Assistant Director of Departmental Operations, Behavioral Health Services

October 25, 2022



**LIVE WELL**  
SAN DIEGO

11



# 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:** October 25, 2022

**23**

**TO:** Board of Supervisors

### SUBJECT

**RECEIVE UPDATE ON THE SAN PASQUAL ACADEMY TRANSITION, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING (DISTRICTS: ALL)**

### OVERVIEW

San Pasqual Academy (the Academy) opened in 2001 and is a first-in-the-nation residential education campus designed to meet the unique needs of adolescent youth in the foster care system and to prepare them for self-sufficiency upon exiting care. Over the last six years, federal and State legislation have significantly shifted the statutory requirements for keeping children safely with families. This has resulted in sweeping legislative changes that identify home-based settings with resource families as the best placement option for youth and has reduced the reliance on and use of congregate care.

Subsequently, in response to the changing child welfare landscape, the need to build out a continuum of placement types to meet the unique and diverse needs of youth, and the input collected from the community, the San Diego County Board of Supervisors (Board) took actions on January 25, 2022 (19) and approved the continued operations at the Academy, as needed, authorized a competitive solicitation for Resource Family Homes and a Group Home at the Academy campus, authorized a competitive solicitation for Mental Health Services for the Group Home at the campus, and directed the Chief Administrative Officer to develop a plan for utilizing the campus as a continuum of care multipurpose campus to serve youth in foster care and to continue to explore options for a mixed-use campus for a combination of youth.

As a direct result of the Board's actions, the County of San Diego (County) Health and Human Services Agency (HHSA), Child Welfare Services immediately engaged in strategic planning and activities in support of a continuum of placement types that have the potential to coexist on the Academy campus. These placement types include temporary shelter care, home-based care, transitional housing, congregate care and intensive crisis settings. Today's action requests the Board receive an update on the Academy transition. Additionally, it is requested that the Board take the following actions to continue to support implementation of a continuum of care multipurpose campus:

- Authorize competitive solicitations for the Short-Term Residential Therapeutic Program and the Transitional Housing Program at the campus.

**SUBJECT: RECEIVE UPDATE ON THE SAN PASQUAL ACADEMY TRANSITION, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING (DISTRICTS: ALL)**

- Authorize the Agency Director, HHSA, or designee, to apply for future funding to support, enhance, or expand a continuum of placements and services for youth interacting with the child welfare system.

Today's proposed actions support 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 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 providing a continuum of placements, services, and supports focused on improving equitable outcomes for children and youth interacting with the child welfare system and ensuring transparency, open government, and a participatory approach to best serve the needs of our diverse communities.

**RECOMMENDATION(S)**

**CHIEF ADMINISTRATIVE OFFICER**

1. Receive the update on the San Pasqual Academy transition.
2. 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 for a Short-Term Residential Therapeutic Program at the campus, and upon successful negotiations and determination of a fair and reasonable price, award a contract 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 contract to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
3. 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 for a Transitional Housing Program at the campus, and upon successful negotiations and determination of a fair and reasonable price, award a contract 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 contract to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
4. Authorize the Agency Director, Health and Human Services Agency or designee, to apply for future funding, including grants, supplemental funding and other funding to support, enhance, or expand a continuum of placements and services for youth interacting with the child welfare system.

**EQUITY IMPACT STATEMENT**

The County of San Diego (County) Health and Human Services Agency, Child Welfare Services (CWS) partners with families and the community to prevent, reduce, and respond to child abuse and maltreatment and enhance family strengthening efforts. The youth who cannot be safely maintained in their homes with their biological families and enter foster care have often been exposed to severe complex trauma and present with significant mental and behavioral health needs that require more acute and intensive care and interventions. On average, CWS has 1,963 children ages 0-17 in out-of-home care receiving services, supports, and interventions intended to align with the level of care, supervision, and services identified to meet the needs of the child.

**SUBJECT:** RECEIVE UPDATE ON THE SAN PASQUAL ACADEMY TRANSITION, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING (DISTRICTS: ALL)

CWS is committed to working collaboratively with the community and partners to build system capacity and ensure just and equitable access to a high-quality continuum of care and settings designed to support youth in foster care in the least restrictive environment. CWS will uphold the County's commitment to transparency and open government and with an equity and empowerment lens, continues the participatory approach and engages the community to solicit ideas through every phase of the San Pasqual Academy transition. This meaningful engagement with those most impacted will provide opportunities to continuously identify perceived gaps in the continuum of services and placements, propose recommendations for consideration, and ensure youth in care have access to a robust trauma-informed continuum of care.

### **SUSTAINABILITY IMPACT STATEMENT**

The implementation of a continuum of care multipurpose campus to serve youth in foster care will further the County of San Diego's (County) Sustainability Goals of engaging communities in meaningful ways and providing just and equitable access to County services. The expanded continuum of services and placements was designed with input from former foster youth, partners of the Academy, community partners and the Child and Family Strengthening Advisory Board of San Diego County, the Foster Alumni and Youth Community Empowerment Subcommittee (FAYCES), relative caregivers and resource families, Foster Family Agencies, Short-Term Residential Therapeutic Program (STRTP) providers, Transitional Housing providers, Child Welfare Services staff, and legal and county partners. As the multipurpose campus will provide a continuum of placements and interventions on-site, it allows for seamless transitions between services. The wider availability and range of services and enhanced coordination of care provided at the campus will increase the County's capacity to provide critical services and supports and improve and sustain the health and well-being of youth in foster care. By investing in the resilience of these youth, the County is strengthening them as individuals, so they can grow into leaders for their families and neighborhoods. A community-centered approach through expanded outreach is essential and will continue throughout all phases of implementation to ensure positive long-term outcomes are achieved.

### **FISCAL IMPACT**

There is no fiscal impact in the current year associated with recommendations. It is anticipated that further appropriation and funding will be needed in subsequent years as the campus continues to be built out to accommodate the full range of services. Currently one-time realignment funds are being utilized to fund the residential Group Home component which is not otherwise eligible for federal or State funds. Health and Human Services Agency will continue to pursue federal and State funding sources as available and will include resource needs in future operational plans as funding is identified. Recommendations #2 and #3, will authorize the competitive solicitation of the Transitional Housing Program and Short-Term Residential Therapeutic Program. Funding will be identified and incorporated in future budgets beginning in Fiscal Year 2023-24. It is anticipated that funding sources will be Title IV-E and Realignment. There will be no change in net General Fund cost and no additional staff years.

### **BUSINESS IMPACT STATEMENT**

N/A

**SUBJECT:** RECEIVE UPDATE ON THE SAN PASQUAL ACADEMY TRANSITION, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING (DISTRICTS: ALL)

### **ADVISORY BOARD STATEMENT**

This item was presented to the Child and Family Strengthening Advisory Board as an informational item on September 9, 2022.

### **BACKGROUND**

San Pasqual Academy (the Academy) opened in 2001 and is a first-in-the-nation residential education campus designed to meet the unique needs of adolescent youth in the foster care system and to prepare them for self-sufficiency upon exiting care. Over the last six years, federal and State legislation have significantly shifted the statutory requirements for keeping children safely with families. This has resulted in sweeping legislative changes that identify home-based settings with resource families as the best placement option for youth and has reduced the reliance on and use of congregate care. Correspondingly, over the past six years, the County of San Diego Health and Human Services Agency (HHSA), Child Welfare Services (CWS) has experienced a 21% reduction in the number of youth in foster care and a 23% reduction in the use of congregate care. Additionally, as CWS continues to deepen prevention and family strengthening efforts, fewer youth are entering into the child welfare system. The youth who cannot be safely maintained in their homes with their biological families and enter foster care have often been exposed to severe complex trauma and present with significant mental and behavioral health needs that require more acute and intensive care and interventions.

