

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

MEETING AGENDA

November 9, 2020 – 9:00-10:30 A.M.

[Meeting Link](#)

- I. Welcome** (Valerie Hebert) **2 minutes**
- II. Approval of Meeting Summary** (Minola Clark Manson) **3 minutes**
- September 14, 2020 Meeting Summary-Handout-**Pages 4-7**
 - Action Items from September 14, 2020-See meeting summary for completed action items
- III. Business Items** (Yael Koenig) **15 minutes**
- Information/Watch/Committee/Recognition**
- I-BHS Meeting Alignment (New high-level meeting summary format)
 - I-CYF Council meeting is dark in December 2020
 - I-CYF Council Reporting Schedule-Update-Handout-**Page 8**
 - I-October 13, 2020 Board of Supervisor (BOS) Letter-Agenda Item 13: Coronavirus Aid, Relief, and Economic Security (CARES) Act Fund Reallocation in Response to Unspent Apportionments-Handout-**Pages 9-10**
 - BHS Highlights:
 - Information Technology (IT) Equipment
 - Facilities Improvement
 - Rental Assistance-Handout-**Page 11**
 - Out and About Mental and Emotional Health-Flier-Handout-**Page 12**
 - I-October 27, 2020 BOS Letter - Agenda Item 06: Receive Update on Advancing the Behavioral Health Continuum of Care and Annual Update on Drug Medi-Cal Organized Delivery System (DMC-ODS)-Handouts-**Pages 13-25**
 - I-October 27, 2020 BOS Letter - Agenda Item 07: Approve the Mental Health Services Act Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 Through 2022-23-Handout: BL and Presentation-**Pages 26-46**
 - I-San Diego County Probation Department- Youth Development and Community Support Services- Vision, Mission, Values and Principles-Handout-**Page 47**
 - I-San Diego County Juvenile Justice System- Core Beliefs-Handout-**Page 48-50**
 - W-Legislation highlights:
 - Senate Bill (SB) 803 signed by the Governor 9.25.20-Peer Certification-Handouts-**Pages 51-57**
 - Senate Bill (SB) 823 signed by the Governor on 9.30.20-Division of Juvenile Justice (DJJ)-Handouts-**Pages 58-60**
 - Senate Bill (SB) 98 Education Finance-Mental Health-Handouts-**Pages 61-63**
 - I-Prescription Medication Benefits Update- Link: <https://www.dhcs.ca.gov/provgovpart/Documents/MRx-Beneficiary-Notice-10-01-2020.pdf>-Handout-**Pages 64-66**
 - I-Fiscal Year 2020-21 Mental Health External Quality Review (EQR) is scheduled for January 5-7, 2021
 - I-San Diego County Mental Health Plan (MHP) Triennial Review is scheduled for May 11-13, 2021
 - R-Public Sector Council Member (Dori Gilbert) and Family Sector Council Member-Alternate (Sue McCoy)
- IV. Mental Health Services Act (MHSA) Update** (Danyte Mockus-Valenzuela) **5 minutes**
- MHSA 3 Year Program and Expenditure Plan Fiscal Year 2020-23-Link: <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/NOC/MHSA/ MHSA%20Three%20Year%20Program%20and%20Expenditure%20Plan%20FY20-23.pdf>
- V. Hot Topic: Live Well San Diego Youth Sector** (Minola Clark Manson) **60 minutes**
- Panelists:
 - Tara M. Beeston, MPH, Community Health Program Specialist, Public Health Services
 - Sharon Hughes, MPH, Administrative Analyst II, Sector Support, EOC Education & Outreach Branch
 - October 27, 2020 BOS Letter - Agenda Item 05: Receive and Approve Proposal For The Development of The Live Well San Diego Youth Sector-BL and PowerPoint Handouts-**Pages 67-78**
 - Discussion
- VI. Announcements** (Valerie Hebert) **5 minutes**
- 11th Annual Primary Care & Behavioral Health Virtual Integration Summit- November 13, 17, and 20, 2020 Flier-Handout-**Page 79**
 - Mother and Baby Substance Explore Initiative Webinar Series: November 13 and 16, 2020-Handout-**Page 80**
 - County of San Diego Notice of Transparent Review of Unjust Transfers and Holds (TRUTH) Act Community Forum Scheduled for November. 17, 2020-Handout-**Pages 81-82**

Next Executive Committee Conference Call:

Date: December 10, 2020

Time: 11:30 A.M. to 12:00 P.M.

Next Council Meeting:

Date: Monday, January 11, 2021

Time: 9:00 to 10:30 A.M.

Sub-Committees/Sectors/Workgroups Meetings Information is located at the end of the meeting summary

For Council materials go to:

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

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

Council Vision:

Wellness for children, youth and families throughout their lifespan.

Council Mission:

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

Council Principles:

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

May 1, 2018



LIVEWELLSD.ORG

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



Community

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



Health

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



Social

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



Knowledge

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

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

September 14, 2020 | 9:00-10:30 A.M.
Virtual Meeting

ITEM	SUMMARY AND ACTION ITEMS
I. Welcome/Introductions (Valerie Hebert)	<ul style="list-style-type: none"> Meeting logistics provided, Feedback about the meeting Council logistics/format can be sent to Grisel Ortega at: Grisel.Ortega@sdcounty.ca.gov.
II. Approval of Minutes <ul style="list-style-type: none"> August 10, 2020 minutes-Handout-Pages 4-12 of meeting packet Action Items from August 10, 2020-Page 12 of meeting packet 	<ul style="list-style-type: none"> Minutes approved on a motion by Bill Stewart and seconded by Valerie Hebert. Action items reviewed by Yael Koenig
III. Business Items (Yael Koenig) - Information/Watch/Committee/Recognition <ul style="list-style-type: none"> R-Advancing Principles Award (Rose Woods) I - September 3, 2020 BHS Director's to the Behavioral Health Advisory Board (BHAB) Report-CYF Highlights-Handout-Pages 13-22 of meeting packet I - September 3, 2020 BHS Director's Update for the Councils and Advisory Boards I - California Health Alert Network (CAHAN) San Diego Alert: Fentanyl Overdose Deaths Related to Illicit Drug Use: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/cahan/communications_documents/08-21-2020.pdf-Handout-Pages 23-26 of meeting packet I - County of San Diego Chief Administrative Office Recommended Operational Plan Change Letter <ul style="list-style-type: none"> ✓ https://www.sandiegocounty.gov/content/sdc/auditor/opplan/fycl20-22.html ✓ https://www.sandiegocounty.gov/content/dam/sdc/auditor/pdf/chan_geletter20-22.pdf I - September 15, 2020 Board of Supervisors (BOS) Letter-Agenda item 13: Authorization for Amendments to extend existing BHS contracts, execute Revenue Agreement and amend Memorandum of Understanding-Handout-Pages 27-35 of meeting packet C - ACEs Connection: <ul style="list-style-type: none"> ✓ https://www.acesconnection.com/g/california-aces-action/blog/painful-questions-imprintnews-org W-Family Urgent Response System (FURS) - All County Letter No. 20-89-Handout-Pages 37-46 of meeting packet I - Senate Bill (SB) 855-Mental Health as Medical Necessity-(Bill Stewart)-Handout-Pages 47-51 of the meeting packet I - SB 803-Mental health services: peer support specialist certification update-Handout Pages 53-54 I - Directing Change-Program and Film Contest: <ul style="list-style-type: none"> ✓ http://www.directingchange.org/schools/-Handout-Pages 55-56 C-SchoolLink <ul style="list-style-type: none"> ✓ Spotlight and COVID 19 Best Practices Module: https://theacademy.sdsu.edu/programs/rihs/schoolink-spotlight/ ✓ COVID-19 Updates Module: https://theacademy.sdsu.edu/rihs-schoolink/#/page/5f3430e8dca6941043686ddb ✓ COVID-19 flier: https://theacademy.sdsu.edu/rihs-schoolink/course/en/assets/5f5027ba18bb8b11036a667b/file.pdf 	<ul style="list-style-type: none"> Rose Woods from Responsive Integrated Health Solutions (RIHS) presented the program Advancing Principles Award to the MHS, Inc. STEPS program and the individual Advancing Principles Award to Julie Salas from the McAlister Institute. CYF Council members, alternates, and meeting participants will continue to provide input and feedback about system priorities as appropriate.

ITEM	SUMMARY AND ACTION ITEMS
<ul style="list-style-type: none"> • I –11th Early Childhood Conference (September 10-12, 2020) • I –Recovery Happens (September 12, 2020) • C-County of San Diego COVID-19 Information: ✓ https://www.sandiegocounty.gov/coronavirus.html 	
<p>IV. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela)</p> <p>MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23: Draft document is located at:</p> <ul style="list-style-type: none"> ✓ https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/NOC/MHSA/MHSA%20Three%20Year%20Program%20and%20Expenditure%20Report%20FY%202020-23%20DRAFT.pdf ✓ Link for input/feedback: https://www.surveymonkey.com/r/MYJVNCF • BHS Community Engagement-Handout-Page 57 of meeting packet • CYF Council input 	<ul style="list-style-type: none"> • The MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23 comment period began August 31, 2020 and will end on October 1, 2020. Input/feedback can be provided at: https://www.surveymonkey.com/r/MYJVNCF. • Meeting attendees were asked to share/disseminate information about the Community Engagement activities to be scheduled in late October to mid-December 2020. • Meeting attendees were asked to provide recommendations of key individuals/community members that can provide input. Contact information of identified key individuals can be forwarded to Grisel Ortega at: Grisel.Ortega@sdcounty.ca.gov.
<p>V. Strategic Planning Part II: (FY 2019-20 Accomplishments and FY 2020-21 Goals)</p> <ul style="list-style-type: none"> • Sub-committee presentations • Handouts included in the meeting packet – Page 59-88 	<ul style="list-style-type: none"> • Presentations made by the following sub-committees <ul style="list-style-type: none"> ✓ Cultural Competence Resource Team (CCRT)-Rosa Ana Lozada ✓ CYF Change Agents Recovery Excellence (CADRE)-Marisa Varond ✓ Outcomes-Eileen Quinn-O'Malley ✓ Training -Rose Woods. • Yael Koenig highlighted the CYF System of Care areas of focus for Fiscal Year 2020-21: <ul style="list-style-type: none"> ✓ Adjustments needed due to the pandemic (system changes and how community is affected, workforce, economic realities, infusing hope and resilience) ✓ Address racial justice and disproportionality ✓ Regulatory requirements and changes. • Meeting attendees were asked to review the CYF System of Care Fiscal Year 2019-20 Goals and Accomplishments and Fiscal Year 2020-21 Goals included in pages 83-88 of the meeting packet. • Questions/input can be sent to the CYF Sub-Committees co-chairs or by sending an e-mail to Grisel Ortega at: Grisel.Ortega@sdcounty.ca.gov.
<p>VI. Announcements</p> <ul style="list-style-type: none"> • San Diego Opioid Project Virtual Town Hall scheduled for September 18, 2020 from 10:00-11:30 A.M-Handout-Page 89 of meeting packet • Mental Health Stigma conversation in Spanish on October 14, 2020 hosted by the CYF Liaison-Handout-Page 91 of meeting packet 	<ul style="list-style-type: none"> • Announcements provided by Yael Koenig and Minola Clark Manson.
<p>VII. Action Items</p>	<p>Action Due/Status</p>
<p>1. Provide update on the new date for the Juvenile Health and Justice Symposium (Original date was March 17, 2020)</p>	<ul style="list-style-type: none"> • CYF Council Staff will provide the update when the information is available
<p>2. Submit recommendations/questions/input to Grisel.Ortega-Vaca at: Grisel.Ortega@sdcounty.ca.gov regarding:</p> <ul style="list-style-type: none"> • CYF Council Sub-Committees goals and accomplishments • Current meeting format (virtual) 	<ul style="list-style-type: none"> • All • On-going
<p>Next Meeting: Virtual Council (Combined) Meeting: Transgender Health Across the Lifespan Date: Monday, October 12, 2020 Time: 10:00 to 11:30 A.M.</p>	

Members/Alternates Attendance

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	+	Rebecca Hernandez	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Charmi Patel	+
3	Public Safety Group/ Probation	Lisa Sawin	+	Chrystal Sweet	O
4	Child Welfare Services (CWS)	Steve Wells	+	Norma Rincon	O
5	HHSA Regions	Dori Gilbert	+	Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	+	Adrienne Yancey	O
7	Juvenile Court	H. Ana Espana	+	Beth Brown	+
8	First 5 Commission	Alethea Arguilez	O	Sharon Qin	+
EDUCATION SECTOR					
9	Special Education Local Plan Area (SELPA)	Cara Schukoske	O	Jamie Tate - Symons	O
10	Regular Education Pupil Personnel Services	Violeta Mora	+	Heather Nemour	+
11	School Board	Barbara Ryan	+	VACANT	
12	Special Education	Yuka Sakamoto	+	Aidee Angulo	O
PRIVATE SECTOR					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggie Webb	+	Therese Davis	O
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	John Laidlaw	+
15	Alcohol and Drug Service Provider Association (ADSPA)	Marisa Varond	+	VACANT	
16	Mental Health Contractors Association	Julie McPherson	+	Minola Clark Manson	+
17	Mental Health Contractors Association (MHCA)	Laura Beadles	+	Michelle Hogan	O
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	VACANT	
19	Managed Care Health Plan	George Scolari	+	Kathleen Lang	+
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	VACANT	
FAMILY AND YOUTH SECTOR					
21	Family and Youth Liaison	Renee Cookson	O	Valerie Hebert	+
22	Caregiver of child/youth served by the Public Health System	Debbie Dennison	+	Sue McCoy	O
23	Youth served by the Public Health System (up to age 26)	Micaela Cunningham	+	VACANT	O
24	Youth served by the public health system (up to age 26)	Christine Frey	O	Emma Eldredge	+

SUB-COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive Sub-Committee	Valerie Hebert/ Minola Clark Manson	+/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson/ Marisa Varond	+/+		
-	Early Childhood Sub-Committee	Aisha Pope/Ginger Bial	+/+		
-	Education Sub-Committee	Heather Nemour/Violeta Mora	+/+		
-	Family and Youth as Partners Sub-Committee	Renee Cookson/ Valerie Hebert	O/+		
-	Outcomes Sub-Committee	Emily Trask/Eileen Quinn-O'Malley	+/+		
-	Training Sub-Committee	Rose Woods	+		

Sub-Committees/Sectors/Workgroups Meetings Information:

Due to COVID-19, most of the sub-committees' meetings are occurring virtually

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 11:00 A.M. to 12:00 P.M.

Education Advisory Ad Hoc: Meets as Needed, next meeting will be in September 2020.

TAY Council: Meets the fourth Wednesday of the month 3:00 to 4:30 P.M.

CYF CADRE: Meets quarterly on the second Thursday of the month from 1:30 to 3:00 P.M.

CYF System of Care Training Academy: Meets on the first Wednesday of the month from 9:00 to 10:00 A.M.

CCRT: Meets the first Friday of the month from 10:00 to 11:30 A.M.

Family and Youth as Partners: Meets every third Thursday of the month from 1:30 to 3:00 P.M.

Private Sector: Ad Hoc/Meets as needed.



**Fiscal Year 2020-21
CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL
(CYFBHSOCC)/ REPORTING SCHEDULE**

2nd Monday of each month from 9:00-10:30 A.M.
Scottish Rite Center– 1895 Camino Del Rio South, San Diego, CA 92108- Shell Room
(Currently meeting virtually)

July 13, 2020

CYF Council Member Orientation
(Virtual)

August 10, 2020

**Fiscal Year 2019-20 Accomplishments and Fiscal 2020-21 Year Goals
STRATEGIC PLANNING MEETING**

September 14, 2020

**Fiscal Year 2019-20 Accomplishments and Fiscal Year 2020-21 Goals
STRATEGIC PLANNING MEETING**

October 12, 2020

COMBINED CYF/TAY/AOA MEETING- Hosted by CYF

November 9, 2020

Live Well San Diego Youth Sector

December 14, 2020

DARK

January 11, 2021

CYF SOC NEEDS/TBD

February 8, 2021

Meeting Focus: Bi-Annual Sub-Committee Reports (Applicable Updates)
Early Childhood/ Education Advisory/ TAY Council/ CADRE/
Family and Youth/ CCRT/ Outcomes/ Executive

March 8, 2021

TBD

April 12, 2021

COMBINED CYF/TAY/AOA MEETING- Hosted by AOA

May 10, 2021

TBD

June 14, 2021

TBD

COUNTY OF SAN DIEGO
2020 OCT -9 AM 9:45
CLERK OF THE BOARD
OF SUPERVISORS



JIM DESMOND
VICE-CHAIRMAN
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS
AGENDA ITEM

DATE: October 13, 2020

13

TO: Board of Supervisors

SUBJECT

**CARES ACT FUND REALLOCATION IN RESPONSE TO UNSPENT
APPORTIONMENTS (DISTRICTS: ALL)**

OVERVIEW

COVID-19 has not only been a debilitating disease to many within our region, and the world, but has also created an economic crisis. This economic crisis has led to housing and food insecurity, business closures, unemployment, health impacts, and other wellness issues. To help combat these adverse impacts, the County of San Diego (County) received critical dollars from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act fund was apportioned to ensure equitable support for our communities, businesses, and the constituents we serve. To date, a portion of the CARES ACT dollars have not been expended. Previous actions from the Board of Supervisors (Board) that have not been totally expended include: \$8.6 million for the Great Plates program; \$5 million for telehealth behavioral health; \$7.5 million for the Test, Trace, Treat Strategy (T3); \$1.6 million for child welfare economic stimulus services; and \$1.1 million in interest gained on the CARES Act fund. These figures are estimates based on the best information to date and will be verified prior to the Board meeting. Today's action would reallocate the unspent CARES Act funds to date to ensure the County receives full benefit of the CARES Act relief fund without expiration and to prevent the requirement to relinquish unspent funds.

RECOMMENDATIONS

VICE-CHAIRMAN JIM DESMOND

1. Approve the following reapportionments to the CARES Act Funding:
 - a. \$8.6 million from the Great Plates 1 and 2 Programs to food banks in the San Diego region.
 - b. \$5 million from Telehealth Behavioral Health to rental assistance for behavioral health patients.

