

Children, Youth and Families (CYF) Behavioral Health System of Care Council



Agenda

September 11, 2023 | 9 to 10:30 a.m.

Zoom meeting link for registration sent via Outlook meeting invitation:

<https://us06web.zoom.us/join/zoom/register/tZwsfu-rrDouHNRPrOOTsOdWRVA07HdtWQH>

II. Welcome Council members, alternates, and meeting attendees - (Celica Garcia-Plascencia)

10 minutes

Translation available

- [Remembering September 11 2001 \(defense.gov\)](https://www.defense.gov/Newsroom/Record/Remembering-September-11-2001/)
- Culture Share – Divya Kakaiya Ph.D M.S. – Handout – **Page 5**
 - Seeking volunteer for November 13, 2023 Culture Share

III. Review of Meeting Summary (Yael Koenig)

5 minutes

- August 14, 2023, Meeting Summary - Handout - **Pages 6-9**
- Action Item: Delivered CYF Strategic Planning Summary to BHS Director on September 1, 2023
Handout - **Pages 10-11**

IV. Business Items (Yael Koenig)

20 minutes

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

Board Letters / Board Actions

August 29, 2023

- **Item 04:** Adopt a Resolution Reauthorizing the Application of California Welfare and Institutions Code Section 5270.10 ET SEQ.
- **Item 07:** Protecting Children from Human Trafficking Through Education - Handout - **Pages 12-18**

Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the meeting packet. However, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) website.

Meeting Agendas, Board Letters, and access to the BOS meetings: <https://www.sandiegocounty.gov/cob/bosa/index.html>

Information

- **Children and Youth Behavioral Health Initiative (CYBHI)**
 - [CYBHI August 2023 Update](#) - Handout - **Pages 19-23**
 - [CYBHI Fee Schedule: An Introduction - YouTube](#) - Handout - **Page 24**
- Behavioral Health Community-Based Organized Network of Equitable Care and Treatment (**BH-CONNECT**)
Section 1115 Demonstration – Handout - **Pages 25-50**
 - [California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Waiver](#)
 - [BH-CONNECT slides from DHCS Sec 1115 Public Hearing.pdf](#)
- Behavioral Health Services California Advancing and Innovating Medi-Cal (**CalAIM**) - Behavioral Health Payment Reform Overview – Handout - **Pages 51-66**
- **BHS Reorganization Program & Services Update** – Contractor Information Notice - Handout - **Pages 67-69**
- [Behavioral Health Director's Report – September 2023](#) - Handout - **Pages 70-73**
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html
- Updated [Children, Youth, and Families Services Directory](#) (September 2023) - Handout - **Page 74-75**
- [Early Childhood Resources](#) webpage page (Amanda Lance-Sexton) - Handout - **Page 76**
- **Fourth Annual Birth of Brilliance Virtual Conference** (February 29, 2024) and **Cultural Fair** (March 1, 2024)
Theme: “Don’t Just Think...Feel” (Aisha Pope and Melanie Morones - Conference Chairs) - Handout - **Page 77**
Call for breakout sessions proposals available now – submit proposal here: <https://tinyurl.com/BoBProp2024>
Video highlight for 2023: https://www.youtube.com/watch?v=e_SZVY6wVrI

V. Hot Topic: Child and Family Well Being (CFWB) - Mandated Supporters (Celica Garcia-Plascencia)

50 minutes

Evident Change Community Response Guide - **Pages 78-79**

<https://evidentchange.org/>

Presentation handout – **Pages 80-96**

○ Presenters:

- Wendy Curiel, Deputy Director, Departmental Operations, CFWB
- Elly Chung, Chief, Agency Operations, CFWB

○ Dialogue

VI. Announcements (Celica Garcia-Plascencia)

5 minutes

- Poll Question
- **NAMI San Diego Community Advocacy Trainings via Zoom – Fliers – Pages 97-98**
“Telling Your Story”
[Registration Link](#) for September 14, 2023 from 2 to 4 p.m.
[Registration Link](#) for September 20, 2023 from 1 to 3 p.m.
Reimagining Crisis Response on September 26, 2023 from 2 to 4 p.m.
[Registration Link](#)
- **Live Well San Diego 5K and 1 Mile Run**, Sunday, September 17, 2023 - 7:30 a.m. - Waterfront Park
Flier - **Pages 99-100**
- **Substance Use and Driving Under the Influence Discussion**, scheduled for September 20, 2023 at 10 a.m. via Zoom:
[Launch Meeting - Zoom](#) – Flier - **Page 101**
- **14th Annual Early Childhood Mental Health Conference – We Can't Wait: Reimagining Prevention and Early Intervention in Communities of Hope**. This hybrid event is scheduled for September 28-30, 2023 - Handout – **Page 102**
[ECMH – We Can't Wait! \(earlychildhoodmentalhealth-sandiego.com\)](#)
- **October 9, 2023 Combined Councils Meeting – Note that meeting is from 10 to 11:30 a.m.** via Zoom
Flier - **Page 103**
[Meeting Registration - Zoom](#)
- **2023 Western States Marijuana Summit** -November 14-15, 2023 (Virtual) - Handout - **Page 104**
- **National Overdose Prevention Leadership Summit** - November 16-17, 2023 (Virtual) - Handout - **Page 104**
- **2023 Live Well Advance | School Summit** - November 1, 2023 at the Convention Center Flier - **Page 105**
- **Grief Sensitivity Virtual Learning Institute** - November 1 and 2, 2023. Working with grief in the context of violence: **Strengthening our skills to strengthen ourselves**. No-cost training for the Mental Health and School Mental Health Workforce - Flier - **Page 106**
[2023 MHTTC Grief Sensitivity Virtual Learning Institute | Mental Health Technology Transfer Center \(MHTTC\) Network \(mhttcnetwork.org\)](#)

Next Executive Committee Meeting:

Date: Thursday, October 26, 2023

Time: 11:30 a.m. to noon

Next Meeting: Combined Councils

Date: Monday, October 9, 2023

Time: 10 to 11:30 a.m.

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

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

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

Council Vision:

Wellness for children, youth and families throughout their lifespan.

Council Mission:

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

Council Principles:

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

May 1, 2018



LIVEWELLSD.ORG



LIVE WELL
SAN DIEGO

BEHAVIORAL HEALTH SERVICES CHILDREN, YOUTH & FAMILIES FRAMEWORK

VISION

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

PRINCIPLES

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

PRIORITIES

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

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

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

Live Well San Diego-Areas of Influence



Standard of Living

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



Community

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

HEALTH FACTORS



Health

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



Social

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



Knowledge

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

BH-SOC Children, Youth, and Families

Culture Share

What is Culture Share?

Culture share is a time to advance and integrate cultural learning, understanding, and practices into our work. This experience can honor and celebrate family, history, traditions, experiences, and practices that may bring joy and well-being. It can also bring discomfort, curiosity and **bias awareness**. Ultimately, it is an opportunity for self reflection and enlightenment to enhance our capacity to provide culturally responsive services to the children, youth, and families in our communities.

Structure

1. Present a **3 minute Culture Share**.
2. Introduce a personal or work related experience from a cultural lens.
 - This can be verbal and/or you can share a story, an object, song, or anything else
3. Describe how this experience influences your work
4. Open for any group reflection

Children, Youth and Families Behavioral Health System of Care Council CYF Council – Meeting Summary



August 14, 2023 | 9 to 10:30 a.m.

ITEM	SUMMARY AND ACTION ITEMS
<p>I. Welcome Council members, alternates, and meeting attendees - translation available (Stephanie Escobar)</p> <ul style="list-style-type: none"> • Education Sector – Regular Education Pupil Personnel Services alternate: Mara Madrigal-Weiss • Directing Change – http://directingchange.ca.org/films/ Mental Health Finalist from San Diego County: Third Place Mental Health (Tie): “Smiling Through Depression” Pacific Ridge School/Filmmaker: Jeremy Liew/Advisor: Christopher Simon Link: https://vimeo.com/802512089 • Culture Share – Bill Stewart – Handout – Page 5 <ul style="list-style-type: none"> ◦ Seeking volunteer for November 13, 2023 Culture Share 	<ul style="list-style-type: none"> • Stephanie Escobar welcomed meeting attendees and announced new Council alternate representing the Education Sector • The Directing Change film program was screened • Bill Stewart discussed his role in BHAB as well as being an educator/ Black male on a school campus and shared that more diversity is needed in education structure • Divya Kakaiya is scheduled to provide the Culture Share at the September 11, 2023 meetings
<p>II. Review of Meeting Summary (Yael Koenig)</p> <ul style="list-style-type: none"> • July 10, 2023, Meeting Summary - Handout - Pages 6-10 • Action Item: Strategic Planning Summary - Handout - Pages 11-12 	<ul style="list-style-type: none"> • Yael Koenig reviewed the meeting summary from July 10, 2023 and the draft of the Strategic planning summary document. Any edits can be sent to Edith Mohler at: Edith.Mohler@sdcounty.ca.gov by August 18, 2023
III. Business Items (Yael Koenig)	
<p>Public Comment</p>	<ul style="list-style-type: none"> • Angela Rowe thanked the County for helping providers walk through the California Advancing and Innovating Medi-Cal (CalAIM) changes. “Providers are very nervous about payment reform and glad the County has said that they will collaborate with providers to help us be successful”
<p>Board Letters / Board Actions <u>July 18, 2023</u></p> <ul style="list-style-type: none"> • Item 02: Authorize Request for Statement of Qualifications (RFSQ) and Award Contracts from the RFSQ for Two Programs: Transitional Housing Program Plus for Non-Minor Dependents and Foster Family Agencies • Item 13: Authorize Acceptance of Funding for the Children’s Crisis Continuum Pilot Program, Authorize Competitive Solicitations and Authorize Applications for Future Funding for the Children’s Crisis Continuum Pilot Program, Authorize Competitive Solicitations, And Authorize Applications for Future Funding Opportunities - Handouts include presentation - Pages 13-25 • Item 14: Authorize Competitive Solicitations, Single Source Contracts, Amendments to Extend Existing Contracts, and Cooperative and Revenue Agreements for Behavioral Health Services -d Handouts include presentation - Pages 26-58 • Item 15: Authorize Acceptance of Behavioral Health Bridge Housing Grant Funds; Authorize a Request for Statement of Qualifications; Authorize Amendments for Licensed Adult and Senior Residential Care Facility Slots; and Authorize Competitive for Grant Administration Services <p>Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the packet, however, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) website.</p>	<ul style="list-style-type: none"> • Yael Koenig highlighted the Board Letters listed on the left, which were presented at the July 18, 2023 meetings <p>Meeting Agendas, Board Letters and Access to the BOS meetings: https://www.sandiegocounty.gov/cob/bos/index.html</p>
<p>Information</p> <ul style="list-style-type: none"> • Association of State and Territorial Health Officials (ASTHO) Supporting Positive Mental Health in Early Childhood - Handout - Pages 59-60 • Children and Youth Behavioral Health Initiative (CYBHI) <ul style="list-style-type: none"> ◦ CYBHI July 2023 Update - Handout - Pages 61-66 ◦ CYBHI Leveraging and Aligning Opportunities to Advance and Sustain School Mental Health Webinar Series - Handout - Pages 67 ◦ Evidence-Based and Community-Defined Evidence Practice Grants Handout - Page 68 https://www.dhcs.ca.gov/cybhi https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/ 	<ul style="list-style-type: none"> • Yael Koenig provided an overview of State and local updates and informational items