To align with federal and State requirements for reducing the use of congregate care and to meet the current needs of youth entering into foster care, CWS engaged in collaborative planning and expanded community engagement to determine how best to utilize the Academy campus to address the changing needs of the community and prepare for a sustainable future. Input gathered from the community for potential uses of the Academy campus, proposed services, placement types, and supports, were fundamental in developing recommendations for consideration by the San Diego County Board of Supervisors (Board). Subsequently, in response to the changing child welfare landscape, the need to build out a continuum of placement types to meet the unique and diverse needs of youth, and proposals collected from the community, the Board took the following actions on January 25, 2022 (19), with regard to the Academy campus:

- Approved continued operations at the Academy, as needed, to support the transition to a continuum of care multipurpose campus.
- Authorized a competitive solicitation for Resource Family Homes and a Group Home at the campus.
- Authorized a competitive solicitation for Specialty Mental Health Services for the Group Home at the campus.
- Directed the Chief Administrative Officer (CAO) to develop a plan for utilizing the campus as a continuum of care multipurpose campus to serve youth in foster care upon receipt of further guidance from the State of California and the federal government regarding licensing standards and revenue sources; and return to the San Diego County Board of Supervisors to bring forward recommendations for implementation and resource needs.
- Directed the CAO to continue to explore options for a mixed-use campus for a combination of youth populations to include youth in foster care, youth at risk of entering foster care, unaccompanied minors and youth interacting with the juvenile justice system; and to develop a plan for implementation.

**SUBJECT: RECEIVE UPDATE ON THE SAN PASQUAL ACADEMY TRANSITION, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING (DISTRICTS: ALL)**

*Progress Towards a Continuum of Care Multipurpose Campus – Initial Stage*

As a direct result of the Board's actions, CWS immediately engaged in planning and activities in support of placement types that have the potential to coexist on the Academy campus. These placement types include temporary shelter care, home-based care, transitional housing, congregate care and intensive crisis settings. CWS prioritized planning on the initial stage of implementation focused on utilizing the campus as a continuum of care multipurpose campus to serve youth in foster care. The initial stage includes the following components:

- Residential Group Home Program
- Foster Family Agency Services
- Intergenerational Program
- Alumni Housing Program

*Current Group Home Operations*

On April 26, 2022 (12), the Board authorized an amendment to the CWS contract with New Alternatives, Inc. to increase the contract amount and extend the contract term for 11 months from May 1, 2022 through March 31, 2023 for residential/education services, Independent Living Skills, and the Intergenerational Program. Additionally, the Board authorized an amendment to the County HHSA, Behavioral Health Services (BHS) contract with New Alternatives, Inc. to extend the contract term for nine months from July 1, 2022 through March 31, 2023 for the continued provision of Specialty Mental Health Services to youth at the Academy. Maintaining the existing Group Home programming on campus supports trauma-informed transitions for youth remaining on campus, with minimal impact to their wellbeing, while working toward a transition to utilizing Resource Family Homes. As of October 3, 2022, there were 48 youth placed at the Academy and of that number, 16 are anticipated to graduate high school at the end of School Year 2022-23.

In Fiscal Year (FY) 2021-22, 14 of the 25 youth referred for placement consideration at the Academy were accepted; 13 youth were placed at the Academy and one youth chose placement in a Resource Family Home. In FY 2022-23, 22 youth have been referred for placement consideration at the Academy and of that number, six youth have been accepted, one youth chose placement in the home of a non-relative extended family member, seven youth have been assessed as not appropriate for the Academy program, and eight youth are pending a referral decision.

*New Procurement*

On April 22, 2022, CWS initiated the procurement process for the Residential Group Home Program, Foster Family Agency (FFA) Services, Intergenerational Program, and Alumni Housing Program. The procurement includes all four components to provide the following services as part of phase one of the implementation of the continuum of care multipurpose campus:

- 80 beds for the Residential Education Program (Group Home)
  - The continued operations at the Academy, as needed, will provide equitable access to the unique Group Home programming offered to meet the immediate needs of potentially appropriate youth with a planned transition to a home-based environment provided by Resource Family Homes. The annual cost for this program is approximately \$14,500,000 for 80 beds. There is no anticipated federal or State revenue for the Residential Group Home Program.

**SUBJECT: RECEIVE UPDATE ON THE SAN PASQUAL ACADEMY TRANSITION, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING (DISTRICTS: ALL)**

- 24 initial beds for FFA Services (Resource Family Homes)
  - Resource Family Homes provide opportunities for youth to step down from higher levels of care and placement into a less restrictive home-based family-like setting that can accommodate sibling placements. This component will initially consist of four cottages with a maximum of six youth per cottage for a total of 24 beds. Within a three-year timeframe, as the campus continues to transition towards a continuum of placements and services in home-based settings, it is anticipated that an additional 10 cottages will be available and designated for Resource Family Homes. The annual cost for this program is approximately \$2,000,000 for the 24 initial beds. There is anticipated federal and potential State revenue for the Resource Family Homes component.
- 14 cottages for the Intergenerational Program
  - The Intergenerational Program consists of mentoring and supports provided to the youth by older adults living on campus in exchange for reduced rent. The annual cost for this program is approximately \$81,000 for the 14 cottages. Currently, there is no anticipated federal or State revenue for the Intergenerational Program component.
- 8 cottages/10 beds for the Alumni Housing Program
  - The Alumni Housing Program provides short-term housing for youth who are former residents of the Residential Group Home and FFA programs at the San Pasqual campus and for former residents of the Academy. The annual cost for this program is approximately \$85,000 at full capacity. Currently, there is no anticipated federal or State revenue for the Alumni Housing Program component.

On August 29, 2022, the procurement process concluded and Rite of Passage Adolescent Treatment Centers and School, Inc. (Rite of Passage) was selected to be the new service provider for the Residential Group Home Program, FFA Services, Intergenerational Program, and Alumni Housing Program. Founded in 1984, Rite of Passage has extensive experience operating large, multipurpose programs and campuses in over 15 states, and uses data driven research and best practices to provide evidence-based, trauma responsive and comprehensive individualized care for vulnerable and underserved youth. The contract is anticipated to begin on November 1, 2022.

Throughout the process, CWS has partnered with BHS who also initiated and awarded a contract to support the specialty mental health needs of youth residing in the FFA Resource Family Homes on the campus. The services were infused into the Foster Family Agency Stabilization and Treatment contract with capacity to service up to 24 foster youth initially, with growth up to 36 youth in subsequent years. In addition, BHS is initiating a procurement to support the mental health wellbeing of the youth who will reside in the Group Home.

*Looking Ahead - The Next Stage*

A staged approach for full implementation of the multipurpose campus continues to be paramount to allow for comprehensive planning and fiscal analysis, identification of revenue sources, and procurement processes. Placement types that are still in the planning stage include congregate care (Short-Term Residential Therapeutic Program (STRTP)), transitional housing (Transitional Housing Program (THP)), temporary shelter care, and intensive crisis settings (Children's Crisis

**SUBJECT:   RECEIVE UPDATE ON THE SAN PASQUAL ACADEMY TRANSITION,  
AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE  
APPLICATION FOR FUTURE FUNDING (DISTRICTS: ALL)**

Residential Program). Building out these placement types also requires additional planning, continued community engagement, and collaborative partnerships to ensure successful and sustainable outcomes.

Of the four components slated for the next stage of implementation, the STRTP and THP are projected to follow with a procurement process that is anticipated to begin in the spring of 2023 and implementation planned for FY 2023-24. An STRTP is a licensed and accredited residential facility that provides short-term, specialized intensive and therapeutic 24-hour care, supervision, and intervention to youth. In addition, an STRTP offers Specialty Mental Health Services, which is achieved through a partnership and companion contracts through BHS. When fully operationalized, the STRTP is expected to serve 16 youth ages 12 to 18. The cost of the program is determined by the STRTP rate established by the California Department of Social Services and is adjusted annually to reflect the California Necessities Index increase. There is anticipated federal revenue and potential State revenue for the STRTP component.

The THP provides up to 36 months of subsidized housing for non-minor dependents in foster care ages 18-21 years and former foster youth ages 18-25 years. The program is designed to support independence and the various transitional needs of current and former foster youth. When fully operationalized, the THP is expected to serve 18 program participants. There is anticipated federal revenue and potential State revenue for the THP component.

Recent State legislation provides opportunities to access available grants and funding in support of alternative, therapeutic, family-based placement options, enhanced treatment and placement settings, and building system capacity to provide a robust highly integrated continuum of services designed to serve youth in foster care with the highest acuity needs in the least restrictive care environment. CWS will continue to monitor current and future funding opportunities, explore with partners additional opportunities to layer available funding from various sources, and seek collaborative grant-funding opportunities to ensure long-term positive community outcomes.