SUBJECT: CARES ACT FUND REALLOCATION IN RESPONSE TO UNSPENT APPORTIONMENTS (DISTRICTS: ALL)

- c. \$7.5 million from unspent T3 and \$1.6 million from unspent child welfare economic stimulus services to the Economic Stimulus Program (divided equally among the five districts).
- d. \$1.1 million in interest gained from the CARES Act dollars to the County Economic Stimulus Program (divided equally among the five districts).
(4 VOTES)

FISCAL IMPACT

If approved, today's allocation will allocate \$1.1 million in interest gained from CARES Act dollars and reallocate \$22.7 million in CARES Act funding previously allocations but projected to be unspent. There will be no change in net general fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

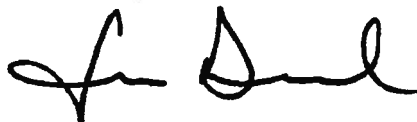
N/A

BACKGROUND

COVID-19 response and the resultant State Health Orders created devastating impacts to the region's economic, physical, and emotional health. Unemployment has skyrocketed, businesses have closed, and the region is experiencing unprecedented levels of stress and anxiety.

To rebound from the crisis the Board allocated CARES ACT funds to vulnerable populations, businesses, services for children, and other assistance programs. A portion of those dollars have not been spent to date and the County is in jeopardy of having to return unspent funds. To ensure full benefit of CARES Act dollars, today's action would reapportion certain funds projected to be unspent by the end of 2020.

Respectfully submitted,



JIM DESMOND
Supervisor, Fifth District

ATTACHMENT

N/A

Have you experienced financial difficulties due to the COVID-19 pandemic and need help paying past-due/current/future rent (through December 2020)?

The County of San Diego's Emergency Rental Assistance program provides one-time rental assistance to eligible individuals/households countywide who have experienced financial difficulties caused by the Coronavirus Disease 2019 (COVID-19) pandemic on a first come, first served basis.

ELIGIBILITY CRITERIA

To be eligible, you must:

- Have a signed lease with a landlord in San Diego county
- Not be receiving direct rental assistance using your program provider's housing funds
- Not be receiving voucher or subsidy assistance through a public housing authority (e.g., Housing and Community Development Services (HCDS) or the San Diego Housing Commission)
- Not have income that exceeds 60% of the Area Median Income (AMI)
- Have accrued rent arrears and/or have a need for current/future rent assistance (through December 2020) due to financial hardship associated with the COVID-19 pandemic

SAN DIEGO COUNTY INCOME LIMITS (2020)	
Number of People in Household	Income Limit (60% Area Median Income)
1	\$48,540
2	\$55,440
3	\$62,400
4	\$69,300
5	\$74,880
6	\$80,400
7	\$85,980
8	\$91,500

Your landlord must agree to participate in the program and provide required verifications for the County of San Diego to process the one-time emergency rental assistance grant.

Due to deadlines associated with CARES Act funding, complete applications must be submitted by 5 PM on Friday, November 13, 2020.

This program will have a maximum award of \$6,000 per household. Current/future rent assistance (through December 2020) will be limited to \$3,000 per household (\$1,500 per month x 2 months).

REQUIRED DOCUMENTS

- **State-issued ID with address of rental unit:**
 - If photo ID does not reflect the address of the rental unit, applicant must provide photo ID and utility bill or current tenant lease.
- **Document(s) verifying household income:**
 - Income verifications must reflect a date no earlier than August 1, 2020. SSI/SSA benefit verification letter from January 1, 2020, will be accepted.

This opportunity is available to individuals who directly received this flyer from our program staff as program enrollment is required.

Talk to our staff about applying.



**OUTDOOR
OUTREACH**

OUT AND ABOUT SAN DIEGO



In partnership with:



THERE ARE STILL **BIG ADVENTURES** TO BE HAD IN SAN DIEGO

This Fall, youth and young adults ages 5 to 25 from anywhere in San Diego County can **ADVENTURE WITH US**, exploring the outdoors while safely creating friendships, building community, and developing leadership skills for all of life's explorations. *This program is **free** and made possible with funding from the County of San Diego.*

As Outdoor Outreach facilitates in person programs, the health and wellness of our community is our priority. We have adapted our programs to local and state health guidelines as related to COVID-19. Face coverings must be worn through the duration of the program. As new updates are released we will continue to modify our practices, procedures and policies.



ROCKCLIMBING



KAYAKING



HIKING



PADDLEBOARD



MTN BIKING

*Actual activities may vary from above and are subject to change

DATES

Time-limited series starting
September 28, 2020

TIME

After school, Weekends
and School Breaks

ELIGIBLE AGES

- 5-7 (Elementary)
- 8-10 (Elementary)
- 11-13 (Middle School)
- 14-18 (High School)
- 19-25 (Young Adults)

TO LEARN MORE AND SIGN UP TODAY, VISIT: outdooroutreach.org/outandaboutSD

Questions? Email outandaboutsandiego@outdooroutreach.org or call (619) 238-5790

Registration includes: Transportation to and from activity locations; Lunch (weekends) and snacks (afterschool); Recreational and safety equipment; Professional instruction and guided exploration; Face masks provided as-needed

Limit of one event per person for the duration of the program. Registration priority will be given to children and youth in the BHS system of care.



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: **October 27, 2020**

06

TO: Board of Supervisors

SUBJECT

RECEIVE UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE AND ANNUAL UPDATE ON DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DISTRICTS: ALL)

OVERVIEW

In 2018, the San Diego County Board of Supervisors (Board) initiated several actions to enhance, expand, and innovate behavioral health programs and services in the region. This body of work is broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care). These actions have brought together diverse stakeholders, including justice partners, hospitals, community health centers and other community-based providers, to create system-wide changes and help ensure individuals can quickly access behavioral health services to meet their immediate needs, and support their long-term journey to recovery.

Prior to COVID-19, Continuum of Care updates were presented in the context of hubs, networks, and bridge planning strategies; however, the impact of COVID-19 has shifted our strategies and will be reported in the areas of Diversionary Services, Investments to Support Individuals with Behavioral Health Conditions Long-Term, and Care Coordination Efforts. Today's report includes a complete update within these categories.

Also included is an update reflecting the second year of Drug Medi-Cal Organized Delivery System (DMC-ODS) implementation, which began on July 1, 2018. DMC-ODS was approved by your Board to dramatically transform the entire substance use disorder system by offering comprehensive, evidence-based care to support each person's long-term wellness. Today's update will report on the impact of the COVID-19 pandemic on substance use and DMC-ODS updates in areas of volume, clinical quality, and finance.

Today's actions request that the Board receive an update on the Continuum of Care and DMC-ODS, including approval and authorization for the Clerk of the Board to execute the DMC-ODS Intergovernmental Agreement with the State of California, upon receipt, to execute subsequent amendments, as required, to reflect revised revenue amounts allocated by the State, and to accept the funding for Fiscal Year 2020-2021 through Fiscal Year 2022-2023.

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

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Receive the update on Advancing the Behavioral Health Continuum of Care.
2. Receive the update on implementation of the Drug Medi-Cal Organized Delivery System.
3. Approve and authorize the Clerk of the Board to execute, upon receipt, the Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement from the State of California and accept the funding for Fiscal Year 2020-2021 through Fiscal Year 2022-2023, estimated at approximately \$300 million over the three year period. Approve and authorize the Clerk of the Board, subject to the approval of the Agency Director, Health and Human Services Agency, to execute, upon receipt, amendments to the DMC-ODS Intergovernmental Agreement with the State of California, as required, and to reflect revised revenue amounts allocated by the State.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year 2020-2022 Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs and revenue of \$300 million during the period of Fiscal Year 2020-2021 through Fiscal Year 2022-2023. Funds for subsequent years will be incorporated into future operational plans. The funding source is Drug Medi-Cal. 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 1, 2020, the Behavioral Health Advisory Board reviewed and commented on the recommendations of this Board Letter.

BACKGROUND

In 2018, the San Diego County Board of Supervisors (Board) initiated several actions to enhance, expand, and innovate behavioral health programs and services in San Diego County. This body of work is broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care). These actions have brought together diverse stakeholders, including justice partners, hospitals, community health centers and other community-based providers, to create system-wide changes and help ensure individuals can quickly access behavioral health services to meet their immediate needs, and support their long-term journey to recovery.

The impact of the COVID-19 pandemic has shifted the County's strategies in the following ways:

- The associated economic downturn has elevated levels of mental distress driving behavioral health risks and potentially significant increases in need.

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- In anticipation of significant revenue losses resulting in fewer financial resources with which to drive change, strategies are shifting away from capital projects and toward high impact programs designed to support the immediate increase in need.
- Strategies are capitalizing on federal and State regulatory changes that are enabling the rapid expansion of innovative ways of working, such as telehealth, and that have the potential to increase the reach and impact of current services.
- To maintain hospital resources and bed availability in the face of the uncertain epidemiological impacts of COVID-19, our approach in the immediate term is shifting to be less dependent upon devotion of hospital system resources.

While the overarching Continuum of Care vision remains the same - *to achieve a transformational shift from a model of care driven by crises, to one driven by chronic or continuous care and prevention through the regional distribution and coordination of resources to keep people connected, stable, and healthy* - the strategy shifts described above change the approach in how we plan and report on progress.

Updates on Continuum of Care will be reported within the following categories: **Diversionary Services, Investments to Support Individuals with Behavioral Health Conditions Long-Term, and Care Coordination Efforts**; temporarily moving away from the categories of Hubs, Networks, and Bridge Planning Strategies.

Key Continuum of Care updates are reported on Attachment A.

Update on the Drug-Medi-Cal Organized Delivery System

On March 27, 2018 (02), your Board approved the implementation of the Section 1115 Medicaid Demonstration Waiver Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot program, beginning July 1, 2018. DMC-ODS implementation dramatically transformed the entire substance use disorder (SUD) system to better serve individuals with SUD by offering comprehensive, evidence-based care to support each person's journey to recovery. The implementation of DMC-ODS provided an unprecedented opportunity to accelerate the integration of SUD specialty care with the mainstream healthcare system to improve access to services and drive better outcomes. Additionally, DMC-ODS implementation enabled more local control and accountability, provided greater administrative oversight, created utilization controls to improve care and efficiency, and implemented evidence-based practices in SUD treatment.

The COVID-19 pandemic has precipitated a behavioral health crisis and required behavioral service sectors to completely rethink how they do their work. Local data indicate that, concurrent with the Shelter-in-Place order, there was a substantial uptick in deaths related to substance use. There was a marked increase in drug overdose deaths beginning in March 2020, that remained elevated in the following months and spiked considerably during July and August, with a significant proportion of these deaths involving the use of fentanyl. Through the first week of August 2020, 233 fentanyl-related deaths were noted in San Diego County, of which 119 have been confirmed and 114 are pending confirmation. The deaths this year are nearly three times the 79 deaths due to fentanyl toxicity at the same time last year.

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Though definitive analyses have not been conducted to confirm any particular cause, we would expect to see this kind of increase with any significant disruption in patterns of drug use, where people may be more likely to be using alone, where they may be using from a different supply, or where they may be using after a period of sobriety supported by treatment, which might have been interrupted. It is very likely that were it not for the substantial investments made by your Board in DMC-ODS, these outcomes would have been far worse.

Key updates for Fiscal Year 2019-20 DMC-ODS implementation in the areas of volume, clinical quality, and finance are highlighted in Attachment B summarizing the second year of implementation.

Today's action requests the Board approve and authorize the Clerk of the Board to execute the DMC-ODS Intergovernmental Agreement with the State of California, upon receipt, and subsequent amendments, as required, and to reflect revised revenue amounts allocated by the State with additional details found on Attachment B.

As the County continues to adapt to the environment resulting from the COVID-19 pandemic, BHS continues to look for opportunities to deliver more accessible, impactful services that meet the needs of the community. Additionally, BHS is also exploring specific service investments that will address impacts to emergency departments. Staff will ensure plans align with contracting policies and funding source requirements and will return to the Board at a later date.

Now more than ever, individuals need to be engaged and remain connected to these critical services. The investments made by this Board to establish DMC-ODS and transform this system of care have positively impacted the lives of those with substance use disorder.

Addressing Disparities Through Programmatic Changes

Efforts across the Continuum of Care and the Drug Medi-Cal Organized Delivery System are designed to ensure individuals in need are engaged and remain connected to critical substance use disorder and mental health services with an aim to make programmatic and investment decisions guided by data. These data will include population health data such as health disparities across race, class, gender, and geography

An example of this includes the South Region Crisis Stabilization Unit at Paradise Valley Hospital which is strategically placed to help meet the needs of the local Hispanic community who, as recent research shows, are disproportionately experiencing increases in psychological distress compared with other racial and ethnic groups. In addition, plans are underway to expand the It's Up to Us media campaign to include targeted messaging to specific populations who experience inequity.

These efforts support our move forward in accelerating population health-focused strategies that prioritize the demographic and racial distribution of services. To ensure optimal health outcomes for all San Diego residents, we are prioritizing equitable resource allocation across the county. BHS will continue to update the Board on future efforts to address this need.

SUBJECT: RECEIVE UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE AND ANNUAL UPDATE ON DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's action supports the County's 2020-2025 strategic initiatives of Building Better Health by supporting the County of San Diego's goal of a fully optimized health and social service delivery system to make it an industry leader in efficiency, integration, and innovation. Additionally, today's item supports the Operational Excellence initiative making health, safety, and thriving a focus of all policies and programs through internal and external collaboration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'H.N. Robbins-Meyer', with a large, stylized initial 'H'.

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – Continuum of Care Key Updates

Attachment B – Drug Medi-Cal Organized Delivery System Key Updates Fiscal Year 2019-20

SUBJECT: RECEIVE UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE AND ANNUAL UPDATE ON DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: ☐ Yes ☒ No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

☐ Yes ☒ No

PREVIOUS RELEVANT BOARD ACTIONS:

August 4, 2020 (05) Authorization of a Single Source Procurement with Prime Healthcare at Paradise Valley Hospital in South Region for Crisis Stabilization Services; July 7, 2020 (05) Update on Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation; June 23, 2020 (26) A Better Way to Respond to Behavioral Health Crises: Countywide Mobile Crisis Response Teams; May 19, 2020 (28), Responding to the COVID-19 Crisis with a Comprehensive Plan for CARES Act Funding; May 19, 2020 (06) Authorization for Amendment and Extension of Crisis Stabilization Services Contract with Palomar Health in North Inland Region; April 7, 2020 (03) Establish a Behavioral Health Impact Fund; January 28, 2020 (03) Update on Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation; October 29, 2019 (31) Update on Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation; October 29, 2019 (07) Accept Drug Medi-Cal Organized Delivery System Implementation Annual Update; June 25, 2019 (01) Strengthening the Bridge Between Behavioral Health Services and The Criminal Justice System; March 26, 2019 (05), Update on Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation; March 26, 2019 (02) Strengthening the Bridge Between Behavioral Health Services and the Criminal Justice System; December 11, 2018 (25), Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation; March 27, 2018 (02) Request Board Authority to Implement Drug Medi-Cal Organized Delivery System; April 21, 2015 (04) Implementation of California Welfare And Institutions Code Sections 5345 Et Seq., Laura's Law, to Provide Assisted Outpatient Treatment to Persons with Serious Mental Illness.

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT: Health and Human Services Agency



BEHAVIORAL HEALTH SERVICES CONTINUUM OF CARE KEY UPDATES

October 27, 2020

Diversionary Services

Regional Crisis Stabilization Units

On March 26, 2019 (02), your 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.

- The North Coastal Community-Based CSU in Vista is expected to be operational in Fiscal Year 2020-2021 and is currently completing the Conditional Use Permit application and the architectural plans for the site.
- The North Coastal Live Well Health Center Community-Based CSU in Oceanside continues to progress forward with appropriate permits expected to be in place by November, with construction expected to commence by the end of 2020, and fully operational in Fiscal Year 2021-2022.
- The South Region Hospital-Based CSU located at Paradise Valley Hospital was approved by your Board on August 4, 2020 (05) and when operational, will have up to 12 recliners. All recliners are anticipated to be available before the end of Fiscal Year 2020-2021.
- The North Inland Hospital-Based CSU at the Palomar Hospital campus in Escondido was approved by your Board on May 19, 2020 (06) to expand from 8 to 16 recliners. All recliners are anticipated to be available beginning January 1, 2021.

Mobile Crisis Response Teams

On March 26, 2019 (02), your Board approved a recommendation to develop timely follow-up care to connect individuals to appropriate services after a mental health crisis involving law enforcement. To further explore reducing the extent of law enforcement responsibility in serving behavioral health needs, on June 25, 2019 (01), your Board approved the establishment of a non-law enforcement Mobile Crisis Response Teams (MCRT) pilot program, in coordination with the Health and Human Services Agency Behavioral Health Services, the Sheriff, and the DA's Office, with initial efforts focused in the North Coastal Region.

On June 23, 2020 (26), your Board approved a recommendation to fully fund an expedited rollout of MCRTs countywide. MCRTs are comprised of a trained clinician and peer support specialist that can be deployed through a community helpline or be mobilized by 9-1-1 dispatch. The contract for North Coastal MCRT services is anticipated to be awarded by the end of this

calendar year. Planning for the additional teams is underway in collaboration with local law enforcement entities.

Investments to Support Individuals with Behavioral Health Conditions Long-Term

Behavioral Health Impact Fund

On April 7, 2020 (03), your 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.

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:

- Licensed adult residential facilities, also known as board and care facilities;
- Temporary and transitional housing and support for people with substance use disorders consistent with recovery residence settings;
- Residential mental health treatment services, including crisis residential programs for homeless populations and transition age youth;
- Residential substance use disorder treatment programs, inclusive of withdrawal management and detoxification services;
- 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
- Information technology to support telehealth, data integration and innovation to optimize access and care for individuals with behavioral health care needs.

Behavioral Health Services (BHS) received proposals in June 2020 and began evaluations in July 2020. Due to the array and complexity of submissions, additional subject matter expertise was required to properly evaluate the proposals and ensure a fair determination of selection. Funding for the BHIF some proposals is expected to be awarded early in calendar year 2021 before June 30, 2021, with actual execution dependent on project complexity.

Long-Term Care Updates

BHS remains committed to increasing the availability of step-down and long-term care capacity to ensure clients are placed in the most appropriate levels of care during and after psychiatric crises. The following updates support efforts to meet this continued need:

- The Lakeside Special Treatment Program is a secured, 24-hour, skilled nursing facility with a special treatment program for adults with serious and persistent mental health needs. On September 4, 2020, bed capacity was expanded by 29 additional beds, bringing the total number of beds to 69.
- Augmented Services Programs (ASPs), provide enhanced services to individuals with serious mental illness who are receiving behavioral health services and are placed in licensed residential care facilities, also referred to as Board and Care facilities. The ASP

program assists clients in maintaining and improving functioning in the community and to prevent or minimize institutionalization. These services are available at licensed Board and Care facilities, with the goal of stepping down to a lower level of care if clinically indicated. Rates for these critical services will be enhanced by the end of Fiscal Year 2020-2021 to ensure capacity can be maintained across ASP programs to serve this vulnerable population.