<ul style="list-style-type: none">• Behavioral Health Director's Report – August 2023 - Handout - Pages 69-76 https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html• FY 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review (Mental Health Plan) -San Diego Final Report - Handout – Pages 77-80• The Overdose Data to Action -Quarterly Newsletter: Harm Reduction – June 2023 Pages 81-89• Cultural Competence Plan and Three-Year Strategic Plan 2023 - Handout – Page 90• Children, Youth & Families Behavioral Health Services Systemwide Annual Report, FY 2021-22 - Handout - Page 91											
<p>IV. Hot Topic: Enhanced Care Management for Children and Youth (Stephanie Escobar) Handout - Pages 92-93 https://www.dhcs.ca.gov/Pages/ECMandLOS.aspx</p> <ul style="list-style-type: none">○ Presentation – Pages 94-125<ul style="list-style-type: none">▪ Heather Summers, EdD, MSW (Moderator), Deputy Director County of San Diego▪ Jana Sellers, MFT, Program Manager Blue Shield Promise Health Plan▪ Raine Arndt-Couch, DSW, JD, LCSW, CCM, Senior Manager Blue Shield Promise Health▪ Michael Hammel, MPH, Program Director Community Research Foundation▪ Jeremy King, MPH, Program Director Community Research Foundation○ Dialogue	<p>Stephanie Escobar introduced the Hot Topic focused on Enhanced Care Management (ECM) for children and youth and presented by a diverse panel listed on the left</p> <p>Highlights:</p> <ul style="list-style-type: none">• January 2023: ECM was launched statewide for adults living in the Community and At Risk for Long Term Care (LTC) institutionalization• July 1, 2023: ECM was launched statewide for children and youth• January 2024: ECM is projected to be launched statewide for Birth Equity Population of Focus and individuals transitioning from incarceration• CalAIM Enhanced Care Management Policy Guide• Find information on ECM providers at: 211 San Diego										
<p>V. Announcements (Celica Garcia-Plascencia)</p> <ul style="list-style-type: none">• Poll Question• National Recovery Month Celebration: “Tides of Hope” Saturday, August 26, 2023 - 10 a.m. to 1 p.m. Waterfront Park Flier - Page 126• Live Well San Diego 5K and 1 Mile Run, Sunday, September 17, 2023 - 7:30 a.m. Waterfront Park - Flier - Pages 127-128• 14th Annual Early Childhood Mental Health Conference – We Can’t Wait: Reimagining Prevention and Early Intervention in Communities of Hope. This hybrid event is scheduled for September 28-30, 2023 - Handout – Page 129 ECMH – We Can't Wait! (earlychildhoodmentalhealth-sandiego.com)• 2023 Western States Marijuana Summit -November 14-15, 2023 (Virtual) Handout - Page 130 <p>Announcements made by meeting attendees:</p> <ul style="list-style-type: none">• NAMI San Diego - Community Advocacy Training on August 16, 2023 Meeting Registration - Zoom• Healthy Within Open House on August 17, 2023 – All Day! At 5405 Morehouse Drive, Suite 230, San Diego, CA 92121	<ul style="list-style-type: none">• Announcements included on the agenda and additional submitted announcements are listed on the left column• Announcements can be sent in advance to Edith Mohler at: Edith.Mohler@sdcounty.ca.gov <p>Poll Question</p> <p>Poll ended 1 question 72 of 91 (79%) participated</p> <p>1. On a scale of 1-5 (1 the lowest and 5 the highest), how would you rate the relevance and your interest with today's Council meeting? (Single Choice) *</p> <p>72/72 (100%) answered</p> <table><tr><td>1 - Low Relevance</td><td>(0/72) 0%</td></tr><tr><td>2</td><td>(2/72) 3%</td></tr><tr><td>3 - Some Relevance</td><td>(8/72) 11%</td></tr><tr><td>4</td><td>(22/72) 31%</td></tr><tr><td>5 - High Relevance</td><td>(40/72) 56%</td></tr></table>	1 - Low Relevance	(0/72) 0%	2	(2/72) 3%	3 - Some Relevance	(8/72) 11%	4	(22/72) 31%	5 - High Relevance	(40/72) 56%
1 - Low Relevance	(0/72) 0%										
2	(2/72) 3%										
3 - Some Relevance	(8/72) 11%										
4	(22/72) 31%										
5 - High Relevance	(40/72) 56%										
Action Item	Action Due/Status										
<ul style="list-style-type: none">• Deliver CYF Fiscal Year 2023-24 Strategic Planning Summary to BHS Director	<ul style="list-style-type: none">• Delivered CYF Strategic Planning Summary to BHS Director on September 1, 2023										

Next Executive Committee Meeting:

Date: August 29, 2023

Time: 12:30 to 1 p.m.

Next Meeting:

Date: Monday, September 11, 2023

Time: 9 to 10:30 a.m.

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

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

+ = Member in Attendance O = Absent E = Excused

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

Total Attendees: 106

Aisha Pope	Debra Schade	Jeremy King	Michelle Houle
Alexis Anderson	Delona King	Jody Erickson	Pradeep Gidwani
Alexis Cabarga	Dina Ali	Joel San Juan	Raine Arndt-Couch
Amanda Lance-Sexton	Divya Kakaiya	Joseph Henson	Rhonda Crowder
Angela Rowe	Donna Moore	Kacie Rodvill	Roberto Suarez
Angelina Puffelis	Elaine Carballo	Kathleen Lang	Rosa Ana Lozada
Aprille Peña	Eileen Quinn-O'Malley	Kelly Bordman	Rosa Gracian
Ashley Rambeau	Eliza Reis	Khalif Kelly	Sarah Baldwin
Babbi Winegarden	Elizabeth Dauz	Kristin Garrett	Serena Richards
Barbara Ryan	Emily Gaines	Laura Vleugels	Shannon Jackson
Bill Stewart	Erick Mora	Leonor Chairez	Shaun Goff
Bobbi Smylie	Ericka Hernandez	Leslie Manriquez	Shea Prophet
Brenda Estrada	Evan Hodges	Liki Porotesano	Sherry Casper
Bri Ferreira	Francisco Medrano	Lori Sorenson	Stacey Musso
Bridge Lambert	Gina Herbert	Marcelo Podesta	Stephanie Escobar
Caitlynn Hauw	Ginger Bial Cox	Mareeh Marquez	Stephanie Gioia-Beckman
Carmen Pat	Gloria King	Maria Norris	Steven Wells
Carole Steele	Grisel Ortega-Vaca	Maria Ventura	Tais Millsap
Celeste Hunter	Heather Summers	Marisa Varond	Tanya Mercado
Celica Garcia-Plascencia	Jamie Martinez	Marissa Wolf	Teresa Chapa
Christine Maggio	Jana Sellers	Martin Dare	Terri Kang
Christine Rosenberg	Janet Cacho	Melanie Morones	Tom Coleman
Claire Riley	Janette Magsanoc	Melissa Penaflor	Vanessa Lomibao
Cynthia Roman	Jazmin Wali	Melizza Welton	Wendy Maramba
Danyte Mockus-Valenzuela	Jennifer Alcaide	Michael Hammel	Yael Koenig
Darwin Espejo	Jennifer Busico	Michael Miller	Yanet Melchor
	Jennifer Kennedy		Zayra Rios

Committees/Sectors/Workgroups Meetings Information:

Most of the committees' meetings are occurring virtually

Please reach out to the sector lead or Executive committee member to obtain location/link

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

Outcomes: Meets the first Tuesday of the month alternating start times of 11:30 a.m. and 12:30 p.m.

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

Education Advisory Ad Hoc: Meets as needed

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

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

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

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

Private Sector: Ad Hoc/Meets as needed

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

**Children, Youth and Families
Behavioral Health System of Care Council
Fiscal Year 2023-24
Strategic Planning Meeting**



Dear Dr. Bergmann,

The Children, Youth and Families (CYF) Council convened its annual strategic planning meeting on July 10, 2023. Over 100 individuals attended the planning session, including Council members, alternates, and stakeholders. Seven topics were identified for discussion in virtual breakout rooms: **Primary Care, Family Involvement, Schools, Substance Use, Prevention and Early Intervention, Workforce**, with a designated space for **Open Discussion**. There were two sessions for each topic. Meeting attendees were invited to join two breakout rooms of their choice to identify the Fiscal Year 2023-24 Council areas of focus and actions to advance the identified priorities. Below is the summary of the discussion from the breakout rooms. On behalf of the Council, please accept these areas of focus and recommendations as the County works to advance the care for children, youth, and families in San Diego.

Primary Care	
Areas of focus	Identified Priorities
<ul style="list-style-type: none"> Helping pediatricians and family practice doctors get families to appropriate services as needed (where to refer to) Explore how to help families communicate their needs, get to services, and stay engaged Build a system of care where all partners are included like parents, mental health professionals, pediatricians and family practitioners, schools. An expert neutral partner could facilitate this process. Funding has to be long term and flexible 	<p>Review referral algorithm again and how to get kids/families to services and the right services including:</p> <ul style="list-style-type: none"> Review mix of practice types (e.g., Federally Qualified Health Centers (FQHC), private practices) Review payor mix and how to get kids and families to services (e.g., different payment models, HMO/PPO) Explore how to support families engaging in services (reduce stigma, increase trust and accessibility) Promote payment for Family Therapy through Medi-Cal

Family Involvement	
Areas of focus	Identified Priorities
<ul style="list-style-type: none"> Knowledge and outreach, how family involvement help or hinder things and culturally competent considerations Making things more approachable for the layman (too many acronyms); navigation, and making a conversation making sure we are hearing them and not talking over them Increasing caregiver support 	<ul style="list-style-type: none"> Integrating tutorials to educate families how the system works for navigation with what is available Increase family engagement in consideration that sometimes family "is not good"; different avenues of care depending on whether the young person ought to have family involved Integrating liaisons (Liaisons for parents to help them navigate the process) Integrating focus groups, increase caregiver health care support, support groups, case management, psychiatry, and case management supports. More engagement with schools

Schools	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> Identification and alignment of youth serving efforts in schools for staff, students, and families (screenings, behavior management training, suicide prevention, mental health promotion and stigma reduction) 	<ul style="list-style-type: none"> General assessment on ongoing gaps to see how we can coordinate; to let everyone know how the gap can be filled: <ul style="list-style-type: none"> Alignment of efforts such as Student Behavioral Health Incentive Program (SBHIP), Community Schools, Mobile Crisis Response Teams (MCRT), Screening to Care, Creating Opportunities in Preventing & Eliminating Suicide (COPES) and identification of best practices identified in research such as the Mental Health Services Oversight and Accountability Commission (MHSOAC) Well and Thriving Report, among grants/initiatives in our county Building systems for supporting students in crisis response (MTSS - Tier III) and post hospitalization for school re-entry Explore new strategies to address post pandemic behavioral challenges and trauma

Substance Use	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> Prevention and early intervention for middle school and high school students, awareness of the different programs available through the County already (for Substance Use prevention), more engagement to and involvement from families/caregivers in youth services, youth residential Substance Use Disorder (SUD) treatment Prevention and Early Intervention, including Family Engagement for middle school and up 	<ul style="list-style-type: none"> Information sharing about available resources, working with messengers to get word out Family/caregiver engagement and education about Substance Use issues Connecting with system partners on what information is made available to youth and families on Behavioral Health resources Supporting family and caregiver engagement through educational topics of interest to parents, other strategies for family support beyond existing program services

Prevention & Early Intervention	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> More Question, Persuade, Refer (QPR) trainings on suicide prevention; Cardiopulmonary Resuscitation (CPR) is for heart; QPR is for mind; important for prevention and early intervention to include 0-5 children into account and help them process when an older relative commits or attempts suicide Importance of integrating reflective practice across the system of care; workplace sustainability and workplace retention; increases quality of care services provided to help providers stay mindful; diversity, equity, and inclusion important to better serve families; helps manage bias and microaggressions 0 to 3 population to be forefront of council like transitional age youth (TAY) and school aged children Wraparound care to look at whole family Caregiver wellness Support for Early Childhood Education (ECE) settings for kids who are having a hard time; some kids are struggling after COVID; Kindergarten and preschool supports for behavior and regulation; Mental Health consultations for ECE programs Importance of Peer Supports Lived experience/expertise from someone who has navigated systems/policies; creating opportunities for mentorship for youth with lived experience and similar path is valuable 	<ul style="list-style-type: none"> Highlight 0 to 5 on the agenda Add Reflective Practice to Requests For Proposals (RFPs) Explore a "Lived Experience" committee

Workforce	
Areas of focus	Actions for the CYF Council
<p>Advocacy for funding of training pipelines for adolescent and pediatric practitioners, while simultaneously engaging in state policy discussions regarding the importance of the adolescent and pediatric workforce in California Advancing and Innovating Medi-Cal (CalAIM) discussions, Community Assistance, Recovery and Empowerment (CARE) Act implementation and Mental Health Services Act (MHSA) Reform</p>	<ul style="list-style-type: none"> Create learning opportunities for collaboration between education sector and Behavioral Health (BH) workforce, prioritize professional development and ensure school sites have information on resources in the BH system Engage in upcoming MHSA-reform discussions to highlight early childhood, pediatric, and adolescent workforce issues Engage in CalAIM discussions to highlight loss of training pathways with removal of ability to bill for masters-level students doing hours

Open Discussion	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> Determining the pathways to hear authentic family voices directly Determining who are the families that are being heard from 	<ul style="list-style-type: none"> Support the Program Advisory Groups (PAG) as resource to hear the family voice See what other vehicles there are for Family input and feedback What is being done directly in response to the family feedback



COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS

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

AGENDA ITEM

DATE: August 29, 2023

07

TO: Board of Supervisors

SUBJECT: PROTECTING CHILDREN FROM HUMAN TRAFFICKING THROUGH EDUCATION (DISTRICTS: ALL)

OVERVIEW

Human trafficking is the commercial exploitation of vulnerable people for sex and, or labor, through force, fraud, or coercion. Human beings are being bought and sold against their will, and it's happening here in San Diego County. According to a report by the FBI, San Diego is one of the country's 13 hotspots for trafficking.