As the transition to a multipurpose campus continues, CWS will report significant developments to the Board and return as needed to bring forward additional recommendations for implementation and resource needs. Additionally, CWS continues to explore options for a mixed-use campus for a combination of youth populations to include youth in foster care, youth at risk of entering foster care, unaccompanied minors and youth interacting with the juvenile justice system. CWS will expand community engagement and solicit ideas from communities and stakeholders most impacted by the option for a mixed-used campus to collectively develop a plan for implementation for Board consideration. Today's item requests the Board to receive the update on the Academy transition; authorize a competitive solicitation for the STRTP and the THP at the campus, and authorize the HHSA director or designee, to apply for future funding, including grants, supplemental funding and other funding to support, enhance, or expand the continuum of placements and services for youth interacting with the child welfare system.



**SUBJECT:** RECEIVE UPDATE ON THE SAN PASQUAL ACADEMY TRANSITION,  
AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE  
APPLICATION FOR FUTURE FUNDING (DISTRICTS: ALL)

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

Today's proposed actions support the Sustainability (Economy and Resiliency), Equity (Health and Housing), and Community (Engagement, Quality of Life, Communications, and Partnership) initiatives in the County of San Diego's 2022-2027 Strategic Plan, as well as the regional *Live Well San Diego* vision of healthy, safe and thriving communities, by providing equitable opportunities for youth to access a continuum of placements and services that meet their unique and diverse needs and achieve healthy and successful outcomes.

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  
Chief Administrative Officer

**ATTACHMENT(S)**

N/A

## ITEM #23: RECEIVE UPDATE ON THE SAN PASQUAL ACADEMY TRANSITION, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING

Nick Macchione, Agency Director, Health and Human Services Agency

Kimberly Giardina, DSW, Director, Child Welfare Services, Health and Human Services Agency

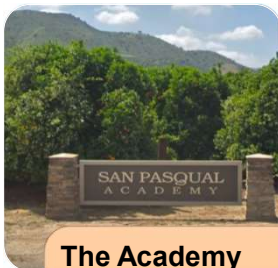
Alfredo Guardado, Assistant Director, Child Welfare Services, Health and Human Services Agency

October 25, 2022



1

## BACKGROUND



### The Academy

- Residential education campus opened in 2001



### Legislation and Statutory Changes

- Increase home-based settings
- Reduce congregate care



### Community Input

- Proposals for potential use of campus
- Feedback on services and placements

2

## RECENT ACTIONS TAKEN



Board actions taken on January 25, 2022, with regard to the San Pasqual campus:

- Approved continued operations at the Academy
- Authorized the procurement for:
  - Resource Family Homes and a Group Home at the campus
  - Specialty Mental Health Services for the Group Home at the campus
- Directed the Chief Administrative Officer to:
  - Develop a plan for utilizing the campus to serve youth in foster care
  - Explore options for utilizing the campus for a combination of youth populations

3

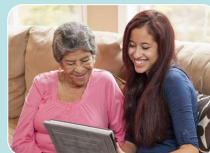
## INITIAL STAGE OF TRANSITION



**Residential Group  
Home Program**



**Foster Family  
Agency  
Services**



**Intergenerational  
Program**



**Alumni  
Program**

4

## CURRENT ACADEMY OPERATIONS



LIVE WELL  
SAN DIEGO

### Youth Population as of October 3, 2022

- 48 youth placed at the Academy
- 16 youth are anticipated to graduate high school at the end of the School Year

### Fiscal Year 2022-23 Referrals

22 referrals  
submitted

6 youth  
accepted

1 youth opted  
for an alternative  
placement

7 youth  
determined not  
appropriate

8 youth under  
assessment

5

## NEW PROCUREMENT



LIVE WELL  
SAN DIEGO



### Residential Group Home Program

80 Beds

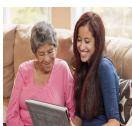
24-hour care and supervision/group home programming



### Foster Family Agency Services

24 Initial Beds

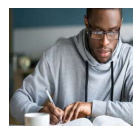
Home-based family care placement settings



### Intergenerational Program

14 Cottages

Mentoring and supports from older adults



### Alumni Program

8 Cottages/10 Beds

Short-term housing for alumni youth

6

## SUPPORTING PROCUREMENTS



LIVE WELL  
SAN DIEGO

### Behavioral Health Services

Secured a contract to support specialty mental health needs of youth residing in the Resource Family Homes on campus

Initiated a procurement to support the mental health well-being of youth in the Group Home



7

## NEW SERVICE PROVIDER



LIVE WELL  
SAN DIEGO

### Rite of Passage Adolescent Treatment Centers and School, Inc.



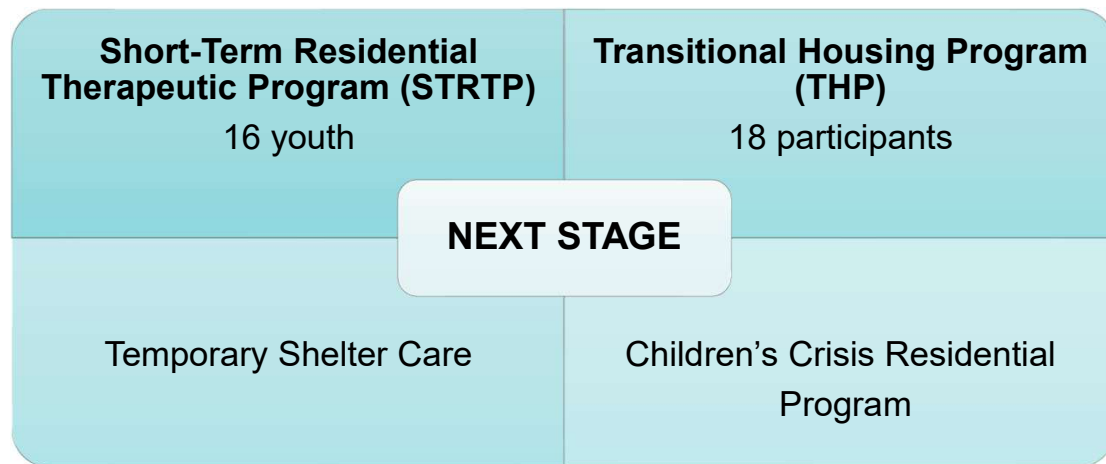
- Extensive experience operating large, multipurpose programs and campuses in over 15 states
- Utilizes data driven research and best practices to provide evidence-based, trauma responsive and comprehensive individualized care for vulnerable and underserved youth.

8

## NEXT STAGE



LIVE WELL  
SAN DIEGO



9

## RECOMMENDATIONS



LIVE WELL  
SAN DIEGO

1. Receive the update on the San Pasqual Academy transition.
2. Authorize a competitive solicitation for a Short-Term Residential Therapeutic Program at the campus.
3. Authorize a competitive solicitation for a Transitional Housing Program at the campus.
4. Authorize the Agency Director to apply for any additional funding opportunities to support, enhance, or expand a continuum of placements and services for youth interacting with the child welfare system.

10



ITEM #23: RECEIVE UPDATE ON THE SAN PASQUAL ACADEMY TRANSITION,  
AUTHORIZE COMPETITIVE SOLICITATIONS, AND  
AUTHORIZE APPLICATION FOR FUTURE FUNDING

Nick Macchione, Agency Director, Health and Human Services Agency

Kimberly Giardina, DSW, Director, Child Welfare Services, Health and Human Services Agency

Alfredo Guardado, Assistant Director, Child Welfare Services, Health and Human Services Agency

October 25, 2022



LIVE WELL  
SAN DIEGO



# 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

September 29, 2022

TO: Behavioral Health Advisory Board (BHAB)

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

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

### **EXCITING UPDATES**

#### **Board Approves Continuum of Care Update and the Optimal Care Pathways (OCP) Model**

The County has been working on building a better behavioral health system with the vision of shifting a system driven by crises to one driven by chronic or continuous care and prevention to better provide whole person supports to the community. This transformation is referred to as the Behavioral Health Continuum of Care. To advance this vision, Behavioral Health Services (BHS) is using data to identify the barriers in care and making key strategic investments to fill those gaps.