Geriatric Inpatient Behavioral Health Services

The County executed a contract with Alvarado Hospital Medical Center's Alvarado Senior Care Specialty Services, a 30-bed geriatric behavioral health unit, and services became operational in September 2020. The facility provides intensive inpatient treatment for patients 55 and older, or adults with functional limitations to the degree that they fit in appropriately with the older adult population, with acute behavioral health disorders.

Care Coordination Efforts

Children's Behavioral Health Hub

On March 10, 2020 (04), your 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 include:

- Inpatient and acute care services
- Crisis stabilization services
- Partial hospitalization
- Care coordination services
- Medical and transitional care services for the County's Juvenile Hall

County staff continue to work with Rady on California Environmental Quality Act compliance, and to design the program and clinical services and outline the planning phases to build the new facility.

Care Coordination Services Through Joint Venture

On October 29, 2019 (31), your 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. Subsequently, on January 28, 2020 (03), your Board directed staff to execute a memorandum of understanding between the County and the University of California, San Diego Health Systems (UCSD), to operate and/or provide services at the Central Region Behavioral Health Hub and, as appropriate, provide interim services at San Diego County Psychiatric Hospital (SDCPH).

The County and UCSD continue to refine the joint venture model for care coordination, in collaboration with a consultant. Work also continues to define the strategy and regulatory parameters, as well as identify technical data and infrastructure specifications.

Transitioning operations at the SDCPH to UCSD will require changes at Edgemoor Distinct Part Skilled Nursing Facility (Edgemoor) which is currently a distinct part and licensed under

SDCPH. With planned changes in licensure at SDCPH, Edgemoor will be required to obtain new licensure from the California Department of Public Health. An architect and the Department of General Services are assisting with required facility modifications at Edgemoor and working with Edgemoor staff to ensure minimal impact to the residents when construction begins.

Other Continuum of Care-Related Updates

Update on Services for Individuals with Serious Mental Illness who are Resistant to Treatment
As new services are brought online to support better care for individuals with mental health conditions, existing programs continue to serve these populations across San Diego County's communities and opportunities will be sought to connect, coordinate, and integrate these with new services. This includes services for individuals with serious mental illness (SMI) who are resistant to treatment.

On April 21, 2015 (4), your Board adopted Laura's Law and approved a plan to implement Assisted Outpatient Treatment (AOT) in San Diego County. The contract for AOT was implemented on January 1, 2016 with services beginning April 1, 2016. In-Home Outreach Teams (IHOT) serve as the starting point of a treatment continuum to link and connect individuals with SMI to appropriate services, and if eligible, referring individuals to AOT.

From July 1, 2019 to June 30, 2020, there were 1,013 referrals into the IHOT program. Of those referrals, 640 individuals were accepted into the IHOT program. Of the 640 referrals accepted into the IHOT program, 181 participants appeared to meet Laura's Law criteria (28%), consistent across previous reporting periods. Of note, 23.9% of participants identified as homeless; this has also been consistent across previous reporting periods.

Of the 181 participants who appeared to meet Laura's Law criteria, 41 were evaluated by an AOT clinician and accepted into the AOT program. The remaining 140 were ineligible for a variety of reasons including, but not limited to, a higher level of care was needed (i.e. conservatorship, hospitalization), incarceration, relocation outside of the county, unable to locate, or the individual decided to accept treatment voluntarily. AOT offers intensive case management, psychiatric services, medication management and support, life skills, job and vocational support and development, as well as housing support. AOT offers intensive case management, psychiatric services, medication management and support, life skills, job and vocational support and development, as well as housing support. The number of AOT referrals continue to remain low due, in part, to the success of the IHOT program's ability to connect this population to treatment services.



**BEHAVIORAL HEALTH SERVICES
DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS) KEY UPDATES
FISCAL YEAR 2019-2020**

October 27, 2020

Volume

Following the Shelter-in-Place order there was an overall decrease in rates of behavioral health services utilization. In February 2020, contacts were between 1,200 to 1,400 per day, which dropped to below 800 following the March Shelter-in-Place order. Though the overall volume of substance use disorder outpatient contacts, measured by unique patients, is still down from before the pandemic, client volume has bounced back significantly since March, and as of mid-September contacts have risen to between 800 to 1,000 per day. COVID-19 health emergency notwithstanding, overall DMC-ODS service level demands have expanded far beyond the three-year planned growth of 10% annually.

More sustained shifts in service utilization within the specialty behavioral health care system contracted through BHS have continued. The entire system of outpatient care, for example, has shifted heavily to telephonic or tele-health services which has largely driven the rise in service volume.

Below are additional key volumetric areas summarizing the second year of DMC-ODS implementation, some of demonstrated overall decreases attributed primarily to the impact of COVID-19:

- The number of total admissions for DMC-ODS outpatient and residential programs was over 15,700, representing a 10% decrease from prior fiscal year; however, the two-year total of over 33,300 admissions far exceeded the goal of increasing outpatient and residential admissions by 30% over three years.
- Of the over 9,800 unique individuals served in outpatient and residential programs,
 - Nearly 39% reported methamphetamine as their primary drug.
 - 49% of unique clients presented as experiencing homeless during intake.
 - 45% had co-occurring mental health and substance use disorder.
 - 58% had justice involvement.
- Of the over 2,000 unique individuals in opioid treatment programs (OTPs), 86% reported heroin as their primary drug.
- Over 8,700 unique Medi-Cal beneficiaries were served across all DMC-ODS programs, bringing the two-year total to over 16,700 and representing an overall increase of 71% over two years.
- While tele-health was not widely utilized prior to the pandemic, it became a critical means of treatment following the issuance of the Public Health Order. In August 2020, 42% of adult outpatient services and 18% of youth outpatient services were provided

via tele-health. Between 30-35% of services were provided telephonically and the remainder of services were provided in-person.

- Due to physical distancing requirements in place to protect the safety of clients and staff, the SUD residential bed capacity was reduced by over 30%. Additionally, SUD residential beds were reduced by about 10% due to the unexpected loss of contracted beds. Current capacity remains at a pre-DMC-ODS level; however, the development of strategies to ramp up capacity remains a priority. Current bed utilization is between 85% to 90% of physically distanced beds.

Clinical Quality

DMC-ODS infused the County with resources to align with evidence-based practices and standardized level of care assessment, using criteria developed by the American Society of Addiction Medicine (ASAM). Under DMC-ODS, providers of specialized care for addiction can identify levels and intensity of care based on the needs of an individual, which include outpatient, intensive outpatient, or residential services. It also supports continuity between levels of care as individuals move through the continuum of care.

At the end of the second year of implementation, the quality of services improved due to the expansion of network capacity and services, improved access, alignment with ASAM criteria, and enhanced care coordination. In the midst of turbulent volume within the system attributed to the COVID-19 pandemic, DMC-ODS programs were able to engage and connect vulnerable individuals to care through novel operational and clinical services.

Access

- Over 3,900 individuals receiving outpatient treatment were connected to recovery residences that provide safe, short-term housing, representing a 178% increase over the number of clients connected in the prior year. Additionally, individuals receiving care management services rose by 55% to over 10,400, and 89% of requests for outpatient services were offered within 10 business days of request, demonstrating an increase over the prior year's 83%.
- For the OTPs, about 96% of unique clients received their first medication within three business days of initial contact. The number of unique individuals receiving buprenorphine increased by 84% and buprenorphine dosing increased by 90% over the prior fiscal year. The number of step-downs or patient take-homes increased by 4% over the prior fiscal year to 62%. Additionally, the monthly take home average increased from 56% pre-COVID-19 to 73% during the pandemic due to regulatory waivers allowing for the continuity of medication.
- As of June 2020, 40% of all SUD clients received case management services representing a 25% increase from July 2019. Case management services allow clients to stay continuously connected to care.

Standardized Assessments

- In Fiscal Year 2019-2020, 94% of the 760 active clinical staff required to take ASAM training were trained in the ASAM criteria; and 92% of unique individuals served received the services that were clinically recommended.

Finance

In the second year of DMC-ODS implementation, access to services increased, the quality of services improved, and costs for services were sustained within the approved budget. Over \$140 million in federal, State, and County funds were invested in contracted DMC-ODS programs, and as of August 2020, 100% of the total active facilities were DMC-certified, which is required for billing.

Though in the second year of implementation several challenges remained present, including:

- Rigorous documentation, data entry, and training requirements, resulting in delayed and/or incomplete data entry, delayed billing, and administrative challenges impacting minimum productivity requirements;
- Continued staff vacancies and difficulty meeting productivity requirements due to a local and statewide shortage of qualified mental health professionals; and,
- The COVID-19 pandemic severely impacted service delivery and access as providers struggled to maintain connection to clients.

Though still maturing, the County continues to make forward progress in optimizing the DMC-ODS service delivery model to ensure long-term sustainability by continuing to develop more comprehensive volume, clinical, and financial data through increased analytic capabilities and integrated data systems, and by further refining the financial and revenue forecasting models.

Drug-Medi-Cal Organized Delivery System Intergovernmental Agreement

The County is seeking to renew and execute the Drug Medi-Cal Organized Delivery System in order to continue improving care for those who are struggling with SUD and enhancing the system of care available to our San Diego County residents.

The objectives of the DMC-ODS include:

- Continuing to enhance the County SUD provider network capacity and ensure services SUD services are available to Medi-Cal beneficiaries.
- Continuing to increase local oversight of the SUD provider network to improve service quality and cost efficiency.
- Continuing enhancing care coordination and linkages among physical health, mental health, and SUD services.

Today's action request the Board approve and authorize the Clerk of the Board to execute the DMC-ODS Intergovernmental Agreement with the State of California, upon receipt, and subsequent amendments, as required, and to reflect revised revenue amounts allocated by the State.



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: October 27, 2020

07

TO: Board of Supervisors

SUBJECT

APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2020-21 THROUGH 2022-23 (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, system development, and to address the necessary infrastructure, technology, and training to effectively support the public mental health system. MHSA 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. In Fiscal Year 2018-19 MHSA programs served over 78,000 unique individuals. MHSA is comprised of five components:

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

The County of San Diego (County), Health and Human Services (HHS) Behavioral Health Services (BHS) is presenting the recommended MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23 (Three-Year Plan). As mandated by the MHSA, the Three-Year Plan, inclusive of all programs and expenditures funded by the MHSA, requires approval by the Board of Supervisors prior to submission to the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

Today's recommended action requests that the Board receive and approve the Three-Year Plan, which includes estimated MHSA funds of \$192.8 million in Fiscal Year (FY) 2020-21, \$195.3 million in FY 2021-22, and \$193.4 million in FY 2022-23. The Three-Year Plan also includes \$400,000 assigned to the California Mental Health Services Authority (CalMHSA) to continue statewide PEI campaigns and local PEI initiatives as part of the FY 2020-21 amount. Since the establishment of the MHSA, the County has invested over \$1.5 billion of MHSA funding to expand

SUBJECT: APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2020-21 THROUGH 2022-23 (DISTRICTS: ALL)

and enhance critical mental health programs. Continued investments in MHSA services through the implementation of the Three-Year Plan supports the goal of dramatically shifting 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. Over the last several years, at the Board's direction, BHS has continued to aggressively invest MHSA funding into critical prevention, treatment and support services.

Today's action supports the countywide *Live Well San Diego* vision by enhancing access to behavioral health services, promoting well-being in children, adults and families, and encouraging self-sufficiency, which promotes a region that is building better health, living safely, and thriving.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Receive and approve the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23 (Three-Year Plan) and authorize the Director, Health and Human Services Agency, to submit the Three-Year Plan to the California Mental Health Services Oversight and Accountability Commission.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year (FY) 2020-22 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 \$192.8 million in FY 2020-21, inclusive of \$400,000 dedicated to the California Mental Health Services Authority (CalMHSA), to continue participation in statewide prevention and early intervention campaigns and local initiatives. The funding source is MHSA. The proposed MHSA budget reflects enhanced Medi-Cal drawdown in FY 2020-21 tied to a Federal Medi-Cal Assistance Percentage (FMAP) associated with COVID-19. 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 1, 2020, the Behavioral Health Advisory Board voted to approve the recommendations.

BACKGROUND

MHSA Fiscal Year 2020-23 Three-Year Program and Expenditure Plan

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 the necessary infrastructure, technology, and training to effectively support the public mental health system. MHSA 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. In Fiscal Year (FY) 2018-19, MHSA programs served over 78,000 unique individuals. MHSA is comprised of five components:

SUBJECT: APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2020-21 THROUGH 2022-23 (DISTRICTS: ALL)

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

The California Welfare and Institutions Code Section 5847 states that county mental health programs shall prepare and submit a Mental Health Services Act Three-Year Plan for programs and expenditures funded by the MHSA. The Three-Year Plan must be adopted by the County of San Diego Board of Supervisors (Board) and submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days of adoption by the Board.

Today's recommended action presented by the County of San Diego (County), Health and Human Services (HHS) Behavioral Health Services (BHS) department requests that the Board of Supervisors (Board) receive and approve the recommended MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23 (Three-Year Plan), which includes MHSA funding of \$192.8 million in Fiscal Year (FY) 2020-21, \$195.3 million in FY 2021-22, and \$193.4 million in FY 2022-23, inclusive of all programs and expenditures funded by the MHSA as required to comply with MHSA regulations. The Three-Year Plan also includes \$400,000 as part of the FY 2020-21 amount assigned to the California Mental Health Services Authority (CalMHSA) to continue statewide PEI campaigns and local PEI initiatives. This includes Each Mind Matters, an initiative aimed at reducing stigma and encouraging people struggling with mental health illness to reach out for support, and Know the Signs, a media campaign designed to educate the community on how to recognize the warning signs of suicide and where to find professional help.

The Three-Year Plan was developed collaboratively with various councils, stakeholders, organizations, consumers, and individual community members throughout San Diego county through the Community Program Planning (CPP) process. Formal community engagement forums and focus groups were also facilitated in December 2019, to engage the community in determining where to focus MHSA resources to best meet the needs of County residents.

Since the establishment of the MHSA, the County has invested over \$1.5 billion of MHSA funding to expand and enhance critical mental health programs. Continued investments in MHSA services through the implementation of the Three-Year Plan supports the goal of dramatically shifting 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. Over the last several years, at the Board's direction, BHS has continued to aggressively invest MHSA funding into critical prevention, treatment and support services.

Adding increased complexity this year, the COVID-19 pandemic has significantly and disproportionately impacted our most vulnerable populations and has adversely impacted critical resources vital to our system, creating new and ongoing challenges. However, BHS remains

SUBJECT: APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2020-21 THROUGH 2022-23 (DISTRICTS: ALL)

committed to the delivery of essential services since the need is more pressing than ever. To maintain continuity of essential services going forward, BHS continues to work diligently to identify short-, mid- and long-term mitigation strategies to address service delivery, staffing and infrastructure challenges along with the anticipated decrease of MHSA revenues resulting from the pandemic. Immediate strategies to address the anticipated decrease of MHSA revenues, include:

- Utilizing MHSA prudent reserve funds, as needed, due to expected decreased MHSA revenues resulting from COVID-19;
- Supporting the flexible use of funds between MHSA components, primarily Community Services and Supports (CSS) and Prevention and Early Intervention (PEI), outside of the prescribed percentage allocations;
- Reflecting enhanced Medi-Cal drawdown in FY 2020-21 Federal Medi-Cal Assistance Percentage (FMAP) associated with COVID-19 in the Three-Year Plan and continue to optimize Medi-Cal (Federal Financial Participation) drawdown across all programs to ensure maximum availability of MHSA funding;
- Continuing intensive evaluations of BHS programs to ensure optimal service delivery, maximum efficiency, effective outcomes, and alignment with the Behavioral Health Continuum of Care; and,
- Pursuing the flexibility to use unspent Innovation (INN) funds for CSS and PEI components, to ensure the continuity of essential treatment and prevention services.

The implementation of the Three-Year Plan supports the countywide *Live Well San Diego* vision by enhancing access to behavioral health services; promoting well-being in children, adults and families; and encouraging self-sufficiency, which promotes a region that is building better health, living safely, and thriving.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Healthy Families and Safe Communities initiatives in the County of San Diego's (County) 2020-2025 Strategic Plan, as well as the County's *Live Well San Diego* vision, by providing necessary resources and services for individuals with behavioral health needs to lead healthy and productive lives. Specific *Live Well San Diego* outcome indicators include increased life expectancy and quality of life.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

SUBJECT: APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2020-21 THROUGH 2022-23 (DISTRICTS: ALL)

ATTACHMENT(S)

Attachment A - Mental Health Services Act Three-Year Program and Expenditure Plan Fiscal Years 2020-23

SUBJECT: APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2020-21 THROUGH 2022-23 (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: ☐ Yes ☒ No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

☐ Yes ☒ No

PREVIOUS RELEVANT BOARD ACTIONS:

October 29, 2019 (6) MHSA Fiscal Year 2019-20 Annual Update; September 25, 2018 (5) MHSA Fiscal Year 2018-19 Annual Update; October 10, 2017 (3), received and approved MHSA Three-Year Program and Expenditure Plan: Fiscal Years 2017-18 through 2019-20; June 20, 2017 (13) Behavioral Health Services Authorization for Competitive Solicitations, Amendment of Contracts and Single Source Procurements; Authorization of Term Extension of the California Mental Health Services Authority (CalMHSA) Memorandum of Understanding and Authorization of Annual Payment; April 25, 2017 (5), authorized submission of new Innovation Plan to the State; September 13, 2016 (7) Memorandum of Understanding between the California Department of State Hospitals and the California Mental Health Services Authority and participating counties; July 19, 2016 (7), approved Behavioral Health Services Ten Year Roadmap; October 28, 2014 (9), authorized acceptance of the MHSA Three-Year Program and Expenditure Plan: Fiscal Year 2014-15 through Fiscal Year 2016-17; September 10, 2013 (5), authorized amended Joint Exercise of Powers Agreement with CalMHSA for additional services; January 25, 2011 (8), approved CalMHSA Joint Powers Authority membership; March 23, 2010 (8), authorized acceptance of the Capital Facilities and Technological Needs plan, which includes the Mental Health Management Information Systems (MIS) project; October 20, 2009 (4), authorized acceptance of MHSA Innovation Community Planning Funds in the amount of \$2.9 million for Fiscal Years 2008-2009 and 2009-2010 and authorize submission of the Innovation Plan to the State; May 5, 2009 (7), authorized the acceptance of the MHSA Workforce Education and Training plan; December 9, 2008 (16), approved PEI Assignment of Funds to the Department of Mental Health; November 18, 2008 (9), authorized the acceptance of the MHSA Prevention and Early Intervention (PEI); February 27, 2007 (6) authorized the MHSA Integrated Three-Year Program and Expenditure Plan for up to \$87,000,000 of CSS funds; December 13, 2005 (1), authorized competitive solicitations of new contracted programs and services and the amendment of contracts to expand existing programs and services as required to implement the County's MHSA CSS Plan.