A study conducted by the University of San Diego and Point Loma Nazarene University, estimated that sex trafficking generates more than \$810 million annually for San Diego's underground economy, with up to 8,000 victims per year and the average age of victims at 16 years old. The study also found that 90% of high schools they researched across San Diego County reported cases of sex trafficking and that 100% of those schools reported recruitment of their students.

Human trafficking is the second largest criminal industry in the world, the U.S., California, and San Diego County. Victims are trafficked daily and subjected to unimaginable hardships and abuse. One of the two most common types of human trafficking is sex trafficking. Traffickers exploit victims, often young women, and girls, by forcing them into prostitution or other forms of sexual exploitation. They manipulate and coerce vulnerable individuals, enticing them with promises of a better life or using threats and violence to keep them under their control.

Labor trafficking is the other most prevalent form of human trafficking. Traffickers lure victims with false promises of employment opportunities, only to subject them to conditions of forced labor, debt bondage, and physical or emotional coercion.

The County of San Diego, law enforcement agencies, non-profit organizations, and community groups in San Diego County are working tirelessly to combat human trafficking. On the public

**SUBJECT: PROTECTING CHILDREN FROM HUMAN TRAFFICKING
THROUGH EDUCATION (DISTRICTS: ALL)**

safety side, the District Attorney's Office through the Sex Crimes and Human Trafficking Division, which is composed of a highly trained and specialized team of Deputy District Attorneys, District Attorney Investigators, victim advocates and paralegals, has been dedicated to aggressive and just prosecution of perpetrators of sexual assault and human trafficking crimes.

Through public awareness campaigns, targeted law enforcement operations, and victim support services, they strive to identify and recover victims while holding traffickers accountable. However, the clandestine nature of trafficking and the difficulty of victims to identify as such, due to shame and fear, makes it a challenging problem to address. Law enforcement and prosecution efforts alone are insufficient to stop these horrific human rights and criminal violations. Prevention through education, especially at a young age, is the only way to end exploitation.

Educating our children, parents, guardians, and community in order to build resilience and prevent further victims from prey is imperative, especially in this era of social media.

While efforts in prevention education have been substantial, only a fraction of the 500,000 students have received comprehensive age-appropriate prevention curriculum and statistically few teachers, parents, and guardians have been educated on human trafficking and child exploitation including internet exploitation.

Raising awareness and equipping children and youth with real life knowledge and skills to protect themselves and their peers from exploitation is critical.

It is also critical that parents and guardians are aware of the dangers of human trafficking. Too often, it is assumed that human trafficking occurs when someone is kidnapped. This is the least common form of human trafficking; traffickers are far more likely to lure potential victims through developing a relationship with the youth, oftentimes via social media.

Today's actions propose to enhance the county's efforts to protect our communities from the dangers of human trafficking. These actions recommend enhanced human trafficking prevention education, increased coordination with local and state agencies, and identifying clear and consistent reporting protocols.

RECOMMENDATIONS

SUPERVISOR JIM DESMOND, CHAIRWOMAN NORA VARGAS, AND DISTRICT ATTORNEY SUMMER STEPHAN

1. Direct the Chief Administrative Officer to work with the California Department of Education, the California State Board of Education Instructional Quality Commission, the California Superintendent of Public Instruction, the San Diego County Office of Education and the San Diego District Attorney's Office to draft and propose immediate administrative modifications to state curriculum framework and instructional materials requiring San

**SUBJECT: PROTECTING CHILDREN FROM HUMAN TRAFFICKING
THROUGH EDUCATION (DISTRICTS: ALL)**

Diego County schools to provide enhanced age-appropriate, culturally competent, and trauma informed human trafficking awareness and prevention curriculum grades K-12, implement a best practice protocol for reporting human trafficking, identify a point of contact for each Local Educational Agency (LEA), and identify a point of contact at the California Department of Education for human trafficking.

2. Direct the Chief Administrative Officer to work with the San Diego County Office of Education and the District Attorney's Office to add an item to the County's Legislative Program Sponsorship Proposals seeking state legislation that amends the California Education Code to require enhanced age-appropriate, culturally competent, and trauma informed human trafficking awareness and prevention curriculum grades K-12, implement a best practice protocol for reporting human trafficking, identify a point of contact for each LEA, and identify a point of contact at the California Department of Education for human trafficking. This recommendation should go into effect if efforts to reach the proposed administrative solution are unsuccessful.
3. Direct the Chief Administrative Officer to work with staff to explore the feasibility of creating a human trafficking awareness campaign that highlights the risks and signs associated with human trafficking along with a call to action for the general public to report suspected human trafficking. This campaign should include (but not be limited to) public signage such as billboards, posters near schools, parks, libraries, public transit stations, and other high traffic locations throughout the County as well as radio and social media channels. This action should build upon the actions approved by the Board of Supervisors (Board) on January 25, 2022 (18). Report back to the Board in 120 days with a proposed plan and funding options.
4. Direct the Chief Administrative Officer to work in coordination with County departments, staff, and community partners to explore the feasibility of hosting and promoting youth and parent/guardian human trafficking prevention outreach events, that include the distribution of educational materials and resources. Report back to the Board in 120 days with a proposed plan and funding options.

EQUITY IMPACT STATEMENT

While human trafficking victims include every race, ethnicity, cultural background, socio-economic sector, sex, gender identity, and immigration status, human trafficking disproportionately impacts low income, Black, Latino, foster kids, immigrants, justice involved, and LGBTQ+ individuals at a higher rate. To achieve equity, targeted support for these communities will address disparities and create a safer and more just San Diego County for all residents.

SUSTAINABILITY IMPACT STATEMENT

This proposed action contributes to the County of San Diego's Sustainability Goal of protecting the health and well-being of all San Diegan residents.

**SUBJECT: PROTECTING CHILDREN FROM HUMAN TRAFFICKING
THROUGH EDUCATION (DISTRICTS: ALL)**

FISCAL IMPACT

There may be fiscal impacts associated with the current recommendations. Staff will monitor, and if additional funding is required, will return to the Board to establish appropriations upon identification of funding sources for consideration and approval.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

Human trafficking is the commercial exploitation of vulnerable people for sex and, or labor, through force, fraud, or coercion. Human beings are being bought and sold against their will, and it's happening here in San Diego County. According to a report by the FBI, San Diego is one of the country's 13 hotspots for trafficking.

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Human Trafficking is the second largest criminal industry in the world, the U.S., California, and San Diego County. Victims are trafficked daily and subjected to unimaginable hardships and abuse. One of the two most common types of human trafficking is sex trafficking. Traffickers exploit victims, often young women and girls, by forcing them into prostitution or other forms of sexual exploitation. They manipulate and coerce vulnerable individuals, enticing them with promises of a better life or using threats and violence to keep them under their control.

Labor trafficking is the other most prevalent form of human trafficking. Traffickers lure victims with false promises of employment opportunities, only to subject them to conditions of forced labor, debt bondage, and physical or emotional coercion. Young boys are also often victims of human trafficking, as high as 50% of trafficked children in the U.S. are boys. The average age of entry into sexual trafficking for boys is between 11-13 years old.

The County of San Diego, law enforcement agencies, non-profit organizations, and community groups in San Diego County are working tirelessly to combat human trafficking. On the public safety side, the District Attorney's Office through the Sex Crimes and Human Trafficking Division, which is composed of a highly trained and specialized team of Deputy District Attorneys, District Attorney Investigators, victim advocates and paralegals, has been dedicated to aggressive and just prosecution of perpetrators of sexual assault and human trafficking crimes.

**SUBJECT: PROTECTING CHILDREN FROM HUMAN TRAFFICKING
THROUGH EDUCATION (DISTRICTS: ALL)**

Another public safety initiative is the San Diego County Regional Human Trafficking Task Force, that was established in 2016 and works 24/7 to investigate, prosecute, recover victims, and dismantle human trafficking syndicates.

Through public awareness campaigns, targeted law enforcement operations, and victim support services, they strive to identify and recover victims while holding traffickers accountable. However, the clandestine nature of trafficking and the difficulty of victims to identify as such, due to shame and fear, makes it a challenging problem to address. Law enforcement and prosecution efforts alone are insufficient to stop these horrific human rights and criminal violations. Prevention through education, especially at a young age, is the only way to end exploitation. Educating our children, parents, guardians, and community in order to build resilience and prevent further victims from prey is imperative.

Currently, California Education Code sections 51950 and 51934 require that human trafficking prevention education be provided to students at least once in junior high or middle school and at least once in high school. The San Diego Trafficking Prevention Collection (SDTPC) was created to assist with the delivery of this mandated training. Since SDTPC was established, 292 schools across 31 school districts trained 53,272 students in prevention education. After receiving training, 93% of students reported now having the ability to use a strategy to stay safe from trafficking. In addition, post-training, 97% of educators felt confident in identifying human trafficking and referring their students to the appropriate resources and services.

The County Office of Education is currently providing trafficking prevention education through federally funded Project Safe From Exploitation (SaFE). To date, 2,970 students and 1,289 staff across 4 school districts and 21 schools have received this critical prevention education. Additional trainings for staff and students are scheduled for the fall and throughout the next school year.

As we saw with SDTPC, after receiving training, the vast majority of educators have indicated that they feel better equipped to identify and respond to potential human trafficking situations. In addition, SDTPC reached over 5,000 parents/guardians who reported that before receiving this training, they were unaware that human trafficking was an issue in their community and that all children were at risk.

While efforts in prevention education have been substantial, only a fraction of the 500,000 students have received comprehensive age-appropriate prevention curriculum and statistically few teachers, parents and guardians have been educated on human trafficking, child exploitation including internet exploitation. In an era when predators and traffickers use social media to come into our children's bedroom at a click of a button, adhering to the minimum requirement to educate students once or twice and later in their educational journey is not enough.

Raising awareness and equipping children and youth with real life knowledge and skills to protect themselves, and their peers, from exploitation is critical. By introducing this curriculum at an early

**SUBJECT: PROTECTING CHILDREN FROM HUMAN TRAFFICKING
THROUGH EDUCATION (DISTRICTS: ALL)**

age and on a continuous basis, students can develop a deeper understanding of the latest tactics used by traffickers, the warning signs of potential trafficking situations, and how to seek help or support if they, or someone they know, becomes a victim or witness to trafficking. Additionally, such educational initiatives can foster a sense of empathy and responsibility among students, encouraging them to be vigilant and proactive in their communities. By empowering young minds with the tools to identify and combat human trafficking, we not only contribute to their personal safety, but also nurture a generation that is better equipped to tackle this global challenge and create a safer, more just San Diego.

It is also critical that parents and guardians are aware of the dangers of human trafficking. Too often, it is assumed that human trafficking occurs when someone is kidnapped. This is the least common form of human trafficking; traffickers are far more likely to lure potential victims through developing a relationship with the youth, oftentimes via social media.

Education is not limited to the school environment, and we should utilize our County departments to capitalize on our interactions with communities. There are several ways the County can deliver a stronger response to protect vulnerable persons from becoming victims of human trafficking. These responses include:

- Increasing human trafficking evidence-based trainings and educational materials across the County to parents/guardians, students, school staff and teachers.
- Working with education institutions, officials, and the California State Legislature to require enhanced human trafficking awareness education in the classroom for all staff teachers and students.
- Explore opportunities for additional funding to support on campus human trafficking prevention programs.

Today's actions propose to enhance the County's efforts to protect our communities from the dangers of human trafficking. Today's proposed human trafficking awareness campaign should build upon the actions approved by the Board on January 25, 2022 (18). These actions recommend enhanced human trafficking prevention education, increased coordination with local and state agencies, and identifying clear and consistent reporting protocols.

To report trafficking, call 1-888-373-7888.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Community and Justice Initiative of the County of San Diego's 2023-2028 Strategic Plan by making health, safety and thriving a focus of all policies through internal and external collaboration and pursuing policy and program change for healthy, safe and thriving communities.