BHS recently debuted the Behavioral Health Optimal Care Pathways (OCP) model which identifies system deficits as well as the solutions to provide support to clients with unique needs. The OCP model is a data-informed algorithm that calculates the ideal state of our behavioral health system by using data to paint a picture of the current system and identify exactly what is needed in terms of additional services, capacity, and infrastructure in order to fully meet the need in San Diego County.

The model proposes a rebalanced continuum that removes barriers for individuals trying to access care, reduces cost, and most importantly, promptly connects people to the care they need to ensure long-term wellness.

It also redefines long-term care by expanding it to include community-based services that provide continuous care and housing to people with behavioral health conditions who may have other complex health conditions that prevent them from living safely in the community, with an emphasis on providing care for them in the least restrictive setting. By establishing these new and expanded care pathways, we can alleviate existing system bottlenecks and divert individuals from unnecessary admittance into expensive acute care.

BHS is excited to introduce the OCP model to the Board and the community with anticipation that it will inform the next phases of transformation of our behavioral health care system to ensure parity and equity in services across the continuum.



### **Board Approves Central Region Hub at Alvarado Hospital**

On August 30, the Board of Supervisors (Board) approved recommendations to establish 44 dedicated psychiatric inpatient beds, along with emergency psychiatric and crisis stabilization services for individuals who are Medi-Cal eligible at Alvarado Hospital, thereby establishing the Central Region Behavioral Health Hub which was previously planned for a vacant parcel of land at Third Ave. This nimble shift in strategy enables the County to establish a substantially equivalent service at much less expense and much more expediently, by bringing in Alvarado Hospital as an additional and physically anchoring partner. This action also enables the County to acute inpatient care capacity from the San Diego County Psychiatric Hospital, which is subject to the Institution of Mental Disease (IMD) Medicaid revenue exclusion, to Alvarado, a General Acute Care Hospital, allowing the County to realize operational efficiencies and optimize available revenues.

This partnership builds on the existing clinical planning and design collaboration that BHS has been working on with leadership from University of California San Diego (UCSD) Health over the last couple of years. As planned, UCSD will provide medical direction and clinical oversight for the clinical operations at the Central Region Hub, and will also bring clinical training capacity, innovative interventional services, and other academic activities into the fold. The County remains the driver of capital investment, the primary health plan and payor, and is working to ensure care is coordinated across the continuum for Medi-Cal enrolled patients. This collaboration is a unique and exciting opportunity to advance the behavioral health continuum of care in a relatively expeditious manner and improves access to critical inpatient and stabilization services for vulnerable adults countywide who are experiencing a behavioral health crisis.



### **EDGEWOOD DISTINCT PART SKILLED NURSING FACILITY (EDGEWOOD) UPDATE**

#### **Accomplishments**

A County of San Diego (County) Annual Blood Drive was held at Edgewood on Thursday, April 7<sup>th</sup> and was one of the most successful blood drives on record. Our goal was to collect 25 pints and we collected 31 pints, the equivalent of saving 93 lives. The County has an overall goal of 500 donations, and about 30 Edgewood employees donated towards that goal.

In May 2022, Edgewood celebrated National Skilled Nursing Care Week and Nurses Week with a special gathering and presentation which included awarding the Nurse of the Year and Certified Nursing Assistant (CNA) of the Year.

Edgemoor has been recognized by Newsweek Magazine as one of the “Best Nursing Homes” for 2023, rated number two in California. Edgemoor rated number three in California for 2022 and number one in 2021 and 2020.

### **COVID-19 Update**

The COVID-19 pandemic remains at the forefront of operations at Edgemoor, as it continues to follow and implement the guidance of various local, state, and federal health organizations. Current precautions include restrictions on indoor visits dependent on vaccination status and testing, staff and contractor vaccine and booster mandates, entrance screenings which include temperature checks, masking, on-going staff education, communication with resident and families/responsible representatives, and response and surveillance testing of residents, staff, and contractors.

According to state requirements, Edgemoor continues to maintain a wing that is designated as a COVID unit for the facility. The COVID unit has been periodically utilized since its establishment.

### **Facility Improvements**

The planning and development of a 12-bed acute psychiatric facility into the existing floor plan of Edgemoor remains on-going. Construction is expected to begin in December 2023. Licensure of this new acute unit will provide continuity of care and access for patients from the skilled nursing facility for stabilization. Edgemoor will be licensed as a distinct part skilled nursing facility of the new unit and will no longer be under the San Diego County Psychiatric Hospital's license. Licensure will require approval by the California Department of Public Health (CDPH) and the Department of Health Care Access and Information (HCAI).

Additional facility improvements currently underway include a facility flooring project; and upcoming facility projects include remodeling in the kitchen, roofing, cooling tower replacement, parking lot resurfacing, sewage pumps, and other repairs.

Finally, several IT projects are underway including a NetSolutions application/database upgrade, Payroll Based Journaling (PBJ) Custom Solution, CareTracker Database Update, Dietary Software, NetSolutions Enhancements, and a Network Redundancy Update. Peraton and County IT are also addressing user experiences related to connectivity.

### **Recruitment and Hiring**

Edgemoor continues to recruit and hire for open positions within the facility. Human Resources has given special focus on the hiring process for nursing staff which has supported filling of open positions.

Retention of Edgemoor's workforce is also a priority. During the fourth quarter Edgemoor had 13 employees recognized for five years of service; five employees with ten years of service; three employees with fifteen years of service; and three employees with twenty years of service.

## **SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL (SDCPH)**

### **Administration Change: Welcoming a new SDCPH Assistant Medical Services Administrator**

Taylor Herron has been appointed as the Assistant Medical Services Administrator of SDCPH effective August 26, 2022. Taylor started her County service in 2013 as a Certified Recreational Therapist working in the SDCPH Recreation Therapy Department. In that role, she served as a direct care provider on several acute care and long-term care treatment teams, specializing in collaborating with other disciplines to develop effective plans of care and individualized behavioral plans. During this time, she served as a member of the Joint Commission Readiness Committee and was one of the subject matter experts for implementation of the new electronic medical record.

In 2021 Taylor was promoted to Recreation Therapy Supervisor where she supervised SDCPH's Recreation Therapy Department and provided oversight to clinical programming across disciplines. In that role, she led efforts to redesign clinical programming for patient care; and fostered collaborative partnerships with Department of State Hospitals, long term care facilities and local Lanterman-Petris-Short (LPS) Act (LPS) facilities to define and design best practices in patient clinical care throughout San Diego County. Taylor has served on the facilitation team for Culture of Safety, focusing on safe practices, decreasing aggressive acts in the hospital, and enhancing staff retention. She has also assisted the Hospital Administrator in developing a Train the Trainer Culture of Safety course that develops future leaders within the hospital and promotes positive workforce change.

Taylor's strengths include developing cohesive teams through team building and enhanced collaboration. She is a champion for change in creating healthy work environments; has strong clinical decision-making skills; has a passion for developing and implementing best practices that support mental health; and is skilled at identifying and addressing risks to enhance the safety of staff and patients.

### **Achievement**

SDCPH was chosen by the California Hospital Association to present at the annual Disaster Conference on Active Shooter Training for Hospitals. This presentation is a collaboration with the San Diego County Sheriff's Department.

### **Programming**

Medication Assisted Treatment (MAT) is now available at SDCPH, offering both maintenance and induction of suboxone. In addition, SDCPH is implementing harm reduction efforts including supporting access to Narcan.

### **Enhanced Care Coordination**

Enhanced Care Coordination, in collaboration with BHS Case Management and NAMI Next Steps, has continued at SDCPH. Several patients have received care coordination treatment which resulted in reduced hospital admissions and an increase in community stabilization. The enhanced care coordination team continues to expand and offer services within the hospital which includes weekly treatment team meetings. The enhanced care coordination team has also received training in partnership with SDCPH Education Department on Crisis Prevention Intervention (CPI) safety protocols. Both SDCPH and the enhanced care coordination team is working directly with health plans and aligning services to the new CalAIM structure.

### **COVID-19 Pandemic Update**

The hospital continues to slow the spread and reduce the impact through various continued infection control efforts. Nurses continue to offer and administer the COVID-19 vaccines and boosters to hundreds of patients who arrive at SDCPH. Weekly COVID-19 testing occurs with patients to assist with the containment of the illness once detected. Masks remain in effect for healthcare facilities. The hospital continues to screen staff, patients, and visitors prior to coming into the hospital.