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A



ITEM #06: UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE AND ANNUAL UPDATE ON DRUG MEDICAL ORGANIZED DELIVERY SYSTEM

ITEM #07: APPROVE THE MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2020-21 THROUGH 2022-23

Dean Arabatzis, Acting Agency Director, Health and Human Services Agency
Dr. Luke Bergmann, Director, Behavioral Health Services, Health and Human Services Agency
Dr. Nicole Esposito, Assistant Clinical Director, Behavioral Health Services,
Health and Human Services Agency
Amy Thompson, Acting Executive Finance Director, Health and Human Services Agency

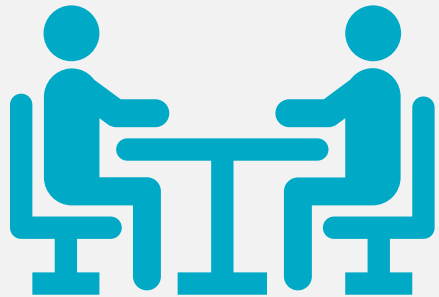
October 27, 2020



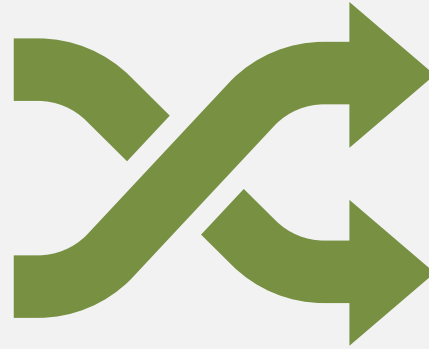
Shifts in Behavioral Health Strategy



LIVE WELL
SAN DIEGO



**CARE
COORDINATION**



**DIVERSIONARY
SERVICES**



**LONG-TERM
CARE**

Continuum of Care Projected Timelines

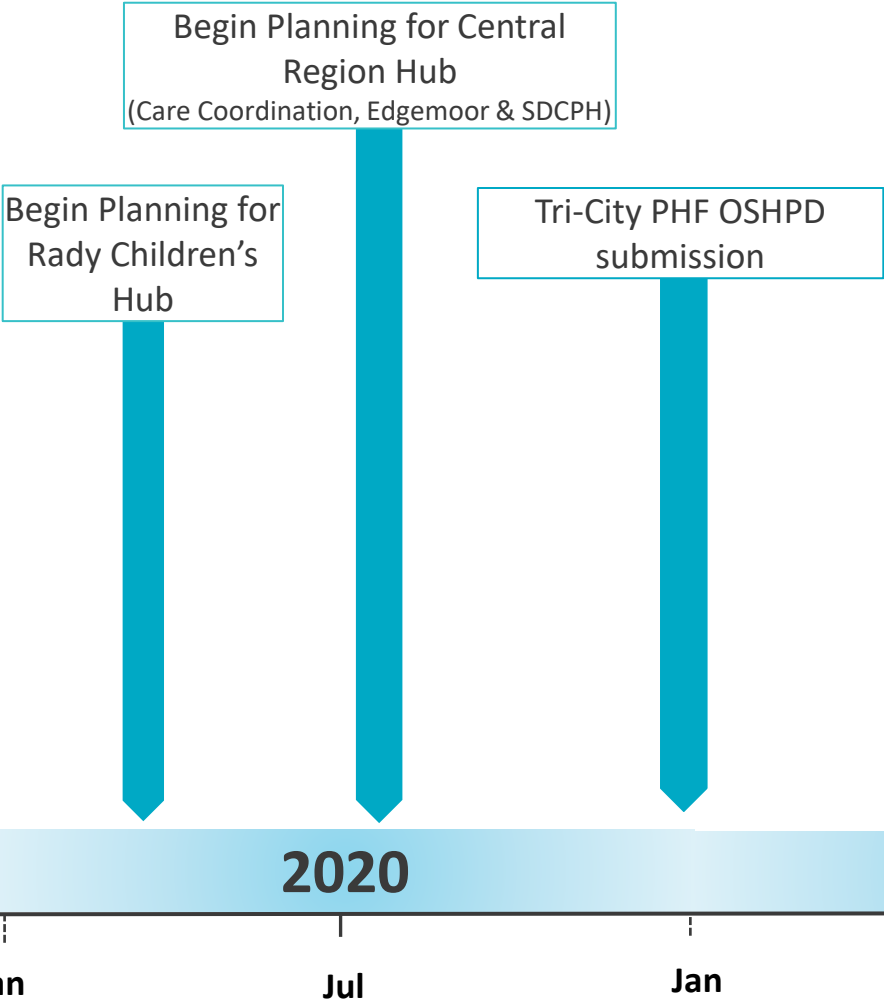


LIVE WELL
SAN DIEGO

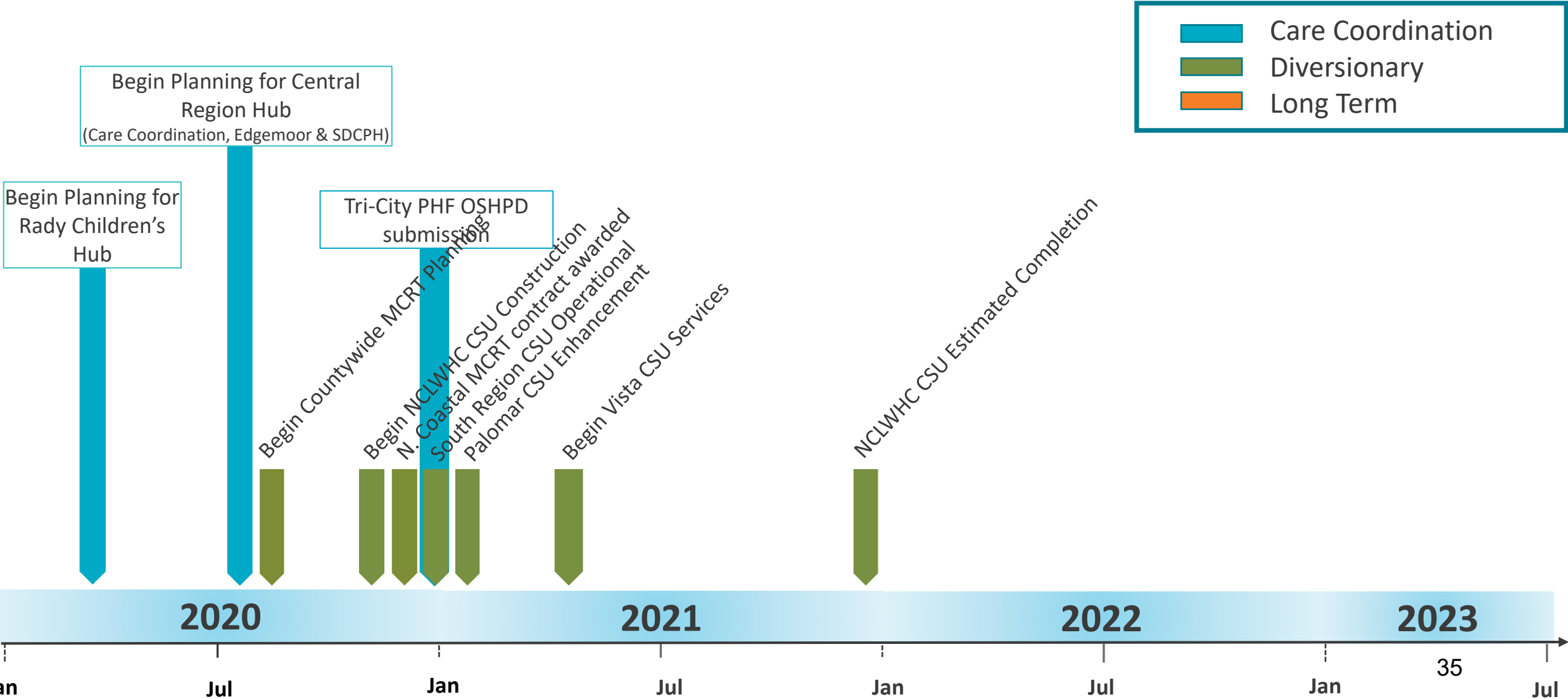
Care Coordination

Diversionary

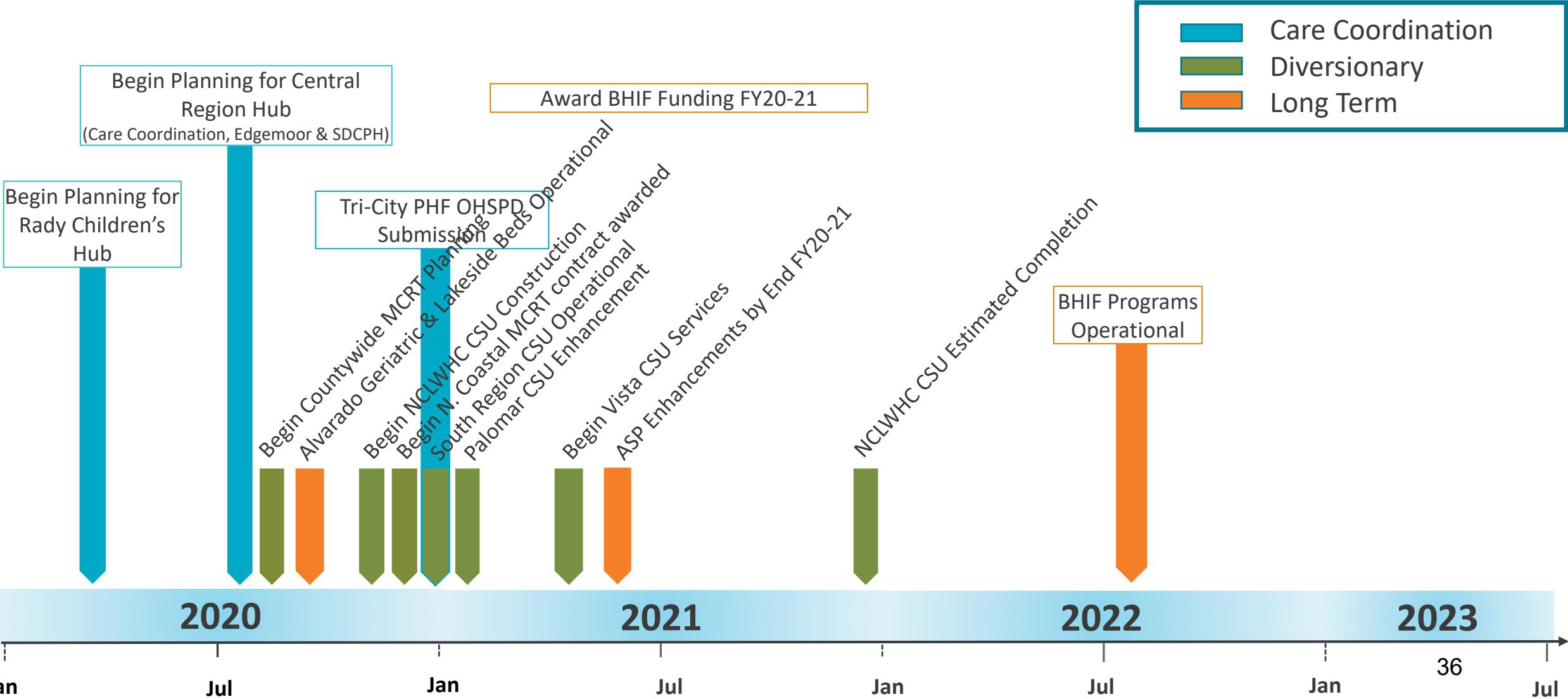
Long Term



Continuum of Care Projected Timelines



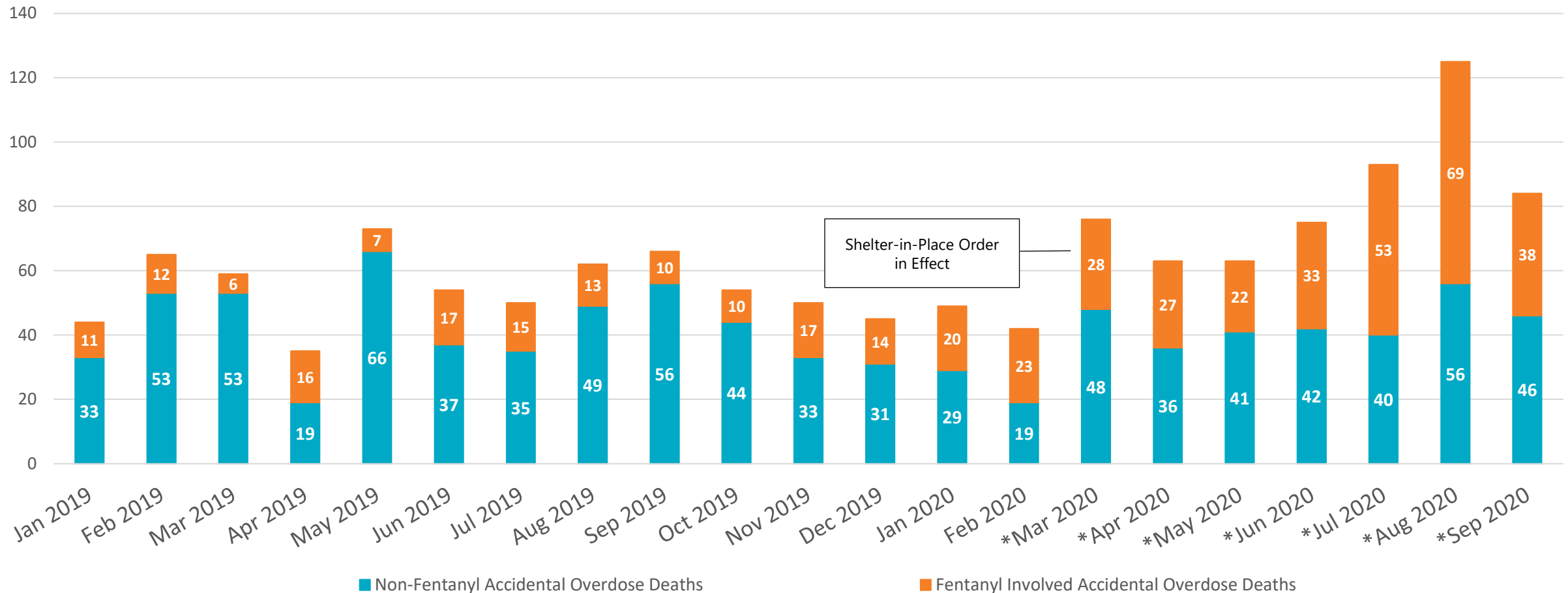
Continuum of Care Projected Timelines



Substance Use Related Harm



ACCIDENTAL OVERDOSE DEATHS IN SAN DIEGO COUNTY, 2019-2020



Note: Fentanyl involved deaths are a subset of all overdose deaths

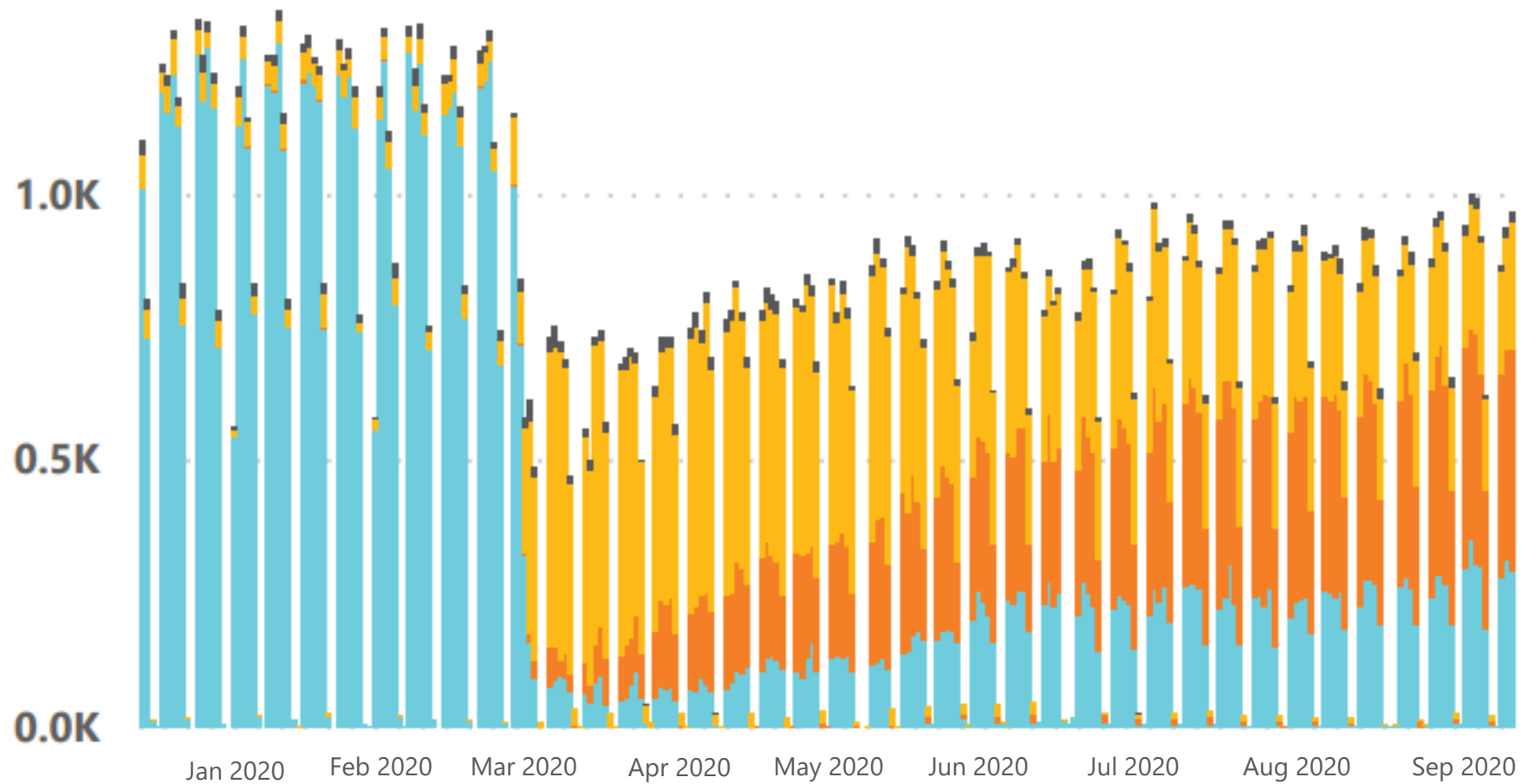
*Counts for Mar-Aug include preliminary cases identified by the Medical Examiner, figures may change