**SUBJECT: PROTECTING CHILDREN FROM HUMAN TRAFFICKING
THROUGH EDUCATION (DISTRICTS: ALL)**

Respectfully submitted,



JIM DESMOND
Supervisor, Fifth District



SUMMER STEPHAN
District Attorney



NORA VARGAS
Supervisor, First District

ATTACHMENTS

N/A



AUGUST 2023 UPDATE



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A MESSAGE FROM CYBHI DIRECTOR MELISSA STAFFORD JONES

In the [conversations we've had with youth and families](#) one major theme is the need for behavioral health support to be available where young people already are. In addition to time at home with family, youth spend a large portion of their time in school. As we kick off the new school year, it is an opportune time to share updates and highlights about partnerships with [public schools](#).

There is tremendous alignment between the health and education sectors in our values and commitment to healthy, learning, thriving kids, as well as in our focus on equity and a whole-child approach. [Integrating the efforts of these systems](#) means identifying opportunities to work across sectors, as we saw in the [East Kern County Cross-Agency Collaboration Meeting](#). It means uniting our efforts to create innovative solutions to behavioral health challenges, as they're doing in [Humboldt County](#). Shared vision, shared outcomes and coordinated efforts are critical to realizing the potential of these investments and transforming the way we serve youth and families. Thank you to everyone who has joined us in this endeavor. I am grateful for your commitment and collaboration.

In Partnership,

Melissa Stafford Jones

Director, Children and Youth Behavioral Health Initiative

FUNDING OPPORTUNITIES AND UPCOMING EVENTS

Current Funding Opportunities

- **Grant** Scaling of EBPs/CDEPs Round 4: Youth-Driven Programs:
 - For individuals, organizations, and agencies to scale youth drop-in centers or other youth-driven programs.
 - Application due **September 15, 2023, by 3 p.m.** 💰
- **Grant** Scaling of EBPs/CDEPs Round 3: Early Childhood Wraparound Services
 - For individuals, organizations and agencies to scale evidence-based practices and community-defined evidence practices (EBP/CDEP) for early childhood wraparound services.
 - Application due **October 6, 2023, by 5 p.m.** 💰
- **Grant** Health Professions Pathways Program (HPPP):
 - For organizations to develop and implement health professions pathways programs, including pipeline programs, summer internships, and post-undergraduate fellowships.
 - Application due **October 16, 2023.** 💰
- **Grant** Justice-System Involvement Youth: Behavioral Health Pipeline (JSIY BH Pipeline):
 - For organizations to support and encourage underrepresented and disadvantaged individuals to pursue behavioral health careers to develop a more culturally and linguistically competent behavioral healthcare workforce, including providing comprehensive wrap-around supports.
 - Application due **October 16, 2023.** 💰

Upcoming Webinars

- **Webinar** CYBHI Quarterly Webinar
 - Please register to join this webinar.
 - Join on **September 14, 2-4 p.m.** ▶
- **Webinar** Strengthening SEL, Wellbeing, Mindfulness, and Resilience (MTSS Tier 1)
 - Learn about new communities of practice, funding, and tools available to strengthen MTSS/PBIS Tier 1 strategies for student behavioral health and wellbeing, including insights from partnership approaches with health insurance plans.
 - Join on **September 20, 2-4:30 p.m.** ▶

SPOTLIGHTS

Every month, we highlight stories that provide insight into the behavioral health needs of California youth and families, uplift some of the efforts and approaches to transform our systems and illustrate values that guide our efforts.



Stories From the Field: Building A Local Behavioral Health Workforce Through Career Technical Education

Like other counties across the state, Humboldt County faces growing youth behavioral health needs and the need for a larger, more culturally responsive workforce that can address them. In this audiocast from WestEd, discover how local agencies are coming together to meet those challenges and build stronger economic futures for youth through a new high school course that engages the next generation of mental health providers. [Read Humboldt County's Story.](#)



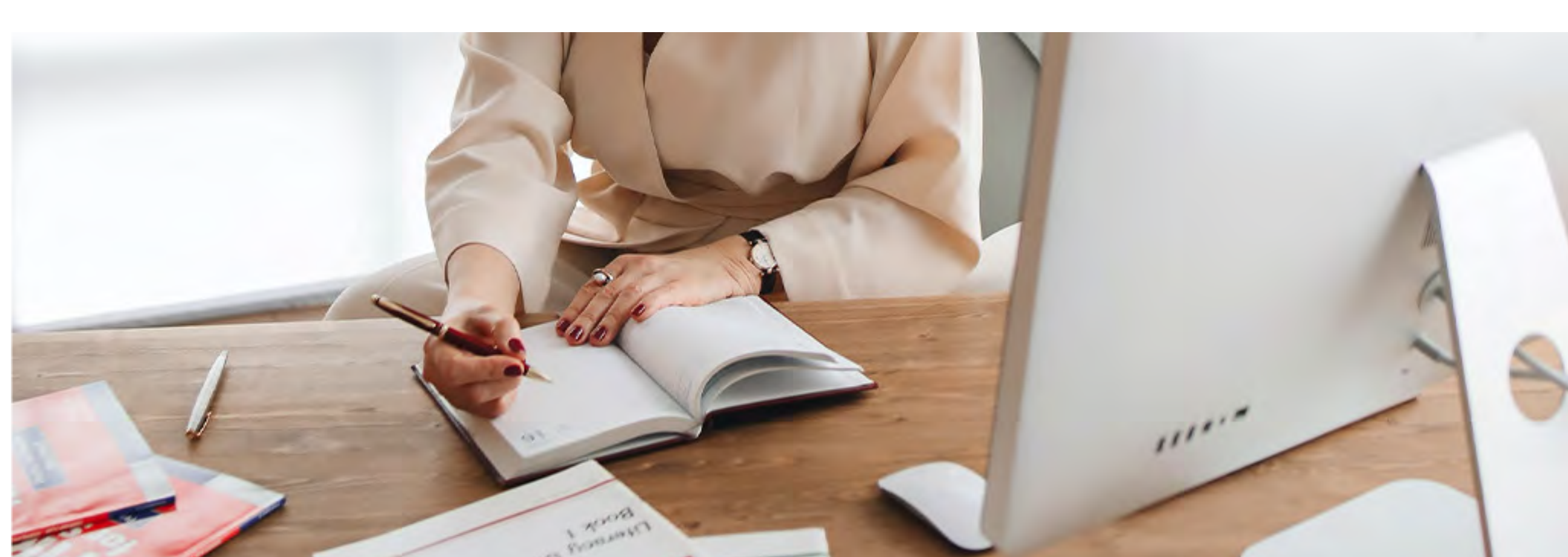
Collaboration for Youth Behavioral Health in East Kern County

On July 28, leaders from more than 20 local, county, and state agencies came together in Mojave to explore how they could collaborate to expand the behavioral health services available to East Kern County youth and families. Discover how they're building connections and mapping out resources to take on the region's unique challenges by [reading our article.](#)



Access and Share Back-to-School Mental Health Resources

On the CalHHS [Back-to-School Mental Health Resources Hub](#), young people, family and friends, educators and schools can find links to easy-to-use resources that help young people stay healthy, safe and ready to learn in school. Help us spread the word about these resources with social media posts, graphics and newsletter language you can share, available through this [Social Media Toolkit.](#)



New Training Creates Safe Spaces for Kids

[Safe Spaces: Foundations of Trauma-Informed Practice for Educational and Care Settings](#) is a free, voluntary online training developed by the Office of the California Surgeon General which is designed to help early care providers, TK-12 educators and other school personnel recognize and respond to trauma and stress in children. Each module is about two hours and is filled with case examples, videos, strategies and practices and can be viewed on the [Surgeon General's site.](#)

ADDITIONAL UPDATES

Learn more about what the State of California is doing to support the well-being of children, youth and families.

- [EdSource: New Resource Provides Trauma-informed Training for Educators](#)
- [Applications Open for Rounds Three and Four of Evidence Based and Community Defined Evidence Practices Grant Program](#)
- [OSG seeks early care providers, educators and classified employees to evaluate its new online trauma-informed training.](#)
- [California announces an additional \\$73 million to replace asphalt in schools with green spaces, trees and vegetation to protect kids against extreme heat.](#)
- [New animated explainer video available from OSG depicts how ACEs can trigger long-term toxic stress, impacting our health throughout life - especially among children and youth.](#)

ABOUT THE CYBHI

The [Children and Youth Behavioral Health Initiative \(CYBHI\)](#) is a five-year, \$4.7 billion initiative that is transforming the way California supports children, youth and families. Learn more at cybhi.chhs.ca.gov.

You can also [view past updates and webinars.](#)

To contact CYBHI or engage on workstream-specific topics, please visit our [Contact Us page.](#)











[CYBHI Fee Schedule: An Introduction - YouTube](#)

**Statewide, multi-payer,
school-linked fee schedule**



Questions addressed

-  What is the fee schedule?
-  How does this CYBHI fee schedule differ from the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)?
-  How does this fee schedule benefit LEAs?
-  Which providers are eligible for reimbursement?
-  What resources are available to COEs/LEAs to implement the CYBHI fee schedule?
-  How do LEAs apply to participate in the CYBHI fee schedule provider network?

Section 1115 Public Hearing for:

**Behavioral Health Community-Based Organized
Networks of Equitable Care and Treatment (BH-
CONNECT) Section 1115 Demonstration &**

**California Advancing & Innovating in Medi-Cal
(CalAIM) Transitional Rent Services Amendment**

Overview of BH-CONNECT

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Why BH-CONNECT?

The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative builds upon unprecedented investments and policy transformations to establish a robust continuum of community-based behavioral health services and improve access, equity, and quality for Medi-Cal members.

- » Like the rest of the nation, **California faces a growing mental health crisis**, which has been exacerbated by COVID-19: as of 2019, nearly 1 in 20 adult Californians were living with serious mental illness (SMI), and 1 in 13 California children were living with serious emotional disturbance (SED).
- » California has **invested more than \$10 billion and is implementing landmark policy reforms** to strengthen the behavioral health care continuum through initiatives that include:
 - ✓ The **California Advancing and Innovating Medi-Cal** (CalAIM) demonstration to transform and strengthen Medi-Cal, including policy changes to move Medi-Cal behavioral health to a more consistent and seamless system by reducing complexity and increasing flexibility.
 - ✓ The **Children and Youth Behavioral Health Initiative** (CYBHI), a historic investment to enhance, expand and redesign the systems that support behavioral health for children and youth.
 - ✓ Investments in infrastructure and new housing settings through the **Behavioral Health Continuum Infrastructure Program** (BHCIP) and the **Behavioral Health Bridge Housing** (BHBH) Program.
 - ✓ Strengthening the behavioral health crisis care continuum, including implementing **mobile crisis services** and the **988 Suicide and Crisis Lifeline**.

Section 1115 Demonstration Opportunity

The BH-CONNECT demonstration will strengthen the continuum of community-based behavioral health services, while also taking advantage of CMS' opportunity to receive federal financial participation (FFP) for care provided during short-term stays in Institutions for Mental Diseases (IMDs).