## **BHS SPECIAL EVENTS AND ANNOUNCEMENTS**

### **Check Your Mood**

We are excited to announce that [Check Your Mood Day](#) will take place on October 6, 2022, in conjunction with National Depression Screening Day. The purpose of this annual event is to engage and encourage San Diegans to monitor and assess their emotional well-being. Getting screened for depression is an important part of healthcare checkups, much like getting your blood pressure checked or being screened for heart disease or diabetes. Join other community members across San Diego County to get FREE mental health resources, take the online Check Your Mood screening, and

participate in our social media campaign to raise awareness about mental health! We all play a role in supporting good mental health. How will you support the Check Your Mood campaign this year? For more information or questions, please visit [www.CheckYourMoodSD.org](http://www.CheckYourMoodSD.org) or email us at [checkyourmood@sdcountry.ca.gov](mailto:checkyourmood@sdcountry.ca.gov).

### **Combined Councils Bi-Annual Meeting**

The Children, Youth and Families, Transition Age Youth, and Adult Councils will host their next Combined Councils bi-annual meeting virtually via Zoom on October 10, 2022, from 10:00 A.M. to 11:30 A.M. The focus of the meeting is Fentanyl Awareness. To attend the meeting please register at the following link: <https://us06web.zoom.us/meeting/register/tZIpceCggz8jHNeL0sl8K35EcZvQ9vUAerD>.

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 and Finance Officer



# 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

October 28, 2022

TO: Behavioral Health Advisory Board (BHAB)

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

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

### **BHS COMMUNITY ENGAGEMENT UPDATE**

As the COVID-19 pandemic continues, organizations across the globe and across various industries have and continue to evaluate and redefine how they operate. At the County of San Diego (County), a key shift that has occurred is the re-envisioning of the County's General Management system (GMS). The GMS is a comprehensive operational guide that applies management principles to County operations to ensure the best service provision to people in the region. In the last several months, the County has reimagined its operational approach to planning and decision making by integrating the GMS with the updated [Strategic Plan](#) adopted by the San Diego County Board of Supervisors (Board) earlier this year. This takes the GMS in a direction that is reflective of today's communities while preserving the core management principles of strategic planning, operational accountability, enterprise-wide collaboration, and employee connection.

The County's Strategic Plan and GMS are guiding governance documents for County agencies including the Health and Human Services Agency (HHS) and at the core of the GMS is community engagement. This has always been a part of HHS's work; however, this shift now embeds community engagement in the County culture and puts it at the center of our operations. The centering of community engagement recognizes the importance of partnering and collaborating with stakeholders to inform programs, services, and resources provided by the County.

Over the last several months, BHS has worked to examine existing and emerging resources at the departmental, Agency, and enterprise levels to identify mechanisms and opportunities to increase awareness and improve community understanding of behavioral health resources and Continuum of Care (CoC) priorities. Based on lessons learned through the current pandemic and feedback received by BHAB, the department has expanded the scope of work for its Community Engagement Services contract with the University of California, San Diego (UCSD), and is also actively evaluating how this contract may augment the work of other current contracts designed to support community engagement including communication, media, outreach, and education efforts. These assessments have occurred in tandem with BHS' continued department reorganization, through which community engagement efforts are being transitioned to a new, centralized team to enhance coordination throughout BHS and provide more dedicated support for year-round activities related to the Mental Health Services Act (MHSA) Community Program Planning (CPP) Process. Activities and resources described below have been identified through this preliminary review as mechanisms and/or opportunities to broaden and

enhance the department's community engagement beyond existing BHS programs, contracts, and staff efforts.



County of San Diego GMS reimagined

### **COLLABORATING WITH TEAMS ACROSS HHSA**

In addition to bolstering the department's workforce dedicated to community engagement, BHS is identifying new ways to collaborate with staff in other HHSA departments to collectively optimize community engagement. In particular, BHS is in the process of threading closely with the Office of Equitable Communities housed within HHSA's new Department of Homeless Solutions and Equitable Communities, as well as the *Live Well San Diego* Support Team. Both groups possess an array of opportunities through activities and platforms that they oversee to embed, cross-thread, and increase the dissemination of behavioral health information and resources to the community. A broad overview of their work is described below, in addition to specific opportunities for collaboration with BHS that have already been identified and/or are underway.

### **HHSA Department of Homeless Solutions and Equitable Communities (HSEC)**

HSEC was established in July 2021 at the direction of the Board and builds upon HHSA's regional service delivery model previously in place before the advent of the COVID-19 pandemic. HSEC's mission is to ensure equity among all San Diegans, foster a community that is welcoming to new residents, and reduce homelessness in the region. Three separate offices within HSEC direct programs and services to ensure equitable access to vital resources for communities and individuals from all walks of life. Offices within HSEC include the Office of Homeless Solutions (OHS), the Office of Immigrant and Refugee Affairs (OIRA), and the Office of Equitable Communities (OEQC).

OHS coordinates efforts to prevent and address homelessness, designs and implements evidence-based programs, and provides outreach and case management to individuals experiencing homelessness. OIRA leads HHSA's immigrant and refugee affairs and collaborates with the community and local resettlement agencies to provide resources and information through a variety of activities countywide to support immigrants. Lastly, OEqC focuses on enhancing community engagement and collaborating and devoting efforts to meet the needs of underserved communities, with a focus on embracing diversity, social and health equity, economic inclusion, and poverty reduction. Dedicated



OEqC staff are based throughout the county in communities to serve as the primary contact for partners and residents.

**Related Opportunities:**

- *Work with Regional Community Coordinators (RCC)*

Within OEqC, there are six new Chief, Departmental Operations positions dedicated to advancing and building upon existing and emerging community engagement efforts. These individuals focus solely on the priorities of a single HHSA region, are headquartered within the community, and are knowledgeable and representative of their assigned region. RCCs serve in an executive liaison capacity and are a central point of collaboration for stakeholders. BHS is working closely with each RCC to create and refine tailored, region-specific approaches and resources that reflect the cultural and linguistic needs of each region's communities and address stakeholder priorities and requests. The department is also working with each RCC to ensure they are aware of BHS programs, services, and CoC projects and facilities supporting their individual regions. BHS is collaborating with RCCs this winter to host educational opportunities within each region on illicit fentanyl, opioid overdose prevention education, and/or other substance use prevention topics.

- *Engage Regional Community Leadership Teams*

OEqC is also responsible for the facilitation of the County's longstanding Regional Community Leadership Teams (CLT). A total of five CLTs (Central, South, East, North Central, and North County) comprised of community leaders and stakeholders are hosted throughout San Diego County and exist to collaboratively assess, develop, and guide priorities and activities to improve the well-being for their respective region. These teams are co-led by one or two community leaders and the RCC for the HHSA region. Each regional CLT helps to identify and actualize goals and objectives in alignment with the County's *Live Well San Diego* vision. All CLTs have identified mental health and/or substance misuse as an area of concern and are in the process of launching dedicated subcommittees to advance unique efforts to improve behavioral health for individuals living in their specific region. There is also a weekly newsletter and Facebook page for each CLT. Region-specific content for both of these communication platforms is informed by CLT members in collaboration with OEqC staff.

- *Equip New Community Health Workers*

OEqC's recently added new staff positions to specifically expand capacity for outreach and education and ensure unserved and underserved populations receive critical updates, including information on behavioral health resources and services. New positions include vacancies for the County's new [Community Health Worker](#) (CHW) job classification, approved earlier this year in addition to the County's new [Peer Support Specialist](#) (PSS) job classification. These new positions aim to uplift and increase the County's utilization of more grassroots approaches to community engagement led by experts with lived experience and/or intimate knowledge of a particular race/ethnicity, community of shared identity, and/or geographic region.

CHWs support community engagement and public health by serving as an intermediary and connecting directly with individuals, families, and care and community organizations to provide navigational support, facilitate access to services, and improve the quality and cultural competence of service delivery. CHWs and CHW Liaisons for specific race/ethnicity populations and community groups, including but not limited to, Black and African American, Hispanic, Asian and Pacific Islander, refugee and immigrant populations, and the LGBTQ+ community are in the process of being hired. As these additional team members are onboarded, BHS is working to equip these staff with the BHS and behavioral health knowledge and materials to help stakeholders get involved and stay informed of CPP and other community activities. This threading will help foster connections with stakeholders and inform access to behavioral health care.