Substance Use Care Volume



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SAN DIEGO

SYSTEMWIDE SUBSTANCE USE DISORDER OUTPATIENT SERVICES, JAN 2020 - SEP 2020



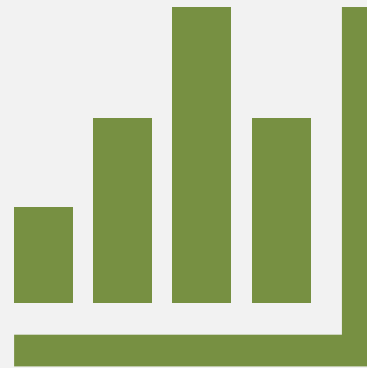
DMC-ODS Outcomes



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VOLUME



FINANCE



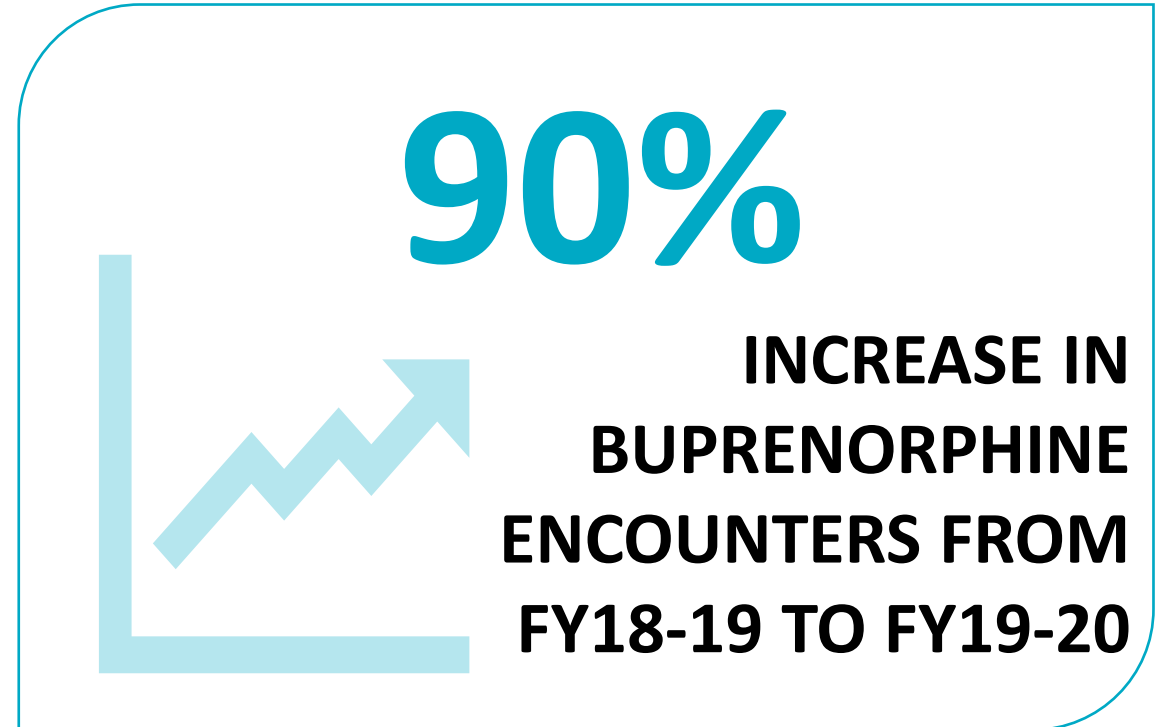
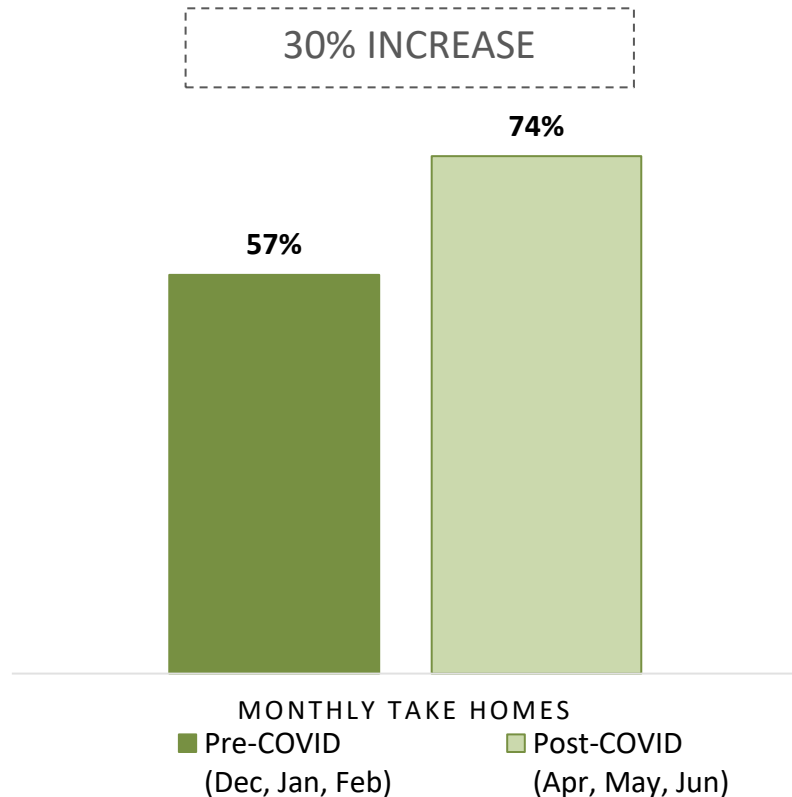
CLINICAL QUALITY

Improved Quality: Opioid Treatment Programs (OTPs)



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SAN DIEGO

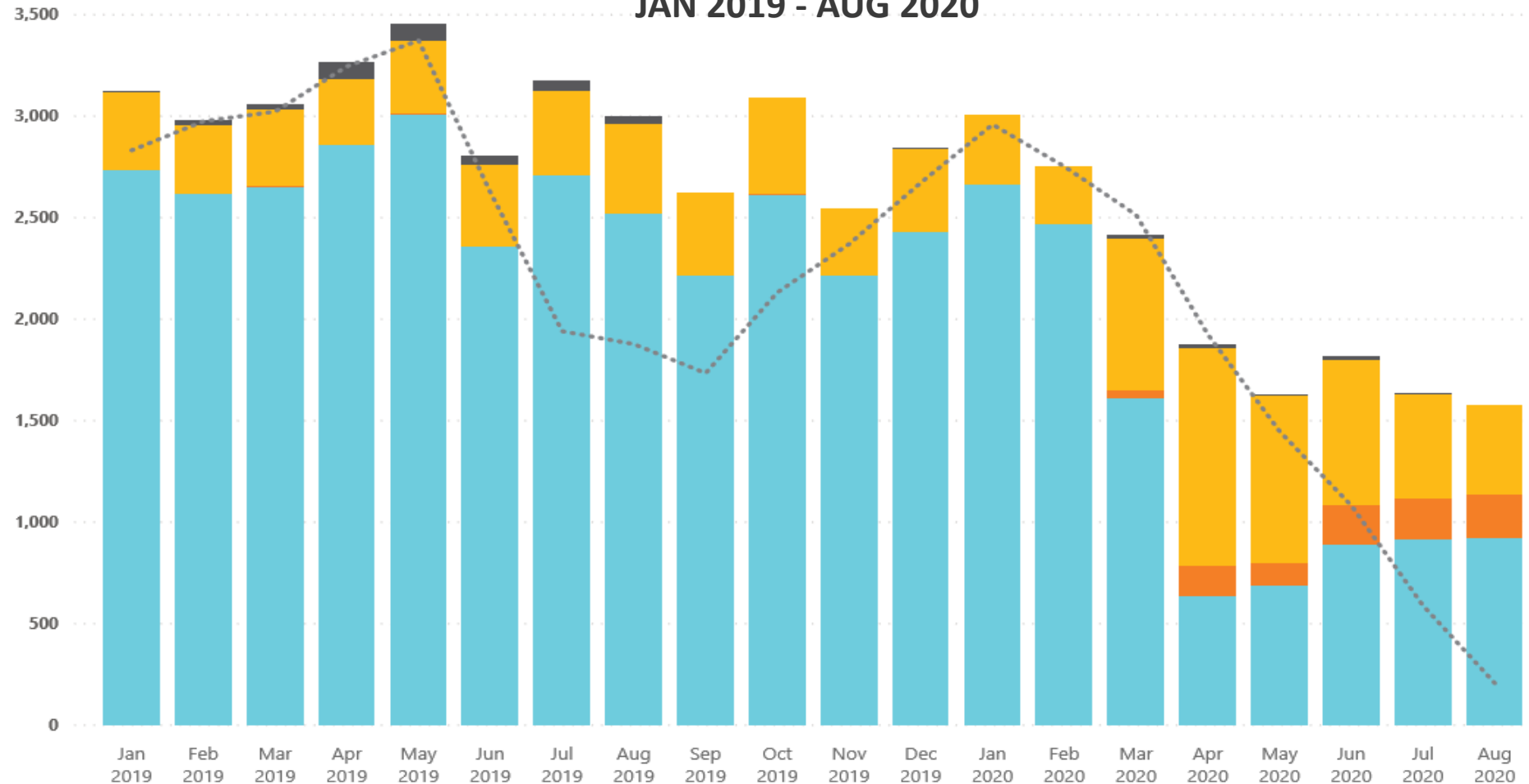
INCREASES IN OPIOID TREATMENT PROGRAM MONTHLY TAKE-HOME AVERAGES



Adolescent Behavioral Health Care



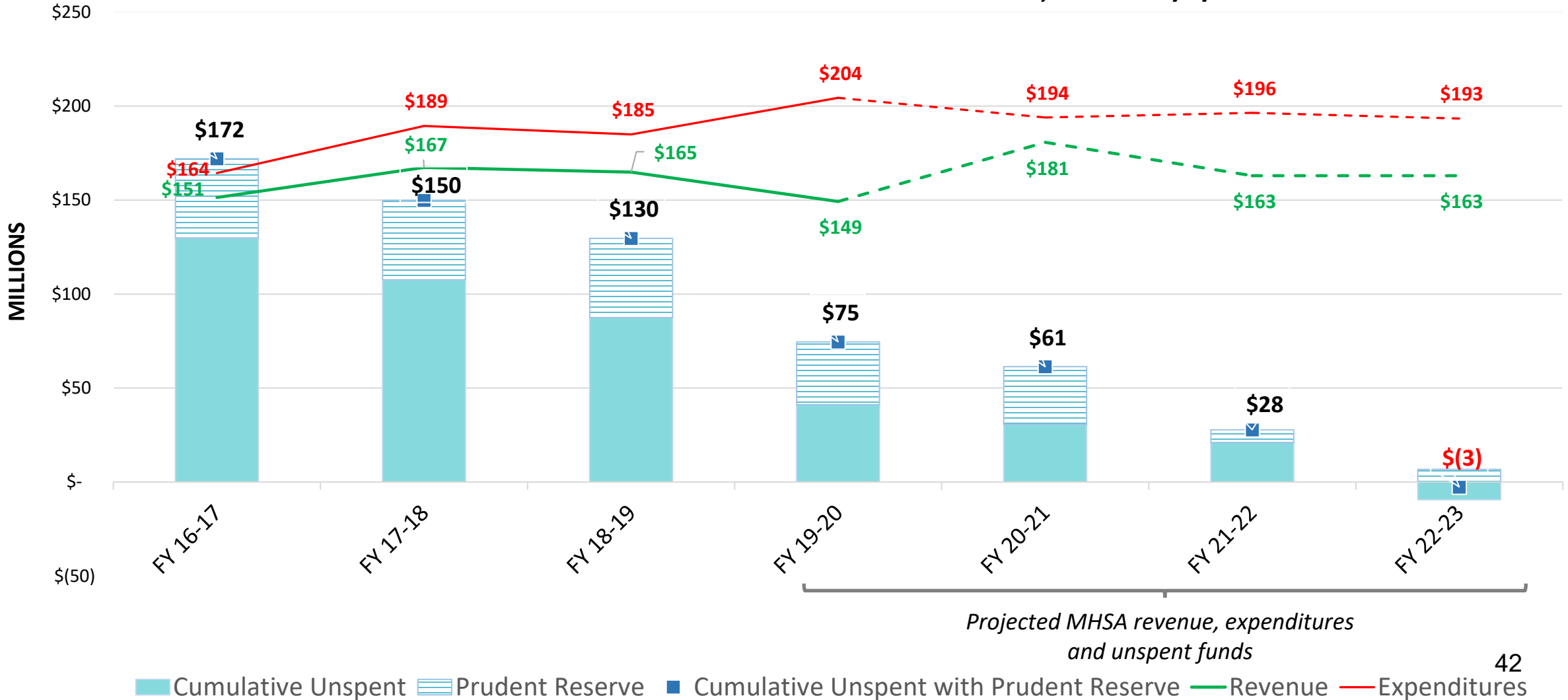
**ADOLESCENT SUBSTANCE USE DISORDER OUTPATIENT & RESIDENTIAL ENCOUNTERS,
JAN 2019 - AUG 2020**



Mental Health Services Act (MHSA)



MHSA FLOW OF FUNDS COUNTY OF SAN DIEGO, AS OF 10/5/2020



Challenges & Strategies



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SAN DIEGO

INVESTMENTS

- Prevention
- Homeless/Housing
- Children's services
- Crisis services
- Justice-involved individuals
- Special populations
- Workforce

CHALLENGES

- Economic factors
- Volatile revenues
- Legislative action
- Shifting in policy
- Impact of COVID-19

KEY STRATEGIES

- Utilize MHSA prudent reserve funds
- Support flexible use of MHSA funds
- Optimize Medi-Cal drawdown
- Optimize service delivery & efficiency
- Flexible use of Innovation funds

Today's Actions



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SAN DIEGO

Item #06

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

Recommendation #2: Receive the update on implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS).

Recommendation #3: Approve and authorize the Clerk of the Board to:

- Execute the DMC-ODS Intergovernmental Agreement from the State of California and accept the funding for Fiscal Year 2020-2021 through Fiscal Year 2022-2023, estimated at approximately \$300 million over the three year period; and
- Execute amendments to the DMC-ODS Intergovernmental Agreement with the State of California, reflecting revised revenue amounts allocated by the State.

Today's Actions Continued



LIVE WELL
SAN DIEGO

Item #07

Recommendation #1: Accept and approve the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-2021 through 2022-2023 and authorize the Director, Health and Human Services Agency, to submit the Three-Year Plan to the California Mental Health Services Oversight and Accountability Commission.



ITEM #06: UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE AND ANNUAL UPDATE ON DRUG MEDICAL ORGANIZED DELIVERY SYSTEM

ITEM #07: MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2020-21 THROUGH 2022-23

Dean Arabatzis, Acting Agency Director, Health and Human Services Agency

Dr. Luke Bergmann, Director, Behavioral Health Services, Health and Human Services Agency

Dr. Nicole Esposito, Assistant Clinical Director, Behavioral Health Services,
Health and Human Services Agency

Amy Thompson, Acting Executive Finance Director, Health and Human Services Agency

October 27, 2020





Youth Development and Community Support Services

VISION

A fair and equitable system of support for youth and families involved in the juvenile justice system that values the youth's individual needs and provides access to meaningful and relevant opportunities for success.

MISSION

To fully support youth and their families with evidence-based practices that focus on rehabilitation, healing and positive youth development.

CORE VALUES

Respect – Equity – Commitment – Compassion

Motivation – Positivity – Innovation– Collaboration

GUIDING PRINCIPLES

Public safety is our priority

Maintain fiscal stability

Promote a culture that values diversity, fairness & equity

Conduct business with transparency and accountability

Act with integrity

Continually challenge ourselves to enhance our knowledge and expertise



San Diego County Juvenile Justice System

Core Beliefs

Partners: San Diego County Probation Department, Juvenile Court Bench, District Attorney's Office, Public Defender's Office, County of San Diego Public Safety Group and the Children's Initiative

Our Core Beliefs are based on twenty plus years of national research, evidence-based practices and nationally recognized promising approaches to improve outcomes for youth and keep communities safe. We prioritize prevention and early intervention programs and services for at-risk youth to help redirect delinquent behavior and support the healthy development of youth.