- » **CMS' 2018 guidance** permits states to use 1115 demonstrations to receive FFP for short-term care* provided to Medicaid members living with SMI/SED in qualifying IMDs, provided states establish a robust continuum of community-based care and enhance oversight of inpatient and residential settings.
- » **California was the first state to obtain a similar waiver allowing IMD expenditure authority for substance use disorder (SUD) care provided in IMDs** in exchange for strengthening SUD services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- » In October 2021, **CMS created new flexibility to secure FFP for longer stays in Short-Term Residential Therapeutic Programs (STRTPs) classified as IMDs** for youth in the child welfare system for up to two years. States must submit a detailed plan with key milestones and timeframes for transitioning children out of STRTPs that are IMDs.
- » In November 2022, DHCS **released an external concept paper outlining the proposed** approach to the BH-CONNECT demonstration (formerly the CalBH-CBC demonstration).
- » On August 1, 2023, **DHCS released the proposed BH-CONNECT Section 1115 application.**

**The opportunity is limited to stays that are no longer than 60 days, with a requirement for a statewide average length of stay of 30 days.*

Enhancing the Continuum of Care (1/3)

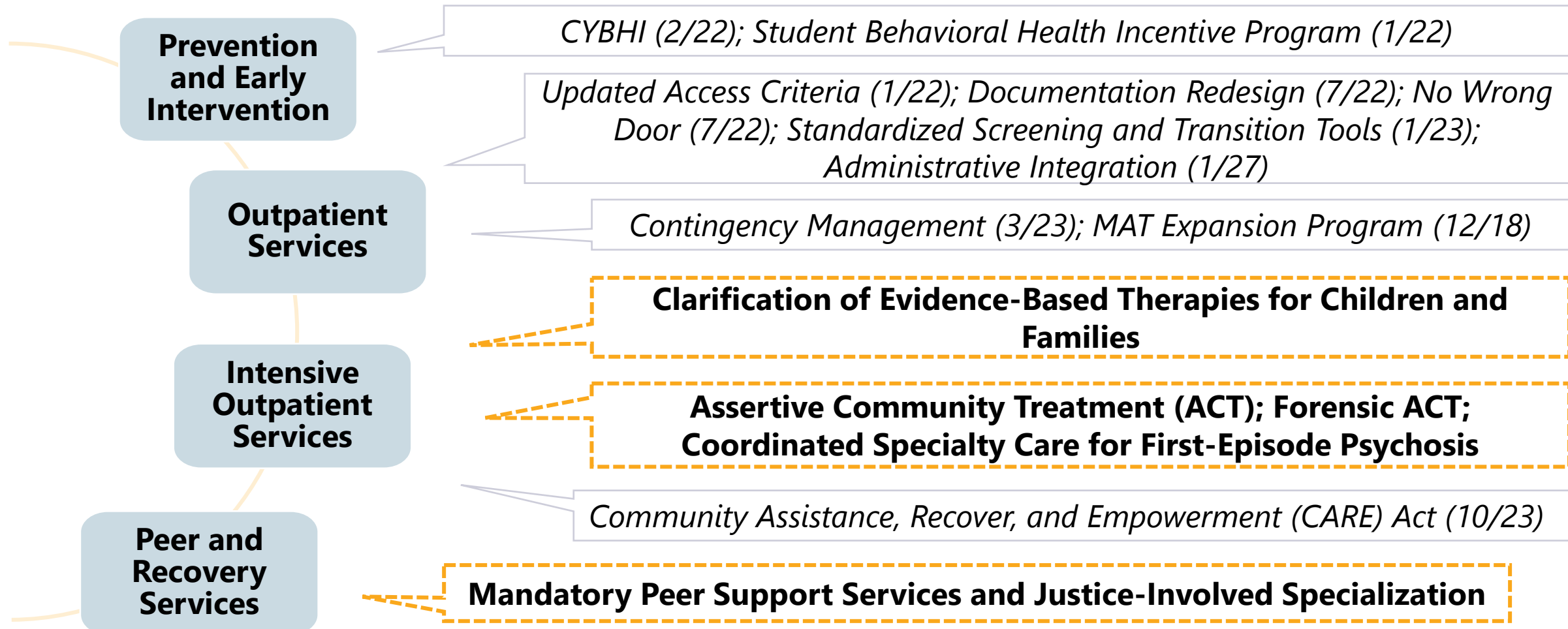
BH-CONNECT will complement and further build out the continuum of care for Medi-Cal members living with significant behavioral health needs.



In the following slides, BH-CONNECT initiatives are in **bold** and outlined in yellow; existing initiatives are *italicized*.

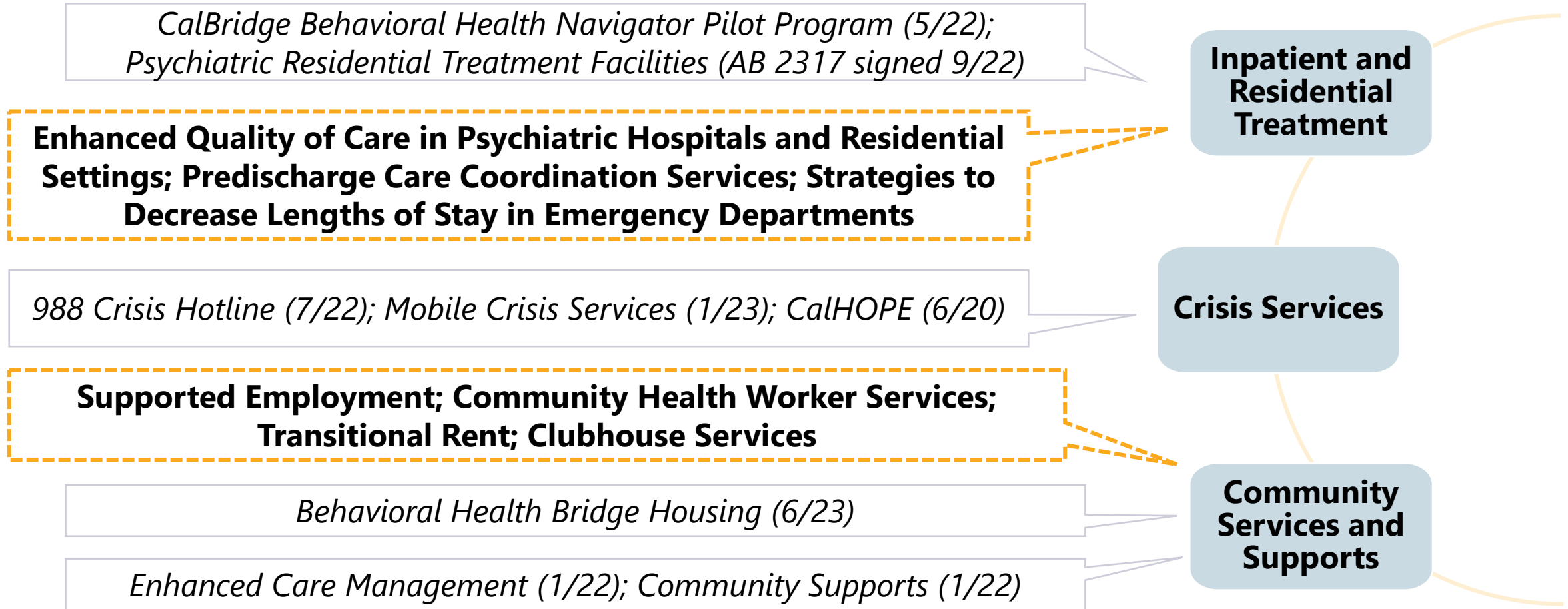
Enhancing the Continuum of Care (2/3)

BH-CONNECT will complement and further build out the continuum of care for Medi-Cal members living with significant behavioral health needs.



Enhancing the Continuum of Care (3/3)

BH-CONNECT will complement and further build out the continuum of care for Medi-Cal members living with significant behavioral health needs.



Proposed BH-CONNECT initiatives are in **bold** and outlined in yellow; existing initiatives are *italicized*.

Proposed Approach

BH-CONNECT aims to:

- » **Expand the continuum of community-based services and evidence-based practices (EBPs)** available through Medi-Cal.
- » **Strengthen family-based and supports** for children and youth living with significant behavioral health needs, including children and youth involved in child welfare.
- » Connect members living with significant behavioral health needs to **employment, housing, and social services and supports**.
- » **Invest in statewide practice transformations** to better enable county behavioral health plans and providers to support Medi-Cal members living with behavioral health conditions.
- » **Strengthen the workforce** needed to deliver community-based behavioral health services and EBPs to members living with significant behavioral health needs.
- » Reduce the risk of individuals **entering or re-entering the criminal justice system** due to untreated or under-treated mental illness.
- » **Incentivize outcome and performance improvements** for children and youth involved in child welfare that receive care from multiple service systems.
- » **Reduce use of institutional care** by those individuals most significantly affected by significant behavioral health needs.

Section 1115 Demonstration Request

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Key Demonstration Components

DHCS is requesting Section 1115 demonstration authorities for specific features of the BH-CONNECT proposal, as detailed in the following slides. Other features will require a State Plan Amendment or administrative expenditures, and others can be implemented using existing federal Medicaid authorities.

Section 1115 Authorities

Expenditure Authority Requests

- ✓ Workforce Initiative
- ✓ Statewide Incentive Program
- ✓ Cross-Sector Incentive Program
- ✓ Activity Stipends
- ✓ Opt-In Incentive Program
- ✓ Transitional Rent Services
- ✓ FFP for IMDs
- ✓ Designated State Health Programs (DSHPs)

Waiver Authority Requests

- ✓ Statewideness
- ✓ Amount, Duration, and Scope and Comparability

Forthcoming State Plan Amendment

- ✓ ACT
- ✓ Forensic ACT
- ✓ Coordinated Specialty Care for First Episode Psychosis
- ✓ Individual Placement and Support (IPS) Model of Supported Employment
- ✓ Community Health Worker Services
- ✓ Clubhouse Services

Existing Federal Medicaid Authorities

- ✓ Centers of Excellence
- ✓ Clarification of Coverage of Evidence-Based Child and Family Therapies
- ✓ Initial Child Welfare/Specialty Mental Health Assessment
- ✓ Foster Care Liaison Role
- ✓ Requirements for Counties that Opt-In to Receive FFP for IMDs
- ✓ Implementation of Other CMS Milestones

BH-CONNECT Features Outside the Section 1115 Demonstration

Existing Federal Medicaid Authorities

- » **Centers of Excellence** to offer training and technical assistance to delivery systems and providers to support fidelity implementation of EBPs
- » Clarification of **coverage requirements for EBPs** for children and youth, including for Multisystemic Therapy (MST), Functional Family Therapy (FFT), Parent-Child Interaction Therapy (PCIT), and potentially additional therapeutic modalities
- » Establishment of an **initial child welfare/specialty mental health assessment** at the entry point into child welfare
- » Inclusion of a **Foster Care Liaison** within managed care plans (MCPs)
- » Implementation of specific **requirements for counties that opt-in to receive FFP** for short-term stays in IMDs
- » Implementation of **other CMS milestones** (to be described in implementation plan)

State Plan Amendment

- » **ACT**
- » **FACT**
- » **CSC for FEP**
- » **IPS Supported Employment**
- » **Community Health Worker Services**
- » **Clubhouse Services**

DHCS will work with CMS to request any additional authorities to cover these services, as needed.

Section 1115 Demonstration Request

Statewide Features

- » **Workforce initiative** to invest in a robust, diverse behavioral health workforce to support Medi-Cal members living with significant behavioral health needs.
- » **Statewide incentive program** to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes.
- » **Cross-sector incentive program** to support children and youth involved in child welfare who are also receiving specialty mental health services.
- » **Activity Stipends** to ensure children and youth involved in child welfare have access to community and school-based activities that support health and well-being.

County Option

- » **Incentive program for opt-in counties** to support and reward counties in implementing a robust continuum of community-based behavioral health services and EBPs for Medi-Cal members.
- » **Transitional Rent Services** for up to six months for eligible high-need members who are experiencing or at risk of homelessness.
- » FFP for **care provided during short-term stays in IMDs.**

Statewide Feature: Workforce Initiative



California is facing an acute behavioral health workforce shortage. To build upon work already underway in California, DHCS is requesting expenditure authority for a workforce initiative to support the identification, training, and retention of behavioral health professionals to provide services across the continuum.

The workforce initiative will be used for critical investments in the behavioral health workforce, which may include:

- » **Long-term investments**, such as partnerships with colleges and universities to expand allied professional and graduate programs in social work, psychology, and other related programs, and to build upon recent investments to augment the pipeline of Peer Support Specialists, Community Health Workers, SUD counselors, and other practitioners.
- » **Short-term investments**, such as hiring and retention bonuses, scholarship and loan repayment programs, certification costs for community health workers and peer support specialists, and other stipends.

DHCS will partner with stakeholders to inform the design of the workforce initiative.

Key Focus Areas

Focus areas for the workforce initiative will be on:

- » Ensuring the workforce is equipped to provide culturally- and linguistically-appropriate care
- » Engaging individuals with lived experience
- » Addressing the shortage of professionals who work with children and youth and the justice-involved population

Statewide Feature: Statewide Incentive Program



DHCS is requesting expenditure authority to make new investments in county Mental Health Plans (MHPs) and DMC-ODS counties to ensure they are equipped to implement BH-CONNECT activities through a statewide incentive program.

The incentive program will invest in counties to strengthen quality infrastructure and reporting on key outcome measures. Specific measurement domains and measures will be developed in partnership with key stakeholders and may include:

- » Effective transitions of care
- » Cultural and Race, Ethnicity, and Language (REAL) responsiveness
- » Follow-up after emergency department (ED) visit for mental illness
- » Follow-up after hospitalization for mental illness
- » Antidepressant medication management
- » Use of first-line psychosocial care for children and adolescents on antipsychotics
- » Adherence to antipsychotic medications for individuals with schizophrenia

The statewide incentive program is intended to build upon work done as part of CalAIM Behavioral Health Quality Improvement Program (BHQIP) to strengthen counties' quality reporting and monitoring infrastructure.