### **HHSA Office of Strategy and Innovation**

HHSA's Office of Strategy and Innovation (OSI) is comprised of communications, health promotion, data, and operations specialists who work together to lead and support *Live Well San Diego* strategies and outcomes for County departments and the community. OSI acts as both a County facilitator and a backbone organization for the [Live Well San Diego](#) vision to help stakeholders make connections and leverage partnerships to maximize impact in the community and across the County enterprise. Staff lead a variety of efforts to connect organizations throughout the region, empower stakeholders with comprehensive data to inform decision-making, and facilitate collaborative opportunities year-round to provide updates and involve partners in the vision to create a just, sustainable, and resilient region that is healthy, safe, and thriving.

One of the larger teams within OSI is the *Live Well San Diego* Support Team (LWSD ST). This team supports and connects partners through community sector-specific telebriefings and communications, large summits and networking opportunities throughout the calendar year, and also provides education and technical assistance on well-being related topics. It is also responsible for administrative management of LiveWellSD.org, the *Live Well San Diego* Newsletter, *Live Well San Diego* accounts on Facebook, YouTube, Instagram, Twitter, and Tik Tok, and other key countywide resources.

### **Related Opportunities:**

- *Inform Content Available thru LiveWellSD.org*  
The robust [LiveWellSD.org](#) website presents an opportunity to highlight the work of behavioral health partners and thread key efforts and resources in the region. BHS is collaborating with the LWSD ST to explore and design a Behavioral Health “[Topics](#)” page based on stakeholder expressed interests. Pages focused on health equity, healthy food systems, worksite wellness, healthy schools, and aging are already available through the site. A “Behavioral Health” Topic page would supplement BHS’ existing webpages that primarily focus on programs and services and present an opportunity to further feature the department’s longstanding “[It’s Up to Us](#)” campaign, [countywide prevention initiatives](#), as well as other community-led and community-based activities for stakeholders to learn, become involved, and increase their personal behavioral health literacy.
- *Engage Live Well San Diego Sectors*  
Health promotion staff within the LWSD ST coordinate and facilitate recurring sector-specific telebriefings and newsletters to keep stakeholders informed of County public health guidance and recommendations, resources, best practices, and opportunities for networking and collaboration. Primary *Live Well San Diego* Sectors include: Community-Based, Faith-Based and Rural Organizations; Businesses, Youth, and Education both K-12 and institutes for higher education. BHS is working with LWSD ST staff to develop a system for integrating behavioral health information and BHS updates into telebriefings and newsletters on a rolling basis.
- *Increase Accessibility to Behavioral Health Education and Resources*  
The LWSD ST leads coordination of the *Live Well San Diego* Speakers’ Bureau (SB) Program and Live Well on Wheels (LWOW) Mobile Office Program. These two programs provide additional mechanisms to share behavioral health education and resources with community members, particularly those living in more rural, harder-to-reach areas of the county. The SB Program is a free program to help residents better understand their overall health through 30-60 minute tailored in-person or virtual presentations. Interpreters are available to assist with presentations in multiple languages. LWOW buses are fully equipped to offer a variety of materials and resources and can be requested by stakeholders to participate in community-based events to help bring resources out and to the community where people are. BHS is working with the LWSD ST to enhance the department’s ability to track, triage, and respond to stakeholder requests for behavioral health-related presentations through the SB Program and also looking at behavioral health resources via



LWOW buses. Most recently the department has discussed how LWOW buses may support the County's Comprehensive Harm Reduction Strategy and distribution of naloxone.

- *Collaborate with Youth Advocates*

BHS is also working to increase visibility to behavioral health topics, programs, and concerns through collaborations with the *Live Well San Diego* Youth Sector and young advocates on its Youth Leadership Team, established in 2021 following Board approval in October 2020. The Youth Sector was added to the *Live Well San Diego* vision to empower, engage, and amplify youth voices. Youth ranging in age from 16-24 years old collaborate to organize and lead youth-focused conversations and events that facilitate a space for open discussions affecting youth and young adults. Youth advocates are also responsible for the development of social media content for *Live Well San Diego's* Instagram and Tik Tok accounts.

BHS is working with the Youth Sector on an ongoing basis to identify relevant activities to highlight behavioral health topics to diverse youth throughout the region, gather feedback on BHS programs and services for children, youth, and families, and promote information to the community on Instagram and Tik Tok. Recent collaborations have included a youth-led "*Let's Talk Mental Health*" Instagram Live series, promotion of [Check Your Mood Day 2022](#), and conversations about how to best message to youth about substance use, illicit fentanyl, and overdose prevention. Youth participating in the sector's Youth Leadership Team will be coordinating a series of school-based town halls and workshops this winter in collaboration with BHS to share substance use prevention content and educate their peers and the community. Youth from the new *Live Well San Diego* Equity Ambassador Program will also be collaborating on the town halls by developing outreach content and assisting with promotion.

*2022 Live Well Advance*

Among the numerous countywide annual events implemented by the LWSD ST, the Live Well Advance (Advance) is perhaps the largest and most comprehensive. The Advance brings thousands of partners and stakeholders together to network, learn about new tools and best practices, and participate in breakout sessions, workshops, and interactive activities. Leaders from every sector gather to participate in efforts to advance the *Live Well San Diego* vision. The County of San Diego also hosts a parallel conference in partnership with the San Diego County Office of Education focused on student well-being and engagement. The Advance will return to an in-person format on December 7, 2022, and focus on a variety of important topics, including mental health and preventing substance misuse.

Based on stakeholder feedback, BHS is working closely with the LWSD ST to feature key sessions and exhibitors to discuss priority behavioral health topics and resources. This year's agenda and content are still being finalized, however, participants can expect sessions related to illicit fentanyl, harm reduction and naloxone, crisis and diversionary services, stigma reduction, behavioral health workforce challenges, community input for the MHSA CPP Process, partnerships for behavioral health equity, how creative arts can support therapy and recovery, and several other behavioral health-related discussions. This year's Advance is anticipated to draw more than 4,500 attendees, the largest attendance of record for the event to date.

**NEW ENTERPRISE-WIDE RESOURCES LAUNCHING**

At the County level, there are also several efforts in progress to support the update to the GMS and enable departments and teams across the County enterprise to enhance community engagement. BHS is working with colleagues within the County Communications Office, County Technology Office, and Office of Equity and Racial Justice to explore how approaches to overlapping priorities can be integrated to produce the best and most comprehensive experiences for stakeholders. This is particularly relevant

to BHS' departmental efforts to ensure programs and service information and delivery are as inclusive and equitable as possible.

### **Related Opportunities:**

- **Leveraging Countywide Communications Resources**

As part of the Board's Framework for the Future, the Board approved the development of a working group of communications stakeholders to create an enterprise-wide communications strategy and plan to ensure equitable, culturally responsive, inclusive, and trauma-informed processes for creation and distribution of County documents and communications. Key outcomes and components of this work included the establishment of a Language Services team within the County Communications Office and investments by the County to enhance its capacity to translate and interpret information. BHS is consulting with members of this team to assess key updates to enhance translation of departmental materials.

- **County Technology Office - Digital Experience Team**

A new Digital Experience Team has also been established within the County Technology Office. This group is charged with working with departments and teams throughout the enterprise to evaluate and improve information and resources provided to the community digitally. BHS is consulting with members of this team to assess key updates for existing departmental websites to improve community accessibility and eliminate communication or language barriers.

- **Countywide Online Engagement Platform**

The County has recently invested in an online engagement platform to provide an additional resource to community members wanting to stay informed and engaged with specific County of San Diego projects. The platform will be used across all business groups within the County enterprise, including HHSA. It is a dedicated public participation tool that facilitates ongoing interactions and bi-directional communication in the virtual space, providing access to project event notifications, forums, polls, questionnaires, and other opportunities for community input. Stakeholders will be able to complete a free, one-time registration process at <https://engage.sandiegocounty.gov/register> and receive updates on projects of interest to them. As HHSA launches its section of this new platform, BHS will be able to provide project-specific pages for stakeholders to learn and be engaged with various CoC-related projects and community conversations, including MHSA stakeholder trainings and other activities that support the CPP Process.

BHS will continue to engage and collaborate with BHAB on community engagement opportunities and connect members to broader engagement efforts within the HHSA enterprise.