What Scientific Research has Proven:

1. Brain science research has clearly demonstrated that adolescents are developmentally wired to test limits, act impulsively, and overlook the long-term consequences of their actions, and they are easily influenced by their peers.ⁱ
2. More than a third of all young people will engage in risky behavior but will naturally age out of these behaviors.ⁱⁱ
3. Juvenile justice systems can do more harm than good by intervening with youth that are at low risk to reoffend.ⁱⁱⁱ

Proven Juvenile Justice System Approaches:

1. Juvenile justice systems must be based on rehabilitation and support, and not based on punishment and punitive sanctions.^{iv}
2. Words and language used when talking to and about youth and their families matter. By using supportive, trauma-informed communication, being respectful and acknowledging youth and family strengths and assets, youth can develop in a more positive manner.^{v and vi}
3. Using a validated risk and needs assessment tool supports consistent and objective decisions that are fair and equal for all youth regardless of race, ethnicity, gender, sexuality and other characteristics.^{vii}
4. In order for probation to be most successful, the case planning process must be individualized, strength based, involve family and be trauma informed.^{viii}
5. We must include "family" of youth as a support system for them to be successful, and that family should be defined broadly to be inclusive of youth's varying backgrounds and family structures.^{ix}

6. Probation length, probation conditions and intensity of services should be based on individual needs.^{x and xi}
7. Longer than necessary lengths of probation often result in multiple technical probation violations that keep youth unnecessarily involved in the justice system.^{xii}
8. Limiting probation terms and using incentives to shorten probation terms as a reward for positive behavior can improve outcomes and reduce costs with no harm to public safety.^{xiii}
9. Graduated response systems that focus on accountability rather than punishment will hold youth accountable in constructive ways and promote healthy moral development.^{xiv}
10. One of the most effective public safety strategies is to evaluate our juvenile justice system's performance and to use data to guide system decisions.^{xv}

Limiting the Utilization of Residential Detention Facilities:

1. Incarceration in a residential detention facility does not reduce reoffending behaviors and periods of confinement can seriously harm young people's future health, education and success.^{xvi}
2. Incarceration in a residential detention facility should only be used for youth who pose a threat to society and/or to themselves.^{xvii, xviii, and xix}
3. Residential detention facilities are most effective when the environment is homelike, supportive, trauma-informed, and grounded in positive youth development principles.^{xx}

Utilizing Diversion:

1. Diversion from the juvenile justice system for the appropriate youth leads to greater youth success.^{xxi}
2. Youth with misdemeanor and non-violent felonies who are at low risk to reoffend should be diverted completely out of the juvenile justice system as quickly as possible.^{xxii}

Programming is Important for Youth Success:

1. Opportunities for learning and participating as well as attaching and belonging are vital to the success and well-being of youth.^{xxiii}
2. Probation programming and practices should focus on services for youth who are at risk of reoffending and those services should be matched to each youth's specific needs underlying their at-risk behaviors.^{xxiv}
3. Youth on probation need access to meaningful and relevant youth development opportunities and access to positive role models and organizations in their home community.^{xxv}
4. Programming must match each youth's assessed needs.^{xxvi}

ⁱ Webber, Umpierre & Bilcheck. Transforming Juvenile Justice Systems to Improve Public Safety and Youth Outcomes (2018), 4.

ⁱⁱ Barry Holman & Jason Ziedenberg. The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities (2006), 6.

ⁱⁱⁱ Mendel, Bishop & Cookus. Transforming Juvenile Probation/A Vision for Getting it Right (2018), 9.

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- ^{iv} Mendel, Bishop & Cookus. Transforming Juvenile Probation, 9.
- ^v Search Institute. 40 Developmental Assets for Adolescents ages 12-18 (2006).
- ^{vi} Richard A. Mendel. The Missouri Model Reinventing the Practice of Rehabilitating Youthful Offenders (2010), 15.
- ^{vii} Tim Decker. A Roadmap to the Ideal Juvenile Justice System (2019), 12.
- ^{viii} Mendel, Bishop & Cookus. Transforming Juvenile Probation, 36.
- ^{ix} Webber, Umpierre & Bilcheck. Transforming Juvenile Justice Systems, 22.
- ^x David Muhammad. A Positive Youth Justice System (2019), 12.
- ^{xi} Webber, Umpierre & Bilcheck. Transforming Juvenile Justice Systems, 13.
- ^{xii} Webber, Umpierre & Bilcheck. Transforming Juvenile Justice Systems, 12.
- ^{xiii} Mendel, Bishop & Cookus. Transforming Juvenile Probation, 17.
- ^{xiv} Webber, Umpierre & Bilcheck. Transforming Juvenile Justice Systems, 13.
- ^{xv} Webber, Umpierre & Bilcheck. Transforming Juvenile Justice Systems, 24.
- ^{xvi} Mendel, Bishop & Cookus. Transforming Juvenile Probation, 15.
- ^{xvii} Mendel, Bishop & Cookus. Transforming Juvenile Probation, 39.
- ^{xviii} David Muhammad. A Positive Youth Justice System (2019), 5.
- ^{xix} Webber, Umpierre & Bilcheck. Transforming Juvenile Justice Systems, 14.
- ^{xx} Tim Decker. A Roadmap to the Ideal Juvenile Justice System (2019), 27.
- ^{xxi} Mendel, Bishop & Cookus. Transforming Juvenile Probation, 8.
- ^{xxii} Mendel, Bishop & Cookus. Transforming Juvenile Probation, 28.
- ^{xxiii} Council of Juvenile Correctional Administrators and Center for Juvenile Justice Reform. Youth in Custody Practice Model: An Abbreviated Guide (2016), 14.
- ^{xxiv} Webber, Umpierre & Bilcheck. Transforming Juvenile Justice Systems, 24.
- ^{xxv} Tim Decker. A Roadmap to the Ideal Juvenile Justice System (2019), 10.
- ^{xxvi} Webber, Umpierre & Bilcheck. Transforming Juvenile Justice Systems, 4.



OFFICE OF THE GOVERNOR

SEP 25 2020

To the Members of the California State Senate:

In my State of the State address delivered on February 19, 2020, I stressed the importance of supporting an individual's behavioral health needs as a top priority for my administration.

For this reason, I am signing Senate Bill 803. This bill supports statewide standards for behavioral health peer support specialists and adds these services as an option in Medi-Cal. Peer support specialists are people with lived experience with mental health and/or substance use disorders and are in a unique position to earn trust and build bridges for people on the path to recovery.

Statewide standards will ensure consistency and quality of service while offering a level of validity and respect to the position. Statewide standards will additionally satisfy a federal requirement to allow Medi-Cal billing.

It has taken many years and legislative iterations to get here. However, prior proposals have had prohibitive cost implications. The county opt-in model presented in SB 803 minimizes costs and allows a structure that is economically viable, while meeting the goals to expand the opportunity for peers to support resilience and recovery. I applaud Senator Beall for his leadership and persistence in this space.

Sincerely,

Gavin Newsom



SB-803 Mental health services: peer support specialist certification. (2019-2020)

SHARE THIS:



Date Published: 09/29/2020 02:00 PM

Senate Bill No. 803

CHAPTER 150

An act to add Article 1.4 (commencing with Section 14045.10) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.

[Approved by Governor September 25, 2020. Filed with Secretary of State September 25, 2020.]

LEGISLATIVE COUNSEL'S DIGEST

SB 803, Beall. Mental health services: peer support specialist certification.

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers.

This bill would require the department, by July 1, 2022, subject to any necessary federal waivers or approvals, to establish statewide requirements for counties or their representatives to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both. The bill would authorize a county, or an agency that represents a county, to develop a peer support specialist certification program and certification fee schedule, both of which would be subject to department approval. The bill would require the department to seek any federal waivers it deems necessary to establish a demonstration or pilot project for the provision of peer support services in a county that agrees to participate in and fund the project, as specified.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. This act shall be known, and may be cited, as the Peer Support Specialist Certification Program Act of 2020.

SEC. 2. Article 1.4 (commencing with Section 14045.10) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 1.4. Peer Support Specialist Certification Program

14045.10. The Legislature finds and declares all of the following:

(a) Peer providers in California provide individualized support, coaching, facilitation, and education to clients with mental health care needs and substance use disorders in a variety of settings. Yet, no statewide scope of practice, standardized curriculum, training standards, supervision standards, or certification protocol is available.

(b) The United States Department of Veterans Affairs and at least 48 states utilize standardized curricula and certification protocols for peer support services.

(c) The federal Centers for Medicare and Medicaid Services (CMS) recognizes that the experiences of peer support specialists, as part of an evidence-based model of care, can be an important component in a state's delivery of effective mental health and substance use disorder treatment. The CMS encourages states to offer comprehensive programs.

(d) A substantial number of research studies demonstrate that peer supports improve client functioning, increase client satisfaction, reduce family burden, alleviate depression and other symptoms, reduce homelessness, reduce hospitalizations and hospital days, increase client activation, and enhance client self-advocacy.

(e) Certification can increase the diversity and effectiveness of the behavioral health workforce through the use of peers with lived experience.

14045.11. It is the intent of the Legislature that the peer support specialist certification program, established under this article, achieve all of the following:

(a) Support the ongoing provision of services for individuals experiencing mental health care needs, substance use disorder needs, or both, by certified peer support specialists.

(b) Support coaching, linkage, and skill building of individuals with mental health needs, substance use disorder needs, or both, and to families or significant support persons.

(c) Increase family support by building on the strengths of families and helping them achieve a better understanding of mental illness in order to help individuals achieve desired outcomes.

(d) Support collaboration with others providing care or support to the individual or family.

(e) Assist parents, families, and individuals in developing coping mechanisms and problem-solving skills in order to help individuals achieve desired outcomes.

(f) Promote skill building for individuals in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

(g) Encourage employment under the peer support specialist certification to reflect the culture, ethnicity, sexual orientation, gender identity, mental health service experiences, and substance use disorder experiences of the individuals the peer support specialists serve.

14045.12. For purposes of this article, the following definitions apply:

(a) "Certification" means the activities related to the verification that an individual has met all of the requirements under this article and that the individual may provide peer support specialist services pursuant to this article.

(b) "Certified" means all federal and state requirements have been satisfied by an individual who is seeking designation under this article, including completion of curriculum and training requirements, testing, and agreement to uphold and abide by the code of ethics.

(c) "Code of ethics" means the standards to which a peer support specialist is required to adhere.

(d) "Core competencies" means the foundational and essential knowledge, skills, and abilities required for peer specialists.

(e) "Cultural competence" means a set of congruent behaviors, attitudes, and policies that come together in a system or agency that enables that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates, at all levels, the importance of language and culture, intersecting identities, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs to provide services in a culturally competent manner.

(f) "Department" means the State Department of Health Care Services.

(g) "Peer support specialist" means an individual who is 18 years of age or older, who has self-identified as having lived experience with the process of recovery from mental illness, substance use disorder, or both, either as a consumer of these services or as the parent or family member of the consumer, and who has been granted certification under a county peer support specialist certification program.

(h) "Peer support specialist services" means culturally competent services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. Peer support specialist services include, but are not limited to, prevention services, support, coaching, facilitation, or education that is individualized and is conducted by a certified peer support specialist.

(i) "Recovery" means a process of change through which an individual improves their health and wellness, lives a self-directed life, and strives to reach their full potential. This process of change recognizes cultural diversity and inclusion, and honors the different routes to resilience and recovery based on the individual and their cultural community.

14045.13. By July 1, 2022, subject to Section 14045.19, the department shall do all of the following:

(a) Establish statewide requirements for counties, or an agency representing counties, to use in developing certification programs for the certification of peer support specialists.

(b) Define the qualifications, range of responsibilities, practice guidelines, and supervision standards for peer support specialists. The department may utilize best practice materials published by the federal Substance Abuse and Mental Health Services Administration, the United States Department of Veterans Affairs, and related notable experts in the field as a basis for development of these definitions.

(c) Determine curriculum and core competencies required for certification of an individual as a peer support specialist, including curriculum that may be offered in areas of specialization, including, but not limited to, transition-age youth, veterans, gender identity, sexual orientation, and any other areas of specialization identified by the department. Core-competencies-based curriculum shall include, at a minimum, training related to all of the following elements:

(1) The concepts of hope, recovery, and wellness.

(2) The role of advocacy.

(3) The role of consumers and family members.

(4) Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.

(5) Cultural competence training.

(6) Trauma-informed care.

(7) Group facilitation skills.

(8) Self-awareness and self-care.

(9) Cooccurring disorders of mental health and substance use.

(10) Conflict resolution.

(11) Professional boundaries and ethics.

(12) Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment.

(13) Safety and crisis planning.

(14) Navigation of, and referral to, other services.

(15) Documentation skills and standards.

(16) Confidentiality.

(d) Specify peer support specialist employment training requirements, including core-competencies-based training and specialized training necessary to become certified under this article, and require training to include people with lived experience as consumers and family members.

(e) Establish a code of ethics.

(f) Determine continuing education requirements for biennial certification renewal.

(g) Determine the process for initial certification issuance and biennial certification renewal.

(h) Determine a process for investigation of complaints and corrective action, including suspension and revocation of certification and appeals.

(i) Determine a process for an individual employed as a peer support specialist on January 1, 2022, to obtain certification under this article.

(j) Determine requirements for peer support specialist certification reciprocity between counties, and for peer support specialists from out of state.

(k) Seek any federal approvals, related to the statewide certification standards, that it deems necessary to implement this article. For any federal approvals that the department deems necessary related to the statewide certification standards, this article shall be implemented only if and to the extent that the department obtains those federal approvals.

14045.14. (a) Subject to department approval, a county, or an agency representing the county, may develop a peer support specialist certification program in accordance with this article and any standards established by the department. That county, or an agency representing that county, shall oversee and enforce the certification requirements developed pursuant to this article. To request department approval of the county peer support specialist program, a county, or an agency representing the county, shall do all of the following:

(1) Submit to the department a peer support specialist program plan describing how the peer support specialist program will meet all of the federal and state requirements for the certification and oversight of peer support specialists.

(2) Submit to periodic reviews conducted by the department to ensure adherence to all federal and state requirements.

(3) Submit annual peer support specialist program reports to the department.

(b) If a county chooses not to develop peer support specialist certification programs in accordance with this article, the county may fund peer programs to the extent those programs meet all requirements of the applicable funding source.

(c) The Legislature finds that peer support specialist certification is conducted at the state level in other states, but this section passes this responsibility to counties. Subject to an appropriation by the Legislature, the state shall fund the startup costs to implement this section.

14045.15. (a) To receive a certification under this article, an applicant shall meet all of the following requirements:

(1) Be at least 18 years of age.

(2) Possess a high school diploma or equivalent degree.

(3) Be self-identified as having experience with the process of recovery from mental illness or substance use disorder either as a consumer of these services or as the parent or family member of the consumer.

(4) Be willing to share their experience.

(5) Have a strong dedication to recovery.

(6) Agree, in writing, to adhere to a code of ethics.

(7) Successfully complete the curriculum and training requirements for a peer support specialist.

(8) Pass a certification examination approved by the department for a peer support specialist.

(b) To maintain certification under this article, a certified peer support specialist shall meet both of the following requirements:

(1) Adhere to the code of ethics and biennially sign an affirmation.

(2) Complete any required continuing education, training, and recertification requirements.

14045.16. This article does not authorize an individual who is certified pursuant to this article to diagnose an illness, prescribe medication, or provide clinical services.

14045.17. The department shall solicit stakeholder input that may include input from the Office of Statewide Health Planning and Development, peer support and family organizations, mental health services and substance use disorder treatment providers and organizations, the County Behavioral Health Directors Association of California, and the California Behavioral Health Planning Council in implementing this article. Consultation shall include regular stakeholder meetings. The department may additionally conduct technical workgroups upon the request of stakeholders.

14045.18. A participating county, or an agency representing a participating county, is authorized to establish a certification fee schedule for the purpose of supporting the activities associated with the ongoing administration of the peer support specialist certification program. Before the fee schedule may be implemented, the department shall review and either approve or disapprove the fee schedule of the participating county or an agency representing the participating county.

14045.19. (a) The department shall seek any federal waivers it deems necessary to establish a demonstration or pilot project for the provision of peer support services in counties that agree to participate and provide the necessary nonfederal share funding for the demonstration or pilot project. The demonstration or pilot project shall do all of the following:

(1) Include a peer support specialist certified pursuant to this article as a Medi-Cal provider type for purposes of the demonstration or pilot project.

(2) Include peer support specialist services as a distinct service type in counties that opt in to the demonstration or pilot project.

(3) Develop and implement one or more billing codes, reimbursement rates, and claiming requirements for peer support specialist services.

(b) (1) This section does not require a county to participate in a demonstration or pilot project pursuant to this section. A county that opts to participate in a demonstration or pilot project and provide the necessary nonfederal share funding shall be considered to do so voluntarily for purposes of all state and federal laws.

(2) A county that opts to participate in a demonstration or pilot project pursuant to this section agrees to fund the nonfederal share of any applicable expenditures through certified public expenditures or intergovernmental transfers in accordance with Section 433.51 of Title 42 of the Code of Federal Regulations. Each participating county shall certify that the local funds it uses to fund the nonfederal share of expenditures pursuant to this section qualify for federal financial participation pursuant to applicable federal Medicaid laws and any terms of federal approval, in the form and manner as required by the department.

(3) Demonstration or pilot projects developed and implemented pursuant to this section shall not constitute a mandate of a new program or higher level of service that has an overall effect of increasing the costs mandated by the 2011 realignment legislation for the counties that opt in to a demonstration or pilot project.

(4) General Fund moneys shall not be used to fund the nonfederal share of any expenditures made pursuant to a demonstration or pilot project under this section.

(c) This section shall be implemented only if and to the extent that the department obtains any necessary federal approvals, and federal financial participation is available and is not otherwise jeopardized.

14045.20. For the purpose of implementing this article, the department may enter into exclusive or nonexclusive contracts on a bid or negotiated basis, including contracts for the purpose of obtaining subject matter expertise or other technical assistance. Contracts entered into or amended pursuant to this section shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and the State Administrative Manual, and shall be exempt from the review or approval of any division of the Department of General Services or the Department of Technology.

14045.21. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this article, in whole or in part, by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, without taking any further regulatory action.

SB 803 Peer Partner Certification Bill

Overview & Considerations as prepared by the California Association of Mental Health Peer-Run Organizations (CAMHPRO)

On Sept. 25, 2020, California Governor Gavin Newsom signed Senate Bill 803, authored by Senator Jim Beall, historic legislation to establish CA State Peer Certification. Prior to Sept 25, 2020, California was only one of two states without a Peer Certification program.

This bill would require the Department of Health Care Services (DHCS), by **July 1, 2022**, subject to any necessary federal waivers or approvals, to establish statewide requirements for counties or their representatives to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both.

Peer support specialist service means culturally competent services that promote engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identifications of strengths. Peer support services include, but here are not limited to, a certified peer support specialist who conducts prevention services, support, coaching, facilitation, or individualized education.

The bill would authorize a county or an agency representing a county to develop a peer support specialist certification program and certification fee schedule, both of which would be subject to Department of Health Care Services approval. The County or agency representing the County will oversee and enforce the certification requirement.

The bill would require the DHCS to seek any federal waivers it deems necessary to establish a demonstration or pilot project to provide peer support services in a county that agrees to participate in and fund the project, as specified.