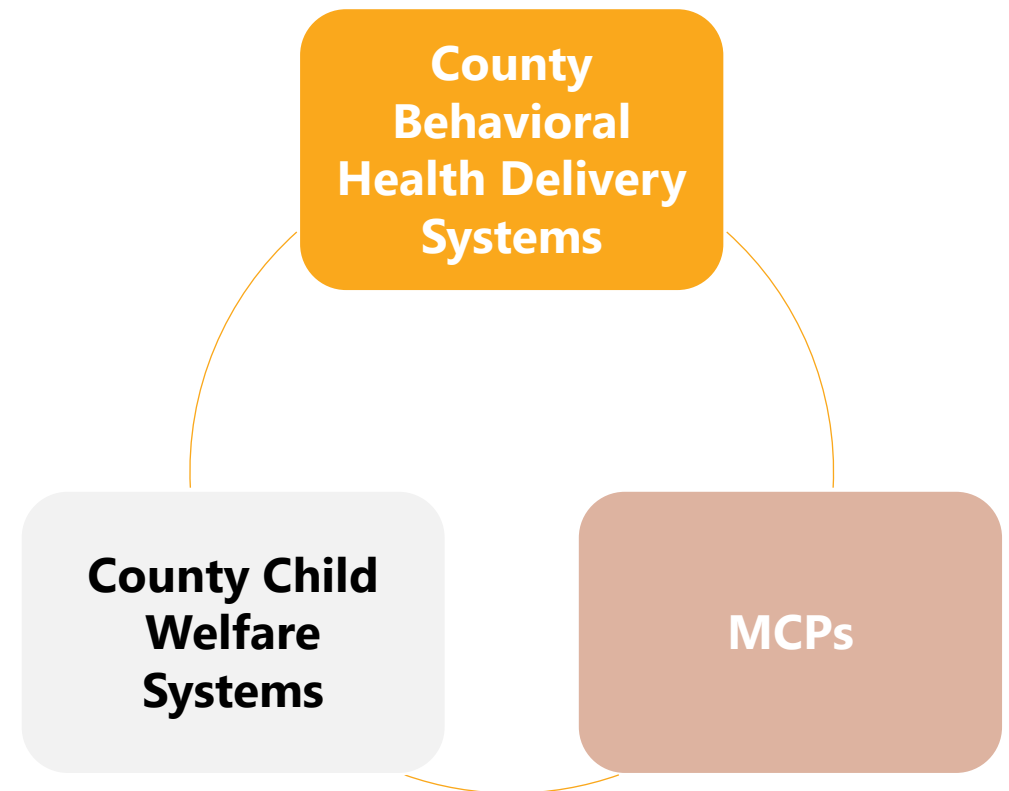
Statewide Feature: Cross-Sector Incentive Program for Children Involved in Child Welfare



Children involved in child welfare frequently require coordination across multiple systems to meet their needs. DHCS plans to establish a cross-sector incentive program to facilitate innovation and drive outcome improvements through cross-agency collaboration.

The cross-sector incentive program will provide fiscal incentives for three key systems to **work together and share responsibility in improving behavioral health outcomes** among children involved in child welfare.

DHCS has received valuable feedback on potential measures for this incentive program and is working closely with stakeholders on the framework and measure set for the cross-sector incentive program to ensure it is designed in a way to best support children and youth involved in child welfare who are living with behavioral health needs.



Statewide Feature: Activity Stipends

DHCS is requesting expenditure authority to develop a new support for children ages 3 and older involved in child welfare to increase access to extracurricular activities, which can enhance physical health, mental wellness, healthy attachment, and social connections.

Activity Stipends would support activities not otherwise reimbursable in Medi-Cal, such as:

- » Movement activities
- » Sports
- » Leadership activities
- » Excursion and nature activities
- » Music and art programs
- » Other activities to support healthy relationships with peers and supportive adults

DHCS will work with California Department of Social Services, county child welfare agencies, tribal social services and tribal child welfare programs on distribution of Activity Stipends.

Eligibility Criteria

Members may be eligible for Activity Stipends if they are:

- » under age 21 and currently involved in the child welfare system in California;
- » under age 21 and previously received care through the child welfare system in California or another state within the past 12 months;
- » aged out of the child welfare system up to age 26 in California or another state;
- » under age 18 and are eligible for and/or in California's Adoption Assistance Program; or
- » under age 18 and currently receiving or have received services from California's Family Maintenance program within the past 12 months.

County Option: FFP for Care Provided in IMDs

As part of the BH-CONNECT demonstration, DHCS is requesting FFP for services provided to Medi-Cal members living with significant behavioral health needs during short-term stays in IMDs.

- » County MHPs that agree to certain conditions (“opt-in counties”) will receive FFP for services provided during short-term stays* in IMDs consistent with CMS’ requirements.
- » To participate, opt-in counties must:
 - ☒ cover a full array of enhanced community-based services and evidence-based practices;
 - ☒ reinvest dollars generated by the BH-CONNECT demonstration into community-based care; and
 - ☒ meet accountability requirements to ensure that IMDs are used only when there is a clinical need and that IMDs meet quality standards.

Enhanced Community-Based Services

Counties that “opt in” to receive FFP for short-term stays in IMDs must provide:

- » ACT
- » Forensic ACT
- » CSC for FEP
- » IPS Supported Employment
- » Transitional Rent Services
- » Community Health Worker Services

Counties may “opt in” on a rolling basis.

**The opportunity is limited to stays that are no longer than 60 days, with a requirement for a statewide average length of stay of 30 days.*

County Option: FFP for Care Provided in IMDs

County MHPs may “opt-in” to participate in BH-CONNECT on a rolling basis. Each opt-in county must meet key milestones to be eligible for FFP for care provided in IMDs.

Upon IMD Opt-In County Go-Live	Within 1 Year of Go-Live	Within 2 Years of Go-Live	Within 3 Years of Go-Live
<ul style="list-style-type: none">Participate in opt-in county incentive programBegin training and technical assistance for ACT/FACT <p>Begin providing:</p> <ul style="list-style-type: none">Peer Support Services, including forensic specializationCommunity Health Worker services	<ul style="list-style-type: none">Fully implement ACT <p>Begin providing:</p> <ul style="list-style-type: none">Transitional Rent Services	<ul style="list-style-type: none">Fully implement FACT <p>Begin providing:</p> <ul style="list-style-type: none">CSC for FEP	<p>Begin providing:</p> <ul style="list-style-type: none">IPS Supported Employment

Counties that are not participating in the IMD opportunity will have the option to implement Transitional Rent Services, IPS Supported Employment, Community Health Worker Services, ACT/FACT, CSC for FEP, and Clubhouse Services on a rolling basis.

County Option: Opt-In County Incentive Program

DHCS recognizes counties that opt-in to the BH-CONNECT demonstration will need to make significant investments to meet state and federal requirements, including building provider networks for community-based services and ensuring quality of participating IMDs.

The incentive program will support and reward counties in implementing community-based care options. Specific measurement domains and measures will be developed in partnership with key stakeholders and may include:

Start-up and capacity development:

- » Receive DHCS approval of BH-CONNECT county implementation plan.

Process and structural milestones:

- » Submit baseline reporting on outcome measures related to BH-CONNECT.
- » Ensure provider organizations participate in fidelity review for specific EBPs, such as ACT, FACT, CSC for FEP, and IPS Supported Employment.

Performance and outcomes:

- » Demonstrate improved outcomes related to BH-CONNECT programs.
- » Demonstrate increased utilization rates of community-based services and EBPs available through the BH-CONNECT demonstration.
- » Demonstrate improvement on quality-of-life measures.

Most of the opt-in county incentive program resources will be focused on outcomes associated with effective implementation of community-based services and EBPs.

County Option: Transitional Rent Services



Medi-Cal members will be eligible for transitional rent services in participating counties if they:

- » Meet the access criteria for SMHS, DMC, and/or DMC-ODS services **and**
- » Meet HUD's current definition of homelessness or at-risk of homelessness with two modifications:
 - If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the institutionalization; **and**
 - The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at-risk of homelessness under the current HUD definition to 30 days.

AND meet one or more of the following criteria:

- » are transitioning out of an institutional care or congregate residential setting, including but not limited to an inpatient hospital stay, inpatient or residential SUD treatment or recovery facility, inpatient or residential mental health treatment facility, or nursing facility;
- » are transitioning out of a correctional facility;
- » are transitioning out of the child welfare system;
- » are transitioning out of recuperative care facilities or short-term post-hospitalization housing;
- » are transitioning out of transitional housing;
- » are transitioning out of a homeless shelter/interim housing;
- » meet the criteria of unsheltered homelessness; **or**
- » meet eligibility criteria for a Full Service Partnership (FSP) program.

Demonstration Financing & Preliminary Evaluation Plan

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Demonstration Financing

DHCS is requesting expenditure authority from CMS totaling ~\$6.98 billion over the 5-year demonstration period (January 1, 2025 – December 31, 2029). The following table shows the total projected expenditures for the BH-CONNECT demonstration years (DYs) (in thousands).

Expenditure Authorities	DY 1 (CY 2025)	DY 2 (CY 2026)	DY 3 (CY 2027)	DY 4 (CY 2028)	DY 5 (CY 2029)
Workforce Initiative	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000
Statewide Incentive Program	\$302,544	\$302,544	\$302,544	\$302,544	\$302,544
Cross-Sector Incentive Program		\$62,500	\$62,500	\$62,500	\$62,500
Activity Stipends	\$23,815	\$47,630	\$47,630	\$47,630	\$47,630
Opt-In County Incentive Program	\$182,175	\$198,001	\$208,540	\$245,000	\$245,000
Transitional Rent Services	\$36,001	\$85,258	\$119,874	\$153,087	\$171,521
IMDs	\$161,929	\$175,997	\$185,364	\$217,772	\$217,772
Total	\$1,186,464	\$1,351,930	\$1,406,452	\$1,508,533	\$1,526,967₆

Preliminary Evaluation Plan

As part of the demonstration request, DHCS included a preliminary plan to evaluate the BH-CONNECT demonstration and its achievement of the demonstration's goals. These hypotheses are subject to change and will be further defined as California works with CMS to develop an evaluation design.

Over the course of the BH-CONNECT demonstration period, DHCS anticipates:

- » **ED utilization and lengths of stay** among members living with significant behavioral health needs will decrease.
- » **Readmissions** to acute care hospitals and residential settings related to significant behavioral health needs will decrease.
- » Utilization of **community-based crisis services** will increase.
- » Availability and utilization of **community-based behavioral health services** will increase.
- » **Care coordination** for members living with significant behavioral health needs will improve.
- » Outcomes for **members who are justice-involved and those who are homeless** or at-risk of homelessness will improve.
- » Outcomes for **children and youth involved in child welfare** will improve.
- » Availability of **trainings, technical assistance, and incentives** to strengthen the provision of community-based care and improve outcomes will increase.
- » Availability of **behavioral health providers** will increase.

Timeline & Next Steps

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BH-CONNECT Implementation Timeline

DHCS intends to implement the BH-CONNECT demonstration using a phased approach. Counties may opt in to receive FFP for IMDs and meet other demonstration requirements on a rolling basis.

Proposed Implementation Milestones

January 2024

- » Implementation of foster care liaison (MCP contract requirement)

January 2025 (*Demonstration Effective*)

- » Counties opt-in to participate in BH-CONNECT IMD opportunity (*rolling*)
- » Counties opt-in to offer enhanced community-based services, including ACT/FACT, CSC for FEP, IPS Supported Employment, Transitional Rent Services, Community Health Worker Services, and Clubhouse Services (*rolling*)
- » Launch workforce initiative
- » Statewide and opt-in county incentive programs

go-live

- » Release guidance on family therapies
- » Centers of Excellence operational

July 2025

- » Activity Stipends go-live
- » Implement initial child welfare/behavioral health assessment

January 2026:

- » Cross-sector incentive program go-live
- » Evidence-based tools to connect members to appropriate care
- » Tool to track availability of inpatient and crisis stabilization beds

Next Steps

- » **Public Comment Period.** The BH-CONNECT application is available for public comment through August 31, 2023. Please submit all written comments to BH-CONNECT@dhcs.ca.gov.
- » **Response to Public Comment.** DHCS will revise the draft BH-CONNECT application, integrating stakeholder feedback, in fall 2023.
- » **Submission to CMS.** DHCS intends to submit the final BH-CONNECT application for CMS review in late 2023.
- » **Demonstration Go-Live.** The BH-CONNECT demonstration will be implemented on a phased timeline to ensure ample time for successful implementation (*see slide 27*).
- » **Ongoing Stakeholder Engagement.** DHCS is committed to engaging with stakeholders on an ongoing basis throughout the design and implementation of the proposed BH-CONNECT demonstration.