### **BHS SPECIAL EVENTS AND ANNOUNCEMENTS**

#### **Screening to Care Initiative Request For Proposal (RFP) 11615**

This program was created to address mental health treatment needs of middle school students regardless of insurance status. Proposals are due November 18, 2022. The full RFP packet can be accessed on BuyNet at <https://buynet.sdcounty.ca.gov/>

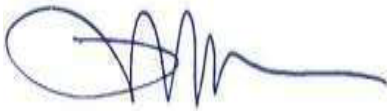
#### **Save the Date: December 7, 2022, Live Well San Diego Advance Conference & School Summit**

The 7<sup>th</sup> Annual Live Well Advance Conference and School Summit will be held in-person on Wednesday, December 7, 2022, at the San Diego Convention Center. This year's theme is Building an Equitable Future. The Conference brings thousands of partners and stakeholders together to network, learn about new tools and best practices, and participate in breakout sessions. Leaders from every sector come together to participate in efforts to advance the shared vision of a healthy, safe, and thriving San Diego Region. Registration to attend the event will be opening soon.

**Tri-City Psychiatric Health Facility (PHF) Groundbreaking**

On Monday, October 17<sup>th</sup> the County and Tri-City Healthcare celebrated the groundbreaking of the new Tri-City PHF in Oceanside. Located at the western edge of the Tri-City Medical Center campus, the new 13,560 square foot, 16-bed facility will provide psychiatric inpatient care to address the region's need for behavioral health services. The County of San Diego and Tri-City Medical Center partnered to plan, design, and build the new facility, which will complement other available services in the region, including the County's Mobile Crisis Response Teams (MCRT) and the two Crisis Stabilization Units (CSU's) in Vista and Oceanside. The County will fund the initial development and construction of the \$27.6 million facility, and Tri-City will repay half of the construction costs through a devotion of land for the project and services within the new facility. Once operational, services will be jointly funded by the County and Tri-City. Construction of the project is set to begin in November and is slated for completion in February 2024.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'LUKE BERGMANN', with a stylized flourish extending to the right.

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

# Children, Youth and Families

## SERVICES DIRECTORY



[Click here to access the document](#)

### BEHAVIORAL HEALTH SERVICES

3255 CAMINO DEL RIO SOUTH, SAN DIEGO, CA 92108 | 619-563-2700

[Health & Human Services Agency \(sandiegocounty.gov\)](https://www.sandiegocounty.gov) [Behavioral Health Services \(sandiegocounty.gov\)](#)



## Overview:

Student Behavioral Health Incentive Program (SBHIP)

# Representing the 6 Participating San Diego Managed Care Plans

Presenters:

Verna Gant – NAMI San Diego  
Micaela Cunningham – NAMI San Diego  
Kathleen Lang – Health Net  
Community Solutions  
Alexandra Mays – Kaiser

**CYF Council**  
**November 14, 2022**

## LOCAL EDUCATION AGENCIES

Alpine Union School District  
Juvenile Community Courts Schools  
San Diego Unified School District  
Santee School District  
Vista Unified

San Diego County (SDC) Office of Education  
San Diego County (SDC) School Board Association

# HEALTHY SAN DIEGO OVERVIEW

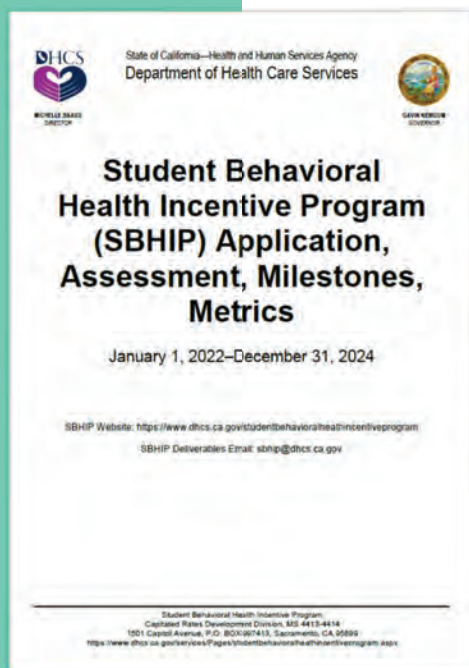
## Participating Health Plans



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



# PROGRAM OVERVIEW



## STUDENT BEHAVIORAL HEALTH INCENTIVE PROGRAM

# OBJECTIVES

- **Break down silos and improve coordination** of child and adolescent student behavioral health services through increased communication with schools, school affiliated programs, managed care providers, counties, and mental health providers.
- **Increase the number of TK-12 students** enrolled in Medi-Cal **receiving behavioral health services** through schools, school-affiliated providers, county behavioral health departments, and county offices of education.
- Increase non-specialty **services on or near school campuses**.
- **Address health equity gap**, inequalities, and disparities in access to behavioral health services.

## SBHIP OVERVIEW

# FAST FACTS



- Healthy San Diego Medi-Cal Managed Care Plans (MCP) are projected to receive approximately **25 million dollars** over the next three years, which will ultimately be used to create local infrastructure to serve students in selected school districts.
- Phased Approach: Year 1 (CY 2022) will focus on **assessing** the local need; Year 2 & 3 will focus on **implementing** the locally selected interventions where the gaps are identified.
- There are many **types of interventions** that may be implemented, depending on what the Year 1 assessment identifies as the greatest need(s). Examples include wellness programs, telehealth infrastructure, IT enhancements, or categories of need such as substance use disorder or teen pregnancy.
- The program represents a **collaboration** between the local Medicaid health plans and local education agencies (LEAs) e.g. school districts that have agreed to participate.



## KEY STAKEHOLDERS



**California Dept. of Health Care Services (DHCS)**  
State agency for Medicaid (MediCal) and related initiatives like SBHIP



**SD County Health & Human Services**  
County agency overseeing the behavioral health continuum of care



**Healthy San Diego (HSD)**  
Umbrella organization for county MediCal managed care plans (MCPs):  
Aetna, Blue Shield Promise Health Plan, Community Health Group, Health Net, Kaiser Permanente, and Molina.



**Local Education Agencies (LEAs)**  
SD County Office of Education  
SD County School Board  
Participating school districts (5):  
San Diego USD, Vista, Alpine, Santee, Juvenile Community Courts Schools





## OF NOTE

- While SBHIP is a Medi-Cal program, it is intended to increase coordination among Medi-Cal MCPs, LEAs, and county mental health plans in a way that “ultimately benefits all delivery systems” and services for all children in public schools.
- Payments are intended to **build infrastructure, partnerships, and capacity** for school behavioral health services (versus paying for ‘services’)
- **Collaboration between MCP/COE/LEA** is not only required, but is critical for program success

## YEAR 1 ROADMAP



# WORKPLAN

## June – September

Conduct Assessments: identify and leverage existing data; conduct surveys, interviews, focus groups, etc.

## November – December

Finalize interventions and develop project plans

## September – October

Share findings; Evaluate various options for interventions. May require additional assessment / data collection.



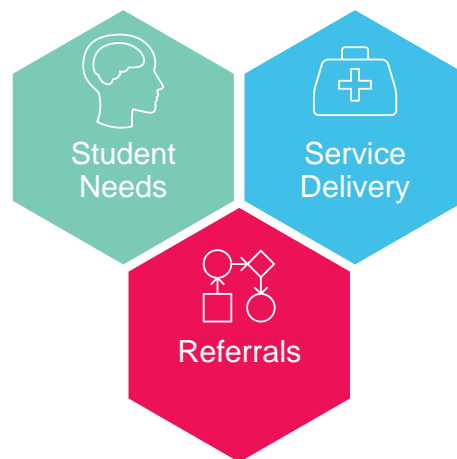
We are here!