By July 1, 2022, the role of the Department of Health Care Services will do all of the following:

- Establish statewide requirements for counties, or an agency representing counties, to develop certification programs for the certification of peer support specialist.
- Define the qualifications, range of responsibilities, practice guidelines, and supervision standards for peer support specialists.
- Determine curriculum and core competency required for certification of an individual as a peer support specialist, including curriculum in specialization areas.
- Specify peer support specialist employment training, requirements, including core competency-based training and socialized training, and required training to include people with lived experience as consumers and family members.
- Establish a Code of Ethics.
- Determine continuing education requirements for biennial certification renewal.
- Determine the process for initial certification issuance and biennial certification renewal.
- Determine the process for investigations of complaints and corrective action, including suspension and revocation of certification and appeals.
- Determine a process for an individual employed as a peer support specialist **in January, 1,2022**, to obtain certification under this article. ("Grandfathering-in")
- Determine requirements for peer support specialist certification reciprocity between counties and for peer support specialist from out of state.

The Department shall solicit stakeholder input that may include input for, the Office of Statewide Health Planning and Development, peer support and family organizations, mental health services and substance use disorder treatment providers and organizations, the County BH Planning Council in implementing this article. The department may additionally conduct technical workgroups upon the request of stakeholders.

For additional updates and information, please visit the CAMHPRO website at <https://camhpro.org/>

Memorandum on SB 823 DJJ Realignment

To Our Dedicated Staff:

I wanted to update you on the continuing changes to the operation of the Division of Juvenile Justice (DJJ). Yesterday, Governor Newsom signed [SB 823](#) which, among other things, will set us on the path for the eventual closure of DJJ and transition of youth offenders to local county jurisdictions.

Let me assure you that the change is not immediate, and facilities will remain staffed for the foreseeable future. In fact, there is not a definitive closure date at this time.

However, SB 823 does set some critical items into motion, including the suspension of intake of new commitments to DJJ starting on July 1, 2021, with a few exceptions, as well as the creation of an Office of Youth and Community Restoration under the California Health and Human Services Agency. This Office will oversee the gradual transition of youth offenders from state to local custody over the next several years.

In the coming weeks and months, we will be sharing more detailed information with the staff, youth and families impacted to ensure collaboration, transparency and open communication. We will be working closely with Human Resources and personnel to answer all of your questions and/or concerns, and we will be posting information on the intranet as well.

As your Director, please know how proud I am of the work that you do on a daily basis to care for some of California's most challenged youth. Your ability to continue doing that, even as we work through complex challenges resulting from COVID-19, makes me even more grateful for your continuing dedication. As we reflect on our past work and look toward future opportunities, rest assured that you are valued and appreciated, and have made a real difference for the youth in our care. Please keep up the good work as we continue to fulfill our mission.

If the need for counseling support should arise for you or your colleagues, please contact the Employee Assistance Program at 866-327-4762 or <https://soceap.magellanascend.com/> and Peer Support at 1-855-897-9822. Additionally, [Law Enforcement and Community Services/Chaplain Corps](#) support are available at 916-365-2273. You could also consider reaching out to a supervisor if you or a peer needs help.

HEATHER BOWLDS

Director (A)

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SB-823 Juvenile justice realignment: Office of Youth and Community Restoration.(2019-2020)

Senate Bill No. 823 CHAPTER 337

An act to amend, repeal, and add Section 12803 of, to repeal Article 1 (commencing with Section 12820) of Chapter 1 of Part 2.5 of Division 3 of Title 2 of, and to repeal and add Sections 12838 and 12838.1 of, the Government Code, to add Section 13015 to, to repeal Section 830.5 of, and to repeal and add Sections 830.5 and 2816 to, the Penal Code, and to amend Sections 207.1, 207.2, 209, 210.2, 707.1, and 912 of, to add Sections 733.1, 736.5, and 1955.2 to, to amend and repeal Section 731 of, to amend, repeal, and add Sections 607 and 730 of, to add Section 736.5 to, to add Chapter 1.7 (commencing with Section 1990) to Division 2.5 of, to add Chapter 4 (commencing with Section 2200) to, to add Chapter 6 (commencing with Section 2260) to Division 2.5 of, to add and repeal Chapter 5 (commencing with Section 2250) of Division 2.5 of, to repeal Sections 207.6, 2201, and 2202 of, and to repeal and add Sections 208.5, 1703, 1710, 1711, 1712, 1714, 1731.5, 1752.2, and 1762 of, the Welfare and Institutions Code, relating to juveniles, and making an appropriation therefor, to take effect immediately, bill related to the budget.

[Approved by Governor September 30, 2020. Filed with Secretary of State September 30, 2020.]

LEGISLATIVE COUNSEL'S DIGEST

SB 823, Committee on Budget and Fiscal Review. Juvenile justice realignment: Office of Youth and Community Restoration.

(1) Existing law establishes the Division of Juvenile Justice within the Department of Corrections and Rehabilitation to operate facilities to house specified juvenile offenders. Existing law, commencing July 1, 2020, establishes the Department of Youth and Community Restoration in the California Health and Human Services Agency and vests the Department of Youth and Community Restoration with all the powers, functions, duties, responsibilities, obligations, liabilities, and jurisdiction of the Division of Juvenile Justice. An existing executive order delays the deadline for transferring the Division of Juvenile Justice to the Department of Youth and Community Restoration from July 1, 2020, to July 1, 2021, inclusive.

This bill would repeal the provisions that would have created the Department of Youth and Community Restoration and the provisions that would have transferred the responsibilities of the Division of Juvenile Justice to that department. Among other things, the bill would, commencing July 1, 2021, prohibit further commitment of wards to the Division of Juvenile Justice, except as specified, and would require that all wards committed to the division prior to that date remain within the custody of the division until the ward is discharged, released, or transferred. The bill would declare the intent of the Legislature to close the Division of Juvenile Justice through the shifting of this responsibility, as specified. The bill would, commencing July 1, 2021, establish the Office of Youth and Community Restoration in the California Health and Human Services Agency to administer these provisions and for other specified purposes to support this transition.

The bill would establish a Juvenile Justice Realignment Block Grant program to provide county-based custody, care, and supervision of youth who are realigned from the Division of Juvenile Justice or who would have otherwise been eligible for commitment to the division. The bill would appropriate moneys from the General Fund in specified amounts for these purposes, as specified. The bill would specify how those funds would be allocated to counties based on specified criteria.

By changing county responsibilities with respect to juvenile offenders, this bill would impose a state-mandated local program.

(2) Under existing law, the jurisdiction of the juvenile court may continue until a ward attains 25 years of age, if the ward committed specified offenses.

This bill would reduce that age to 23 years, unless the ward would, in criminal court, have faced an aggregate sentence of 7 years or more, in which case the juvenile court's jurisdiction would continue until the ward attains 25 years of age.

(3) Existing law authorizes a district attorney or other appropriate prosecuting officer to file an accusatory pleading in a court of criminal jurisdiction against a minor who is alleged to have violated a criminal statute or ordinance and who has

been declared not a fit and proper subject to be dealt with under the juvenile court law or as to whom charges in a petition in the juvenile court have been transferred to a court of criminal jurisdiction. Existing law requires, except as specified, a minor declared not a fit and proper subject to be dealt with under the juvenile court law, if detained, to remain in the juvenile hall pending final disposition by the criminal court or until the minor attains 18 years of age, whichever occurs first.

Existing law authorizes the detention of minors in jails or other security facilities for the confinement of adults only under specified conditions, including under circumstances upon which a minor is found not a fit and proper subject to be dealt with under the juvenile court law, their case is transferred to a court of criminal jurisdiction, and it is found that, among other things, the minor's further detention in the juvenile hall would endanger the safety of the public or other minors in the juvenile hall.

This bill would revise and recast those provisions and repeal specified provisions that authorize the detention of minors in an adult facility. The bill would instead require any person whose case originated in juvenile court to remain in a county juvenile facility until they turn 25 years of age, except as specified. The bill would make technical and conforming changes to related provisions.

By requiring local entities to retain custody of those persons in county juvenile facilities, this bill would impose a state-mandated local program.

(4) Existing law requires the Department of Justice to collect certain criminal justice data from specified persons and agencies and to present an annual report to the Governor containing the criminal statistics of the preceding calendar year. Existing law allows the department to serve as a statistical and research agency to the Department of Corrections and Rehabilitation and the Division of Juvenile Justice.

This bill would require the Department of Justice to submit a plan for the replacement of the Juvenile Court and Probation Statistical System with a modern database and reporting system. The bill would require the department to convene a working group consisting of key stakeholders, as provided, for this purpose.

(5) The bill would also appropriate moneys from the General Fund to the Youth Programs and Facilities Grant Program, to be administered by the Board of State and Community Corrections, to award one-time grants, to counties for the purpose of providing resources for infrastructure related needs and improvements to assist counties in the development of a local continuum of care.

(6) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

(7) This bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill.

DIGEST KEY

Vote: MAJORITY Appropriation: YES Fiscal Committee: YES Local Program: YES

Senate Bill (SB) 98- Education Budget Trailer Bill

This bill suspends the requirement to adopt a Local Control Accountability Plan (LCAP) for the 2020-2021 school year. Instead, for the 2020-21 school year, local educational agencies (LEA) will be required to adopt a "learning continuity and attendance plan."

SB 98 adds section 43509 to the Education Code and requires LEAs to adopt, by September 30, 2020, a learning continuity and attendance plan for 2020-2021.

The learning continuity and attendance plan must include the following:

- A description of how the LEA will provide continuity of learning and address the impact of COVID-19 on pupils, staff, and the community in the following areas, along with the specific expenditures the LEA anticipates making to support its ability to address the impacts of COVID-19:
 - In person instructional offerings;
 - Distance learning program;
 - Pupil learning loss;
 - Monitoring and support of mental health and social and emotional well-being of pupils and staff;
 - Professional development and resources to address trauma and other impacts of COVID-19 on the school community;
 - Pupil engagement and outreach;
 - School nutrition;
- A description of how federal and state funding is used to support the efforts described in the learning continuity and attendance plan; and
- A description of how the LEA is increasing or improving services based on the number and concentration of unduplicated pupils.

For more information on SB 98, visit:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB98

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98- SUPPORTING THE MENTAL HEALTH OF STAFF

SB 98- Supporting the Mental Health of Staff

Senate Bill (SB) 98 is an education omnibus trailer bill to the 2020 Budget Act which was signed into law on June 29, 2020. SB 98 adds Education Code section 43509 and one of several provisions contained in SB 98 requires LEAs to adopt a learning continuity and attendance plan that addresses each school within the LEA. This plan, among other things, must include the following:

- A description of how the LEA will monitor and support mental health and social and emotional well-being of pupils and **staff** during the school year.
- The description may include any professional development and resources that will be provided to pupils and **staff** to address trauma and other impacts of COVID-19 on the school community.

Professional Development Offered by SDCOE

- Mental Health First Aid
- [Question, Persuade & Refer \(QPR\)](#)
- How to Conduct Staff Wellness Checks During COVID 19
- Overcoming Anxiety During Chaotic Times

Mental Health and Wellness Resources for Staff

- [Back to School 2020 Coping During COVID](#)
- [California Surgeon General's Playbook: Stress Relief during COVID-19](#)
- [Educator Resilience and Trauma-Informed Self-Care](#)

- [Mental Health America's COVID-19 and Your Mental Health](#)
- [Remote Work Tips from SAVE- Suicide Awareness Voices of Education](#)
- [Staying Resilient During COVID-19- Compassion Resilient Toolkit](#)
- [Wellness Tools](#)
- [Workplace Mental Health: Employee Support Guide](#)
- [Workplace Mental Health and Wellness](#)

Mara Madrigal-Weiss

Director,

Student Wellness & Positive School Climate, and Foster & Homeless Youth Education Programs

858-298-2068

Amanda Holt

Administrative Assistant I,

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State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

**90/60-Day Notice to FFS and MCP Members
Medi-Cal Rx Transition**

September 25, 2020

Dear Medi-Cal Beneficiary (or Legal Representative):

This letter does not apply to you if your health plan is one of the following:

- **Senior Care Action Network (SCAN)**
- **Programs of All-Inclusive Care for the Elderly (PACE)**
- **CalMediConnect (CMC)**
- **Major Risk Medical Insurance Program (MRMIP) Plan.**

For everyone else in Medi-Cal, your prescription medications will be covered by “Medi-Cal Rx” starting on January 1, 2021. This does not change your Medi-Cal eligibility or benefits.

If you are eligible for both Medicare and Medi-Cal, the new plan may cover prescriptions Medicare does not.

What is changing?

On January 1, 2021, your Medi-Cal prescription drug coverage will change. The Department of Health Care Services (DHCS) is working with a new contractor, Magellan Medicaid Administration, Inc. (Magellan) to provide Medi-Cal Rx pharmacy services.

There will be no change in how you pay for your medications. For most Medi-Cal beneficiaries, there is no cost.

Drug List and Pharmacy List changes are detailed in this letter.

What do I need to do?

Most people in Medi-Cal will not need to do anything. Your health plan, doctors, and pharmacies know about the changes and know what to do.

Will I need to change my medication?

Most people will not have to change their medications. The list of drugs that require prior approval may be different. Your doctor may need to get approval to refill

prescription(s). He or she may talk to you about changing to a medication that does not require prior approval.

Will my pharmacy change?

Most pharmacies will accept Medi-Cal Rx. You can contact the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077) to ask if your pharmacy will accept Medi-Cal Rx. If you need help finding a pharmacy on or after January 1, 2021, use the Medi-Cal Rx Pharmacy Locator online at www.Medi-CalRx.dhcs.ca.gov or call Customer Service at 1-800-977-2273.

What happens now?

On or after January 1, 2021, take your Benefits Identification Card (BIC) when you go to the pharmacy. The pharmacy will use it to fill your prescription. If you are enrolled in a Medi-Cal managed care plan, also bring your health plan ID card. If you need help, talk to your doctor or use the table below.

What if I have questions?

You can email DHCS at RxCarveOut@dhcs.ca.gov. Make sure to write in the email that you have a question about Medi-Cal Rx. Please do NOT include personal information in your first email.

	On or Before December 31, 2020	On or After January 1, 2021
If you belong to a Medi-Cal Managed Care Plan (MCP)	<ul style="list-style-type: none"> If you have questions about your medication or other pharmacy services, please call your Managed Care Plan. If you have questions about this notice or have Medi-Cal Rx general questions, contact the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077), Monday thru Friday, 8am to 5pm. 	<ul style="list-style-type: none"> You can call the Medi-Cal Rx Call Center Line (1-800-977-2273 twenty-four hours a day, seven days a week or 711 for TTY, Monday thru Friday, 8am to 5pm). Or use the Medi-Cal Rx Pharmacy Locator online at www.Medi-CalRx.dhcs.ca.gov
	On or Before December 31, 2020	On or After January 1, 2021
If you get your care from Fee For Service (FFS) Medi-Cal	<ul style="list-style-type: none"> If you have questions about this notice or have Medi-Cal Rx general questions, contact the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077), Monday thru Friday, 8am to 5pm. 	<ul style="list-style-type: none"> You can call the Medi-Cal Rx Call Center Line (1-800-977-2273 twenty-four hours a day, seven days a week or 711 for TTY, Monday thru Friday, 8am to 5pm). Or use the Medi-Cal Rx Pharmacy Locator online at www.Medi-CalRx.dhcs.ca.gov

Starting January 1, 2021, the new plan will accept and resolve any complaints.

You can submit a complaint in writing or by telephone.

- Visit www.Medi-CalRx.dhcs.ca.gov or,
- Call Customer Service at 1-800-977-2273 or 711 for TTY

Your health plan will no longer handle pharmacy complaints or appeals on or after January 1, 2021.

How can I appeal a benefit decision?

The California Department of Social Services has a State Hearing process if you want to appeal a pharmacy benefit decision. If you get your prescriptions through a Medi-Cal managed care plan, the appeal process with the State Hearing is different from the appeals process you may have used previously. In a State Hearing, a judge reviews your request with clinical input from DHCS pharmacists to make a decision that aligns with Medi-Cal pharmacy policy.

If a prescription is denied or changed, a form to request a State Hearing will automatically be sent to you with the notice of the denial or change. If you do not agree with a denial or change related to your pharmacy services and benefits under Medi-Cal Rx, you can ask for a State Hearing. You can ask for a State Hearing by sending the State Hearing request form to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 19-37
Sacramento, CA 94244-2430

You may also call to ask for a State Hearing toll-free at 1-800-952-5253 (TTY: 1-800-952-8349). Please note that the number can be very busy so you may get a message to call back later.

To get more information about the State Hearing Process, visit www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx.

On or after January 1, 2021, you can also get the State Hearing request form by going to www.Medi-Cal.Rx.dhcs.ca.gov or by calling Customer Service at 1-800-977-2273 twenty-four hours a day, seven days a week, or 711 for TTY Monday thru Friday, 8am to 5pm.



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: October 27, 2020

XX

TO: Board of Supervisors

SUBJECT

RECEIVE AND APPROVE PROPOSAL FOR THE DEVELOPMENT OF THE LIVE WELL SAN DIEGO YOUTH SECTOR (DISTRICTS: ALL)

OVERVIEW

On August 4, 2020 (21), at the direction of Chairman Cox, the San Diego County Board of Supervisors (Board) directed a return to the Board with a proposal for the development of a *Live Well San Diego* Youth Sector, which will provide oversight and direction for youth engagement efforts in the County of San Diego (County). Today's action requests the adoption of the Youth Sector Framework which includes temporary, part-time Youth Advisors to support the development of the Youth Sector, the formation of a Youth Leadership Team, and the provision of training, mentorship, and leadership opportunities for youth.

The proposed actions support the County's *Live Well San Diego* vision by deepening youth civic engagement, enhancing youth leadership and workforce readiness, providing mentorship opportunities, and engaging youth in programs and services that may directly impact them.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

Receive and approve the proposal for the Youth Sector Framework for the development of the *Live Well San Diego* Youth Sector.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year (FY) 2020-22 Operational Plan for the Health & Human Services Agency (HHSA). Costs supporting the Youth Advisors and Youth Leadership Team (YLT) are estimated at \$45,653 for FY 2020-21 and \$83,100 for FY 2021-22. County of San Diego Department of Human Resources will review and determine the structure of compensation for Youth Advisors and members of the YLT. The funding source is existing General Purpose Revenue allocated to HHSA. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

SUBJECT: RECEIVE AND APPROVE PROPOSAL FOR THE DEVELOPMENT OF THE LIVE WELL SAN DIEGO YOUTH SECTOR (DISTRICTS: ALL)

ADVISORY BOARD STATEMENT

A feedback form was administered to all County Boards and Commissions in September 2020 to learn the extent to which youth may already be engaged, and gauge overall interest in engaging youth. The majority of the County Boards and Commissions responded to the survey, with more than half of respondents reporting that they either have youth involvement or there is interest to incorporate youth voice. In order to be inclusive of all Boards and Commissions, County staff continue to work with the Boards and Commissions that have not submitted their feedback forms. So far, respondents from the Boards and Commissions indicated that they would benefit from technical assistance in recruiting, training and supporting youth, as well as training County staff on how to meaningfully engage youth. The Boards and Commissions that already integrate youth engagement, or have an interest in doing so, will continue to be informed of and invited to be involved in the development of the *Live Well San Diego* Youth Sector.