***Find the draft BH-CONNECT demonstration application posted on
<https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx>***

The logo for the County of San Diego Behavioral Health Services. It features a dark blue background with a large, lighter blue circle in the center. The text "County of San Diego Behavioral Health Services" is written in white, sans-serif font, centered within the circle.

County of San Diego Behavioral Health Services

California Advancing and Innovating Medi-Cal (CalAIM) - Behavioral Health Payment Reform Overview

Updated on 9/1/23

Behavioral Health Payment Reform - Updates



Update	Date of Update	Status
Phase 1: Opioid Treatment Program Rates	9/1/23	Implemented mid-July 2023
Phase 2: Substance Use Residential Rates	9/1/23	Pending 10/1/23 implementation
Phase 2: Mental Health Residential & Crisis Residential Rates	9/1/23	Pending 10/1/23 implementation

Overview



California Advancing and Innovating Medi-Cal (CalAIM)

- State initiative designed to improve the quality of life and health outcomes of Californians through delivery system, program, and payment reform across Medi-Cal
- Originally scheduled to begin in January 2021, but was delayed by the State due to COVID-19
- Implementation of the first reforms began in January 2022, and will continue through 2027

Anticipated Outcomes

- Identifying and managing the risk and needs of Medi-Cal beneficiaries through **whole-person-care** approaches and **addressing social determinants of health**.
- Transitioning and transforming the Medi-Cal program to a more consistent and seamless system by **reducing complexity and increasing flexibility**.
- Improving quality outcomes, reducing health disparities, and driving delivery system transformation and innovation through **value-based initiatives, modernization of systems, and payment reform**.

Behavioral Health Payment Reform



Key Transitions

- Shift from cost-reimbursement methodology to a fee for service (FFS) payment structure
- Shift to Intergovernmental Transfers (IGTs)
- Shift from Healthcare Common Procedure Coding System (HCPCS) to a combination of HCPCS and Common Procedural Terminology (CPT) coding

Positive Impacts

- Shifts toward value-based payments that incentivize outcomes and quality over volume and cost
- Enables counties and providers to deliver value-based care and simplifies payment structures by eliminating cost reports, burdensome administrative practices, and complex audits
- Aligns with other healthcare delivery systems and complies with CMS requirement to adopt CPT codes

Anticipated Opportunities

- Adapt operational and administrative practices that maximize billing
- Establish outcomes and utilize data more meaningfully to support client success
- Shift toward incentives that drive improved client care and support meaningful outcomes
- Achieve sustainability through FFS rates to reinvest into behavioral health system

County BHS Payment Reform Priorities



Rates

- FFS rates are equitable and sustain costs of providing quality behavioral health care
- FFS rates support capacity-building across services, including expanding the behavioral health workforce
- Continue advocacy for growth in rates that reflect increased costs of providing quality healthcare

Incentive Payments

- Develop future incentives that drive improved care and system outcomes

CPT Coding

- Improve reporting and data utilization through disaggregated data on specialty BH services

Ongoing Priorities

- Cultivate open communication and build trust with providers as we navigate through BH Payment Reform
- Support continuity of existing behavioral health services and capacity growth that is sustainable

Anticipated Timeline



Key Action/Milestone	Date
CalAIM Framework: Executive Summary and Summary of Changes	Feb 2021
State Development of Criteria and Guidance	Jan 2022
BHIN 23-017 Specialty Mental Health Services and Drug Medi-Cal Services Rates	Apr 2023
BHS Rate Development and System Impact Analysis to Inform Implementation Plan	Mar – Dec 2023
San Diego County Board of Supervisors: Authorize Intergovernmental Transfer Agreement and Amendments to Medi-Cal Contracts for BH Payment Reform (5/13/23 MO# 6)	May 2023
Behavioral Health Payment Reform Begins	Jul 2023
San Diego County <u>Eligible</u> BHS Contractors Transition to Rate-Based (FFS) Model*	October 2023 – July 1, 2024
ALL San Diego County <u>Eligible</u> BHS Contractors are Transitioned to Rate-Based (FFS) Model	July 1, 2024
*Subject to change	

Implementation Plan



Scale of Transformation

- BH Payment Reform will impact nearly **200 contracted programs** and County-operated services
- Phased approach in Fiscal Year 2023-24 will support the transition and minimize disruption
- Anticipate that all eligible providers will be transitioned to FFS model by 7/1/24

Rate Development

- The service rates were developed by the State
- San Diego County will establish **baseline rates** for providers, which will be **a portion** of State rates
- Modifiers will be established in addition to baseline rates depending on size of the program, location, specialized services/populations, and other key factors
- Remaining revenue will cover incentives and capacity building costs

Alternative Transition Payment

- A one-time payment may be available to *qualifying* contractors to support readiness as programs transition from a cost reimbursement contract structure to a FFS contract structure

Opioid Treatment Programs (OTPs)



Implemented – Phase 1

- Began mid-July 2023
- Impact to 9 contracted OTP programs
- Analyzed rate impact across all services within OTPs
- Established Baseline rate + Modifiers, where applicable

Service	State Rate*	County of San Diego Baseline Rate*	Unit	Rate Modifiers*
Outpatient Services	\$75.98	70% of State Rate	Per 15 mins	• Perinatal Services
Dosing Methadone	\$21.32	85% of State Rate	Per Dose	
Dosing – Other	Depends on dosing type	100% of State Rate	Per Dose	
* Subject to change				

<https://www.dhcs.ca.gov/Documents/DMC-ODS-NTP-Rates.xlsx>

Substance Use Residential Services



Implementation – Phase 2

- October 1, 2023
- Impact to 22 contracted SUD Residential programs
- Analyzed rate impact across all services within SUD Residential
- Establish Baseline rate + Modifiers, where applicable

Service	State / Base Rate*	County of San Diego Baseline Rate*	Unit	Rate Modifiers*
Residential 3.1	\$220.72	70% of State Rate	Per Day	<ul style="list-style-type: none">• Program Size: Large, Medium, Small• Special Populations: Teens, Perinatal, Incidental Medical Services (IMS), other• Location: County-owned facility
Residential 3.3	\$286.94	70% of State Rate	Per Day	
Residential 3.5	\$261.05	70% of State Rate	Per Day	
Withdrawal Management 3.2	\$290.06	70% of State Rate	Per Day	
Outpatient Services	\$5.17	70% of State Rate	Per Minute	
Room and Board	\$75.00	\$55.00	Per Day	
* Subject to change				

<https://www.dhcs.ca.gov/Documents/DMC-ODS-24-Hour-Day-Services.xlsx>

MH Residential and Crisis Residential Services



Implementation – Phase 2

- October 1, 2023
- Impact to 1 contracted MH Residential + 7 Crisis Residential programs
- Rates apply to children and adult programs
- Establish Baseline rate + Modifiers, where applicable

Service	State / Base Rate*	County of San Diego Baseline Rate*	Unit	Rate Modifiers*
Adult Residential	\$268.26	85% of State Rate	Per Day	<ul style="list-style-type: none">• Program Size: Small• Location: County-owned facility
Adult Crisis Residential	\$541.62	85% of State Rate	Per Day	
Licensed Physician (MD – Med Support Svcs)	\$23.46	85% of State Rate	Per Min	
Room and Board	\$75.00	\$55.00	Per Day	
* Subject to change				

<https://www.dhcs.ca.gov/provgovpart/Documents/SMHS-24-Hour-Services.xlsx>

<https://www.dhcs.ca.gov/Documents/DMH-Outpatient-Rates.xlsx>

Day Treatment Services*



Anticipated Implementation – Phase 3

- December 1, 2023
- Impact to XX contracted day and half day treatment programs, including PHP and IOT
- Establish Baseline rate + Modifiers, where applicable

Service	State / Base Rate*	County of San Diego Baseline Rate*	Unit	Rate Modifiers*
Day Treatment Intensive (Full Day)	\$758.44	TBD	>= 4.0 hours	• TBD
Day Treatment Intensive (1/2 day)	\$505.63	TBD	< 4.0 hours	
Day Rehab (Full Day)	\$346.51	TBD	>= 4.0 hours	
Day Rehab (1/2 Day)	\$231.00	TBD	< 4.0 hours	
* Subject to change				

<https://www.dhcs.ca.gov/provgovpart/Documents/SMHS-Day-Services-Rates.xlsx>

Mental Health Crisis Stabilization Services*



Anticipated Implementation – Phase 3

- December 1, 2023
- Impact to 5 contracted MH Crisis Stabilization Units
- Establish Baseline rate + Modifiers, where applicable

Service	State / Base Rate*	County of San Diego Baseline Rate*	Unit	Rate Modifiers*
Crisis Stabilization Services	\$358.19	TBD	Per Hour	• TBD
* Subject to change				

<https://www.dhcs.ca.gov/provgovpart/Documents/SMHS-Day-Services-Rates.xlsx>

Substance Use Outpatient Services*



Anticipated Implementation – Phase 4

- February 1, 2024
- Impact to 35 contracted SUD outpatient programs
- Analyzed rate impact across all credentialing types within SUD Outpatient services
- Baseline rate + Modifiers, where applicable

Service	State / Base Rate*	County of San Diego Baseline Rate*	Unit	Rate Modifiers*
Various	Varies by credential	TBD		• TBD
* Subject to change				

<https://www.dhcs.ca.gov/Documents/DMC-ODS-Outpatient.xlsx>

Mental Health Outpatient Services*



Anticipated Implementation – Phase 5

- April 1, 2024 – July 1, 2024
- Impact to 90 contracted MH Outpatient programs
- Analyzed rate impact across all credentialing types within MH Outpatient services
- Baseline rate + Modifiers, where applicable

Service	State / Base Rate*	County of San Diego Baseline Rate*	Unit	Rate Modifiers*
Various	Varies by credential	TBD	TBD	• TBD
* Subject to change				

<https://www.dhcs.ca.gov/Documents/DMH-Outpatient-Rates.xlsx>

Mobile Crisis Response Teams*



Anticipated Implementation – Phase 6

- July 1, 2024
- Impact to 2 Mobile Crisis Response Team programs
- Establish Baseline rate + Modifiers, where applicable

Service	State / Base Rate*	County of San Diego Baseline Rate*	Unit	Rate Modifiers*
Mobile Crisis	\$3,323.47	TBD	Per Encounter	• TBD
Mobile Crisis Transportation (Mileage)	\$0.65	TBD	Per Mile	
Mobile Crisis Transportation (Staff Time)	\$80.25	TBD	Per 15 minutes	
* Subject to change				

<https://www.dhcs.ca.gov/provgovpart/Documents/SMHS-Mobile-Crisis-Rates.xlsx>

Partners Through Transition



BHS Expectations

- The transition will be rapid due to delayed dissemination of State rates
- Providers should have open and regular communication with CORs
- BHS will work with providers, as needed
- To be successful operations, and service models may shift (it's not just about maintaining status quo)
- Dates are subject to change due to unforeseen challenges

Measures of Success

- MH and SUD providers successfully transition toward value-based care that is sustainable, improves client care and outcomes, and expands network capacity to improve access to care for those in need
- Administrative burdens are reduced allowing the workforce to focus on direct care
- Rates bolster the Behavioral Health Continuum of Care

Thank you for your patience as we navigate this process together!