# NEEDS ASSESSMENT

# KEY ASSESSMENT COMPONENTS

The assessment includes three key components:

- **Student Needs** – Most prevalent student behavioral health needs and current and potential future efforts to address them
- **Service Delivery** – Gaps in services and disparities between populations, current and potential future efforts to address them
- **Referrals** – Current state of and barriers to internal and external referrals



## EXAMPLES OF KEY FINDINGS

Student Needs	Service Delivery	Referrals
<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Depression, feelings of sadness or hopelessness</li> <li>• Self-harm and/or Suicidal Ideation</li> <li>• Teasing, Bullying, and/or Harassment</li> <li>• Substance Use</li> <li>• LGBTQ+ Issues (and disparities)</li> <li>• Low Self-Efficacy</li> <li>• Eating Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient staffing and capacity</li> <li>• Limited ways/capacity to identify students in need</li> <li>• Limited on-campus services</li> <li>• Discrepancies in service/resources by school</li> <li>• Limited culturally appropriate services</li> </ul>	<ul style="list-style-type: none"> <li>• Need for more wellness / Tier 1 supports</li> <li>• Reactive vs. proactive approach</li> <li>• Limited capacity to serve students internally and/or on site</li> <li>• Wait times for services</li> <li>• Provider availability (external referrals)</li> <li>• Parental consent / inaction</li> </ul>

# SBHIP INTERVENTION CATEGORIES

★ = Key areas of interest identified by LEAs

- ★ 1. **Behavioral Health Wellness Programs** – Infrastructure, pilot programs, partnership dev., or training
2. **Telehealth Infrastructure** – Equipment, rooms, training, etc. for telehealth in schools
- ★ 3. **Behavioral Health Screening and Referral** – ACEs or other BH screening services
4. **Suicide Prevention Strategies** – implement, expand, or improve
5. **Substance Use Disorder** – Increase access to prevention/treatment on or near campus
- ★ 6. **Build Stronger MCP/School/County Partnerships** – TA to increase access to Medi-Cal covered services
7. **Culturally- Appropriate Interventions** – Support community-defined appropriate, targeted interventions
8. **BH Public Dashboards and Reporting** – for BH access and quality measures
9. **Technical Assistance for Contracts** – Contracts w/ MCPs to provide behavioral health-related services
- ★ 10. **Expand BH Workforce** – Using community health workers and/or peers
- ★ 11. **Care Teams** – Implement or expand teams to conduct outreach, engagement, or home visits
12. **IT Enhancements** – Cross-system coordination, referrals, data, or billing btwn schools, MCPs, and county
13. **Pregnant Students / Teen Parents** – Building capacity and programs to serve them on or near campus
14. **Parenting and Family Services** – Providing evidence-based parenting and family services

## QUESTIONS?

# DISCUSSION

## GROUP DISCUSSION

- What would you like to see come out of SBHIP?
- What do you want the Medi-Cal Managed Care Plans (MCPs) to know?
- Where do you see the biggest gaps/barriers between schools, the county, and health plans in serving kids?
- What ideas or best practices can be shared?
- What services are needed for younger students (TK-8 Grade)?

DHCS/SBHIP Webpage: <https://www.dhcs.ca.gov/services/Pages/studentbehavioralhealthincentiveprogram.aspx>

## Student Behavioral Health Incentive Program Frequently Asked Questions

The following frequently asked questions (FAQs) about the Student Behavioral Health Incentive Program (SBHIP) are organized in seven categories:

- General Program Information
- SBHIP Timeline
- Managed Care Plans (MCPs) and Selected Partnerships
- Needs Assessments
- Targeted Interventions
- Funding
- Contact Information

### General Program Information

#### 1. What is the SBHIP?

SBHIP is a program that originated from State law (AB 133, Welfare & Institutions Code Section 5961.3) and is intended to address behavioral health access barriers for Medi-Cal students through targeted interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.

#### 2. What are the objectives of SBHIP?

The objectives of SBHIP are to:

- a. Break down silos and improve coordination of child and adolescent behavioral health services for those enrolled in Medi-Cal through increased communication with schools, school affiliated programs, managed care providers, counties, and mental health providers.
- b. Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services provided by schools, school-affiliated providers, county behavioral health departments, and county offices of education.
- c. Increase non-specialty services on or near school campuses.
- d. Address health equity gap, inequalities, and disparities in access to behavioral health services.

#### 3. Which students are impacted by the program?

SBHIP is targeted at TK-12 students enrolled in the State Medicaid program, Medi-Cal. However, it is anticipated the behavioral health infrastructure investments will ultimately benefit all students, including Medi-Cal and non-Medi-Cal beneficiaries.

#### 4. Will the program be available statewide?

SBHIP will be implemented at the county level and is voluntary for Medi-Cal MCPs, which will be implementing the program. While it is expected that the program will be implemented in most counties, there may be some counties in which the MCPs may choose not to participate.

#### 5. What is a Local Education Agency (LEA)? (New Item – 2/2022)

Local Education Agencies (LEA) include school districts, county offices of education, charter schools, California Schools for the Deaf, and California Schools for the Blind (California Education Code Section 49005.1(c)).

# You're Invited to a Town Hall Series

Join San Diego Voice and Viewpoint and the County of San Diego's Health and Human Services Agency (HHSA) for a three-part Town Hall Series and hear about issues of concern that impact the community's health and well-being.

## Covering community topics:

**Wednesday, Oct. 19**  
Child Welfare Services



Kimberly Giardina, DSW  
Director, Child Welfare Services

**Wednesday, Nov. 16**  
Behavioral Health Services



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

**Wednesday, Dec. 14**  
Homeless Solutions &  
Equitable Communities



Barbara Jiménez  
Community Operations Officer

## Hosts:



Nick Macchione  
Agency Director



Dr. John Warren  
Publisher of Voice and Viewpoint

All Town Hall meetings will be held *via* Zoom  
from 5:30 to 6:30 p.m.

Register for Zoom link and learn more at:  
[bit.ly/VoiceTownHall](https://bit.ly/VoiceTownHall)



*Servicios de traducción serán disponibles en español.*



COUNTY OF SAN DIEGO  
**HHSA**  
HEALTH AND HUMAN SERVICES AGENCY



The San Diego  
**Voice & Viewpoint**  
COMMUNITY ENGAGEMENT





SAN DIEGO COUNTY SUPERVISOR  
**NATHAN FLETCHER'S**  
**OPERATION GOBBLE**

**ANNUAL TURKEY DISTRIBUTION AND RESOURCE FAIR**  
**DISTRIBUCIÓN ANUAL DE PAVOS Y FERIA DE RECURSOS**

Get your turkey and produce for your Thanksgiving meal. Stop by the resource fair for free vaccines, mammograms, and information on CalFresh, Medi-Cal and more.

*Recoja su pavo y comida para el Día de Acción de Gracias. Pase a la feria de recursos por vacunas y mamogramas gratuitos, información sobre CalFresh, Medi-Cal y más.*

**WEDNESDAY, NOVEMBER 16 | 4-7 PM**

Resource fair starts at 3 PM | Food distribution starts at 4 PM, early arrival is encouraged  
*Feria de recursos a las 3 PM | Distribución de comida a las 4 PM, se recomienda llegar temprano*

**OUR LADY OF THE SACRED HEART**

4177 Marlborough Ave, San Diego, CA 92105



*First-come, first-served*  
*Primero en llegar, primero en ser atendido*

For more information, call:  
(619) 531-5544



\*printed in-house



# PDATE QUARTERLY MEETING

## Presentation Topics

### Update on County Harm Reduction Strategies

*Jessica Kattan, MD, MPH*

*Deputy Director of Population Health*

*Behavioral Health Services, County of San Diego*

### Public Health and Public Safety Partnership

*Sandi Htut, MPH*

*Public Health Analyst*

*Overdose Response Strategy*

**Friday, November 18, 2022**

**9AM-11AM - Virtual**

**REGISTRATION REQUIRED:**

**Click Here**



LIVE WELL  
SAN DIEGO

# LIVE WELL ADVANCE CONFERENCE & SCHOOL SUMMIT

*Creating Healthy, Safe, and Thriving Communities Together*

Building an Equitable Future



# SAVE THE DATE!

## Wednesday, December 7, 2022

San Diego Convention Center

8:00 am - 5:00 pm

Virtual Pre-Conference Tuesday, December 6, 2022

Connect with thousands of community partners and  
attend breakout sessions on important topics, including:

- Recovery and Resilience
- Strategic Partnerships
- Environmental Action
- Student Wellbeing
- Equity and Engagement
- Workplace Wellness

And more!

Registration opens late October

**[LiveWellSD.org/advance](https://LiveWellSD.org/advance)**

Stay up-to-date, sign-up for our monthly newsletter: [LiveWellSD.org/news](https://LiveWellSD.org/news)