BACKGROUND

On August 4, 2020 (21), at the direction of Chairman Cox, the San Diego County Board of Supervisors (Board) directed a return to the Board with a proposal for the development of a *Live Well San Diego* Youth Sector (Youth Sector), including creating two or more Youth Advisors, increasing youth participation on Boards and Commissions, training and convening youth, and creating mentorship opportunities for young people. *Live Well San Diego*, the vision of County of San Diego (County), is comprised of sectors that strive to connect a multitude of people and organizations through a shared purpose to advance collective impact. The existing sectors of *Live Well San Diego* include Education, Government, Business and Community/Faith Based Organizations. The goal of the new Youth Sector will be to prepare the next generation of leaders for civic engagement in San Diego County and provide a mechanism for youth voice throughout County programs and services.

To ensure that the Youth Sector will be meaningful and effective in engaging youth, the County held over 35 listening sessions with youth, youth-led organizations, and those who work with youth. Several themes arose from the listening sessions, including the importance of: adults serving as allies to support and guide youth, sharing how youth input has effected change, and meaningful incentives for youth. Financial compensation was identified as critical to honor young people's time and experience.

Based on the listening sessions, it was clear that there is a desire for more youth involvement in the County. The Youth Sector Framework (Attachment A) is a proposal to guide the development of the *Live Well San Diego* Youth Sector. Its five components incorporate the recommendations from August 4, 2020 (21), as well as the results from the listening sessions. They are described in further detail below and include: 1) Youth Advisors and a Youth Leadership Team, 2) Youth Training and Professional Development, 3) Youth Convening and Collaboration, 4) Youth Mentorship and Service, and 5) Youth Participation on Boards and Commissions. The Youth Sector Framework includes opportunities for young people to provide critical input to assure the successful implementation of the Youth Sector. A youth-led session at the upcoming Live Well Advance will serve as a venue to hear from young people from across the region as to how the Youth Sector can effectively recruit and retain participants, and ensure diversity and equity among its members. Guided by the Youth Advisors, feedback from this session will be used to launch the Youth Sector, the activities of which will begin in early 2021.

SUBJECT: RECEIVE AND APPROVE PROPOSAL FOR THE DEVELOPMENT OF THE LIVE WELL SAN DIEGO YOUTH SECTOR (DISTRICTS: ALL)

Youth Advisors and Youth Leadership Team

Two part-time Youth Advisors will be hired as part of the *Live Well San Diego* Support Team. The Youth Advisors will be responsible for guiding the strategy of the Youth Sector including developing a Youth Leadership Team (YLT). Fifteen youth will join the YLT. Members will be compensated for their time and expertise. In addition to participating in the components below, the YLT will also be available to provide ad-hoc input to the County regarding programs and services that impact youth and families.

Youth Training and Professional Development

Members of the YLT will have the opportunity to complete professional development and leadership trainings. The listening sessions with youth helped identify potential topics that will ultimately be selected by the Youth Advisors, including but not limited to topics of: County and government structure, diversity and inclusion, public speaking and communications, conflict resolution, and more.

Youth Convening and Collaboration

In order to ensure that the YLT is representing the varying needs of youth throughout San Diego County, and to provide another opportunity for youth engagement, town halls will be convened by the YLT. These convenings will provide an opportunity for all youth throughout San Diego County to engage with the County and its partners to share their input about issues and programs important to them. Additionally, the YLT will meet with local youth-led organizations to share best practices, collaborate on projects, and increase the collective impact of youth voice throughout the region.

Youth Mentorship and Service

The YLT will be invited to participate in mentor matching and service. After they learn about the structure and functions of the County, participants will identify topics of interest and be matched with a mentor in a County or *Live Well San Diego* partner program, or Board and Commission.

Youth Participation on Boards and Commissions

Youth will be invited to participate on County Boards and Commissions that have expressed interest in engaging youth. Youth delegates may serve as voting members, provide youth voice on important topics, and/or shadow members of the Boards and Commissions. Specific roles of these youth delegates will be in alignment with by-laws and other regulating authorities. The Youth Advisors and County staff will provide support and technical assistance to the adult members of the Boards and Commissions to ensure youth are able to participate fully and effectively.

Today's action requests the Board to approve the *Live Well San Diego* Youth Sector Framework, which provides opportunities for meaningful youth engagement, furthering the County's vision of a healthy, safe and thriving region.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

This action supports the Operational Excellence initiative in the County of San Diego's (County) 2020-25 Strategic Plan by ensuring that youth voice is integrated into County programs and processes that affect them. Ensuring that youth are provided leadership opportunities at the County

SUBJECT: RECEIVE AND APPROVE PROPOSAL FOR THE DEVELOPMENT OF
THE LIVE WELL SAN DIEGO YOUTH SECTOR (DISTRICTS: ALL)

will prepare the next generation of leaders for civic engagement and/or public service in San Diego County.

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'HNR' or similar, written in a cursive style.

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A: *Live Well San Diego* Youth Sector Framework

Live Well San Diego Youth Sector Framework

1 Youth Advisors and Youth Leadership Team

Two part-time Youth Advisors will be hired as part of the *Live Well San Diego* Support Team. The Youth Advisors will be responsible for guiding the strategy of the Youth Sector including developing the Youth Leadership Team of 15 youth.

2 Youth Training and Professional Development

Members of the Youth Leadership Team will complete professional development and leadership trainings including but not limited to topics of: County and government structure, diversity and inclusion, public speaking and communications, conflict resolution, and more.

3 Youth Convening and Collaboration

Youth Town Halls will be regularly convened by the Youth Leadership Team to provide an opportunity for all youth throughout San Diego County to engage with the County to share their input about issues important to them. Additionally, the YLT will meet with local youth-led organizations to increase the collective impact of youth voice throughout the region.

4 Youth Mentorship and Service

The Youth Leadership Team will be invited to participate in mentor matching and service. After they learn about the structure and function of the County, participants will identify topics of interest and be matched with a mentor in a County or *Live Well San Diego* partner program, or Board and Commission.

5 Youth Engagement on Boards and Commissions

Youth will be invited to participate on County Boards and Commissions. Youth delegates may serve as voting members, provide youth voice on important topics, and/or shadow members of the Boards and Commissions.

Live Well San Diego Youth Sector Framework Timeline

HIRE YOUTH ADVISORS	YOUTH FEEDBACK	LEADERSHIP TRAININGS	MENTOR MATCHING AND SERVICE	BOARDS AND COMMISSIONS	YOUTH- LED TOWN HALLS & CONVENINGS
NOVEMBER 2020 Hire two part-time youth advisors to help guide the development of the Live Well San Diego Youth Sector.	DECEMBER 2020 Host roundtable discussions with youth at the Virtual Live Well Advance to learn more about their needs and input on the Youth Sector framework.	2021 Live Well Youth Leadership Team will participate in a series of trainings that will equip them with the skills and knowledge to meaningfully participate in their matching assignment.	2021 Members of the Live Well Youth Leadership Team will be paired with a mentor and serve on one of the following: <ul style="list-style-type: none"> • Boards and Commissions • County event workgroups • County & Live Well partner programs. 	2021 Support Boards and Commissions with training and best practices for engaging youth. Support youth who are assigned to Boards and Commissions with training.	2021 To increase youth voice and discussion around topics that affect youth in San Diego County, the Live Well San Diego Youth Sector will convene Youth Town Halls to hear from their peers about the issues important to them and what kind of impact they would like to have at the County and in their communities.



LIVE WELL
SAN DIEGO

DEVELOPMENT OF A *LIVE WELL SAN DIEGO* YOUTH SECTOR

Live Well San Diego Sectors



LIVE WELL
SAN DIEGO



Schools and
Education



Business and
Media



Cities and
Government



Community &
Faith-Based

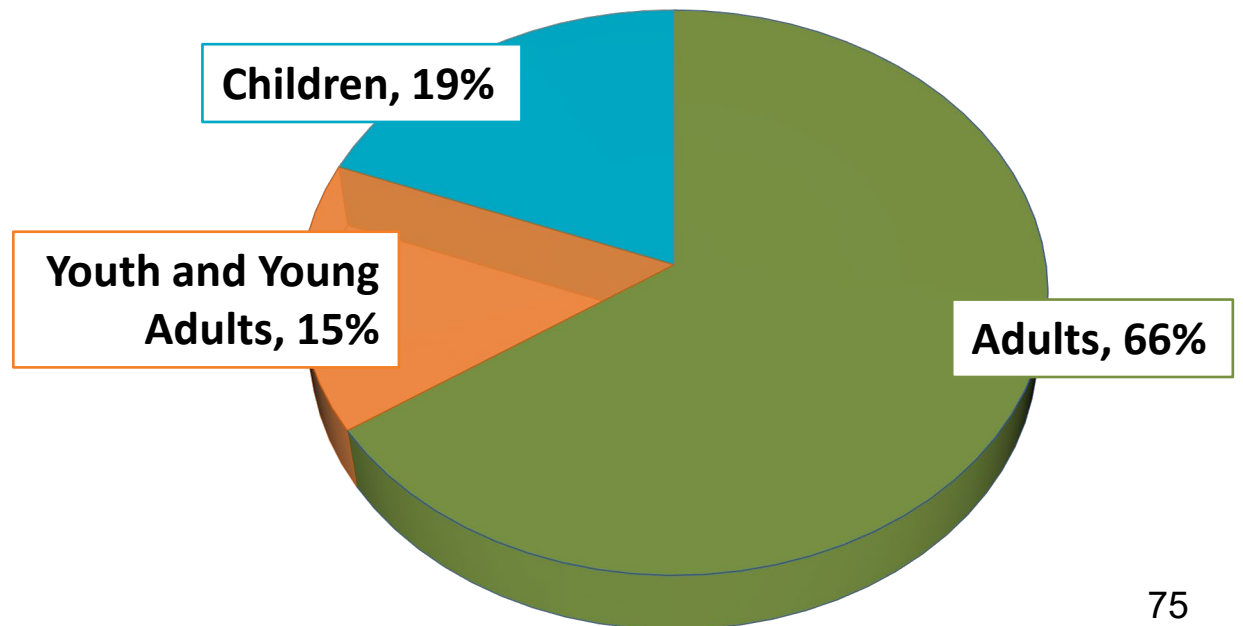


Youth



Youth (15-24 years old) =
**15% of San Diego County
population**

**PERCENTAGE OF YOUTH AND ADULTS
IN SAN DIEGO COUNTY IN 2019**



Hosted over 35 listening sessions with youth-led groups and youth-serving organizations

Listening session with San Ysidro Health
Peer Health Advocates (9/2/20)



YOUTH ENGAGEMENT FRAMEWORK

- 1 Youth Advisors and Youth Leadership Team
- 2 Youth Training and Professional Development
- 3 Youth Convening and Collaboration
- 4 Youth Mentorship and Service
- 5 Youth Engagement on Boards and Commissions

QUESTIONS?



11TH Annual Primary Care & Behavioral Health

VIRTUAL INTEGRATION SUMMIT

Opening Keynote Address

Rhea Boyd, MD

The Safety Net-work:
An Anti-Racist Imperative for
Public Health Data

Closing Keynote Address

Jean Steel, MS

Finding Happiness and
Resiliency in the Midst of THIS

November 13th

9:00–9:30AM

Welcome/Open Remarks

Marty Adelman, MA, CPRP
SD County Staff, BHS

9:30–10:45AM

Opening Keynote Address

Rhea Boyd, MD

11:00–12:00PM

The Opioid Epidemic: Where Are We Now?

Beth Darnall, PhD

1:00–2:00PM

A Story of Recovery and Hope

Jordan Barnes

[Register](#)

November 17th

9:00–11:00AM

Trauma Informed Care

Learning Session

Dawn Griffin, PhD

This session will involve the
review and completion of various
materials in preparation for the
presentation and discussion.

[Register](#)

November 20th

9:30–10:30AM

COVID: Where Are We Now?

Wendy Hileman, PhD

10:45–11:45AM

Older Adult Mental Health

Dr. Ellen Lee, MD

1:00–2:00PM

Closing Keynote Address

Jean Steel, MS

[Register](#)

Each day requires separate registration.



HMA



SPEAKER
Barry Jacobs

Navigating Stigma and Bias via Motivational Interviewing and Empathic Care for Pregnant and Parenting Women

Friday, November 13, 2020 | 12-1pm

In partnership with San Diego County, Health Management Associates invites you to register and join us the Navigating Stigma and Bias Via Motivational Interviewing and Empathic Care for Pregnant and Parenting Women webinar. Pregnant and parenting women with substance use challenges face many social barriers including misperceptions, judgment and stigma. These experiences can also occur in the process of their seeking healthcare. It is the aim of these presentations to provide clinicians and teams with enhanced awareness, knowledge and skills toward the elimination of health inequities and improved patient experience of care.

REGISTER NOW

<https://bit.ly/387SAW6>



SPEAKER
Helen DuPlessis, MD, MPH

Are MAT and Breastfeeding Compatible?

Monday, November 16, 2020 | 12-1pm

In the past 10-20 years there have been tremendous advances in both our understanding of the root causes and complications of substance use disorder (OUD/SUD) as well as the treatment of these chronic conditions. These advances are critical to effectively engaging and supporting woman with SUD and to optimizing their recovery journey and to building resilient families.

REGISTER NOW

<https://bit.ly/360mJEf>

THESE VIRTUAL EVENTS ARE FREE OF CHARGE.

Funding for this event was made possible (in part) by State Opioid Response grant 18-95416 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. HMA staff will utilize the Zoom platform and many of its engagement features including breakout rooms, polling, chat, and whiteboarding, to recreate our typical facilitation practices for in-person meetings. HMA maintains a strong focus on information security and privacy for our firm and our clients. We follow Zoom's security updates closely and researched each vulnerability before making the decision to remain with Zoom for Business. Zoom remains an industry leader in the videoconferencing space for both functionality and security, with added levels of security and privacy in Zoom for Business that exceed those in the free Zoom application.

NOTICE OF TRUTH ACT COMMUNITY FORUM

November 17, 2020



San Diego County Board of Supervisors

You are subscribed to receive the County of San Diego Board of Supervisors meeting agendas.

NOTICE OF TRUTH ACT COMMUNITY FORUM

NOTICE IS HEREBY GIVEN that on Tuesday, November 17, 2020, at 5:00pm. in Room 310, 1600 Pacific Highway, San Diego, CA 92101, a public TRUTH Act Community Forum will be held, during a Regular Meeting of the Board of Supervisors, pursuant to Government Code section 7283.1(d). The purpose of the Transparent Review of Unjust Transfers and Holds (“TRUTH”) Act Community Forum is to provide information regarding Immigration and Customs Enforcement (ICE) access to individuals and to receive and consider public comment, pursuant to Government Code Sections 7283 and 7283.1.

Due to the Coronavirus disease (COVID-19) public health emergency, in person participation at Board of Supervisors meetings may not be allowed. Those wishing to participate in the meeting and/or comment should visit <https://www.sandiegocounty.gov/content/sdc/cob/bosa.html> for information on how to do so virtually during the COVID-19 public health emergency.

Spanish translation will be provided during the TRUTH Act Community Forum. Interpreters can also be available to facilitate public comment in Vietnamese, Chinese and Filipino. Residents who require interpretation for one of these languages (Vietnamese, Chinese and Filipino) must contact the Clerk of the Board of Supervisors at (619) 531-5434 by November 10th, 2020 so that an interpreter can be available during the forum.

「TRUTH法案社區論壇」期間將提供西班牙語翻譯。我們還會提供公眾評論的越南語、中文和菲律賓語口譯服務。需要某一語種服務（越南語、中文和菲律賓語）的居民必須於2020年11月10日之前致電(619) 531-5434聯繫縣議會秘書，以便在論壇期間獲得口譯服務。

Se proporcionará traducción al español durante el foro comunitario de la Ley de la Verdad (TRUTH). También puede haber intérpretes disponibles para facilitar los comentarios del público en vietnamita, chino y filipino. Los residentes que requieran interpretación para uno de estos idiomas (vietnamita, chino y filipino) deben comunicarse con el secretario de la Junta de Supervisores al (619) 531-5434 antes del 10 de noviembre de 2020 para que haya un intérprete disponible durante el foro.

https://content.govdelivery.com/bulletins/gd/CASAND-2a9f521?wgt_ref=CASAND_WIDGET_1

NOTICE OF TRUTH ACT COMMUNITY FORUM

November 17, 2020

Magbibigay ng pagsasalin sa Espanyol sa panahon ng Forum na Pangkomunidad sa TRUTH Act. Mayroon ding mga tagasalin sa wika na magpapadali sa komento ng publiko sa Vietnamese, Tsino at Filipino. Ang mga residenteng nangangailangan ng pagsasalin para sa isa sa mga wika (Vietnamese, Tsino at Filipino) ay dapat makipag-ugnay sa Klerk ng Board of Supervisors sa (619) 531-5434 nang hindi lalampas ng Ika-10 ng Nobyembre, 2020 nang sa gayon ay pumaroon ang tagasalin sa panahon ng forum.

Chúng tôi cung cấp dịch vụ thông dịch tiếng Tây Ban Nha trong Diễn Đàn Cộng Đồng về Đạo Luật TRUTH. Chúng tôi cũng có thể cung cấp phiên dịch viên để hỗ trợ công chúng trình bày góp ý bằng tiếng Việt, tiếng Trung và tiếng Philippines. Những cư dân yêu cầu dịch vụ thông dịch bằng một trong các ngôn ngữ sau (tiếng Việt, tiếng Trung và tiếng Philippines) phải liên hệ với Lục Sự của Hội Đồng Giám Sát theo số (619) 531-5434 trước Ngày 10 Tháng Mười Một Năm 2020 để chúng tôi có thể cung cấp phiên dịch viên trong diễn đàn.

This public hearing is accessible to individuals with disabilities. If interpreter services for the hearing impaired are needed, please call the County's Americans with Disabilities Act Coordinator at (858) 505-6521, or California Relay Service, if notifying by TDD, no later than five days prior to the date of the hearing.

For information about the Board of Supervisors meetings, please visit the [Meeting Information](#) page.