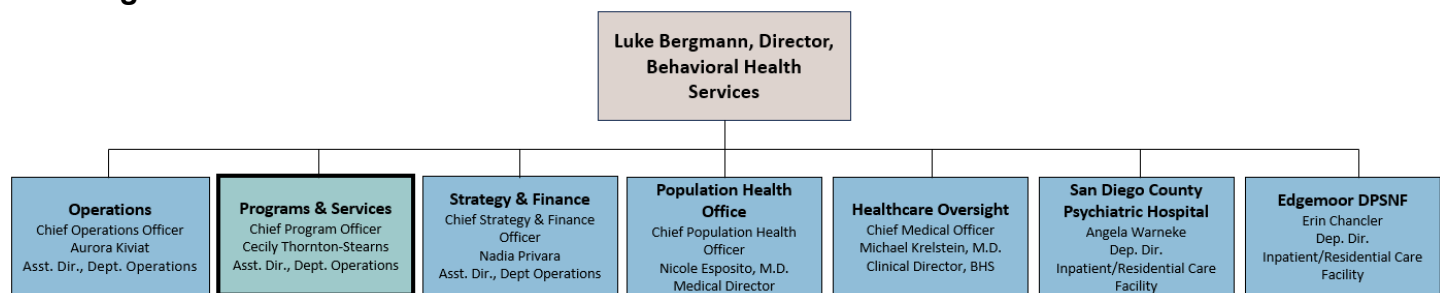
To:	BHS Contracted Service Providers
From:	Behavioral Health Services
Date:	July 27, 2023
Title	BHS Reorganization Program & Services Update

This memo provides an update on the Behavioral Health Services (BHS) departmental reorganization related to the **Programs & Services** unit. Implementation of the changes below will start **July 28, 2023**.

Programs & Services Overview

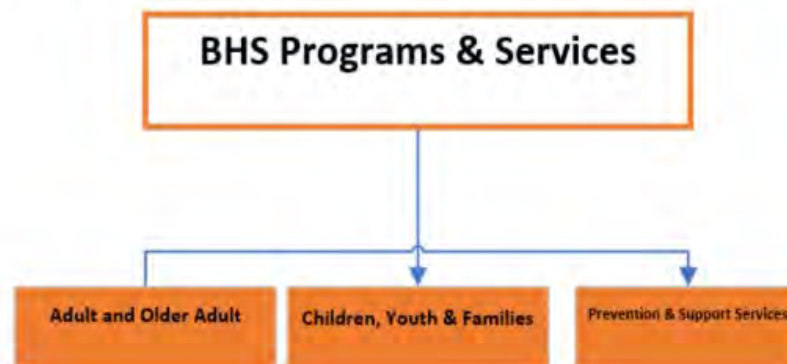
Led by Chief Program Officer and Assistant Director of Department Operations, Cecily Thornton-Stearns, Programs & Services is the largest BHS unit and designs, develops, and provides oversight to a large network of behavioral health services and supports to fulfill our role as a health plan, public health entity, and direct service provider. The Programs & Services portfolio is comprised of nearly **300 programs**, providing services in **400+ service locations**, including **13 County operated programs**. The Programs & Services unit is comprised of nearly **450 staff**, including both direct services and administrative positions.

BHS Organization



Current Programs & Services Structure

Behavioral Health Services- Programs & Services **Current**



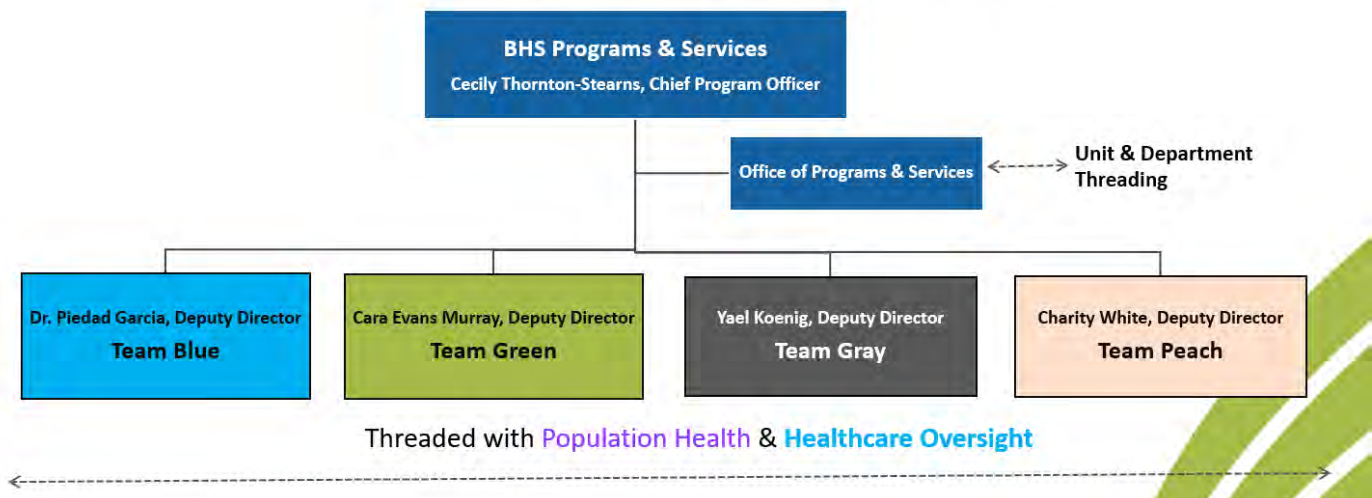
The BHS Programs & Services unit has historically been comprised of three teams: Adult and Older Adult (AOA), Children Youth & Families (CYF), and Prevention and Support Services (PSS). This structure will shift in the Programs & Services unit re-org.

To:	BHS Contracted Service Providers
From:	Behavioral Health Services
Date:	July 27, 2023
Title	BHS Reorganization Program & Services Update

Oversight of Service Lines

The Programs & Services unit reorganization **establishes service line oversight teams** which will be **centralized under four Deputy Directors**. This shift will narrow the COR teams' focus to distinct service line portfolios, enhancing oversight, alignment, and subject matter expertise to facilitate the design, development, and delivery of high quality, cost-effective and efficient behavioral health programs and services.

BHS Programs and Services



ESTABLISH EIGHT DISTINCT PROGRAMS & SERVICES TEAMS CENTRALIZED UNDER FOUR DEPUTY DIRECTORS

Team Blue

Under the leadership of **Deputy Director Dr. Piedad Garcia**:

- **Crisis, ACT, Care Coordination and Case Management** – Includes Assertive Community Treatment (ACT) programs, County-operated case management and enhanced care coordination, recovery and bridge services, Crisis Stabilization Units (CSU), Psychiatric Emergency Response Teams (PERT), and Mobile Crisis Response Teams (MCRT).
- **Housing and Homelessness** – Includes Augmented Services Programs (ASP) Adult Residential Facilities (ARF) and Residential Care for the Elderly (RCFE), homeless outreach, Community Harm Reduction Teams (C-HRT) and Safe Havens, housing navigation services, housing vouchers, Mental Health Services Act (MHSA) housing developments, units and vouchers, and development of the 5-year Strategic Housing Plan.

Team Gray

To:	BHS Contracted Service Providers
From:	Behavioral Health Services
Date:	July 27, 2023
Title	BHS Reorganization Program & Services Update

Under the leadership of **Deputy Director Yael Koenig:**

- **Outpatient 2** – Includes children’s school-based mental health services, therapeutic behavioral services, outpatient substance use disorder (SUD) programs, Pathways to Well-Being, and Continuum of Care Reform (CCR).
- **Juvenile Forensic Services** – Juvenile forensic services are County-operated programs that include Stabilization, Transition, and Treatment Team (STAT), Youth Development Academy (YDA), and Healing Opportunities for Personal Empowerment (HOPE).

Team Green

Under the leadership of **Deputy Director Cara Evans Murray:**

- **Outpatient 1** – Includes Biopsychosocial Rehabilitation Programs (BPSRs), outpatient SUD treatment programs, CalWORKs programs, hybrid outpatient programs, Opioid Treatment Programs (OTPs), and ambulatory withdrawal management.
- **Prevention and Support Services** – Prevention and Support Services unit will be expanded to include new COR teams, leadership positions, and services. Existing services include SUD prevention services, DUI programs, MHSA Prevention and Early Intervention services, and will expand to include clubhouses, supported employment, faith-based services, and peer services.

Team Peach

Under the leadership of **Deputy Director Charity White:**

- **Residential, Inpatient, Long Term Care** – The residential, inpatient, and long-term care (LTC) shift will occur in phases. In the first phase, the team will oversee SUD residential, transitional residential, short-term residential therapeutic programs (STRTPs), and children’s acute services, with future phases to include long term care and adult inpatient acute care services.
- **Public Conservatorship and Community Assistance Recovery and Empowerment (CARE) Act Team** – This new unit supports individuals involved in adult mental health civil court processes and consists of the Public Conservator (PC) Team that shifted to BHS from Aging and Independence Services (AIS) in November 2022 and the newly established CARE Act team.

For More Information:

- Contact your Contracting Officer’s Representative (COR)



County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP
INTERIM AGENCY DIRECTOR

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

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

August 31, 2023

TO: Behavioral Health Advisory Board (BHAB)

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

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

BHS HOUSING INITIATIVES

BHS Housing Initiatives Over the Years

Over the past 20 years, BHS has developed an array of treatment services and housing supports to serve persons with serious mental illness who are experiencing homelessness. Some of the major accomplishments during this period are noted below:

Past 20 Years

- BHS contracted with the Corporation for Supportive Housing for housing technical consultant services to assist in the development of an array of housing for persons with serious mental illness (SMI), and to assist with the development of the BHS Strategic Housing Plan.
- Integration of housing supports for persons experiencing homelessness in Assertive Community Treatment (ACT) programs.
- Funded 219 permanent supportive housing units through the Mental Health Services Act (MHSA).
- Opened the Uptown Safe Haven residential facility to provide transitional housing and supportive services to chronically homeless adults with moderate to severe mental health conditions.

Past 10 Years

- Upwards of 1,250 subsidies have been utilized through Project One for All, a partnership between BHS, the San Diego Housing Commission (SDHC), and the County of San Diego Housing and Community Development Services.
- Established the Special Needs Housing Program (SNHP) to provide 131 permanent supportive housing.
- Established ongoing funding for substance use recovery residences.

Past Five Years

- Increased the number of shelter beds and bridge housing services to 78.
- Began offering behavioral health support services (BHSS) in two permanent supportive housing developments.

- Operationalized No Place Like Home funds for the development of permanent supportive housing for persons with mental health conditions who are experiencing homelessness.
- Opened the County's first Community Harm Reduction Team (C-HRT) Midway Shelter and Safe Haven.

Assertive Community Treatment Services with Integrated Housing Supports

A major accomplishment has been the establishment of 19 assertive community treatment (ACT) services contracts that provide intensive, community-based services for persons with an SMI who are experiencing homelessness or at risk of homelessness and may have a co-occurring substance use disorder (SUD). In Fiscal Year 2022-23, approximately 3,286 clients received services, which included medication management, rehabilitation and recovery services, employment and education support, peer support, intensive case management, and connection to an array of supportive housing options. Treatment funding for these 19 ACT contractors is approximately \$62 million annually, with MHSA embedded housing support funding of approximately \$16 million.

The array of ACT housing options include:

- Short-term bridge and transitional housing.
- Permanent supportive housing inclusive of apartments, studios, and shared housing.
- Licensed board and care facilities.
- Independent living homes.
- Recovery residences.

As of June 2023, 81% percent of non-institutionalized enrolled clients are utilizing the available housing options during the treatment phase. The top six living arrangements reported are:

- House or apartment [31%].
- Independent living facilities [17%].
- Homeless with shelter (i.e., family, friends, motel, vehicle) [11%].
- Adult board and care [10%].
- Skilled nursing facility/institution for mental disease [7%].
- Other (i.e., SUD residential, recovery residence, correctional facility, acute care) [5%].

Short-Term Housing (Shelter)

BHS, in partnership with the City of San Diego, has in recent years developed shelter capacity which includes the Rosecrans Shelter with a 150-bed capacity with co-located BHSS on site. Since opening in September 2022, the Rosecrans Shelter has sheltered approximately 650 unduplicated unhoused clients. BHSS offered on site include:

- A multi-disciplinary team consisting of a nurse practitioner, clinician, substance use counselor, and peer support specialist.
- Screening for mental health, substance use, and physical health issues.
- Linkage to treatment via a warm handoff.
- Coordination with BHS providers.
- Bridge medication support until clients are connected with outpatient treatment.

The Community Harm Reduction Team (C-HRT) Midway Shelter has a 44-bed capacity for dedicated C-HRT clients with chronic substance use who are resistant to receiving services and reside in the City of San Diego. The C-HRT Midway Shelter is a partnership with the City of San Diego and Family Health Centers of San Diego (FHCS) who provide outreach, engagement, and care coordination services to this population. Since its opening on July 1, 2022, the Midway Shelter has provided services to 193 unduplicated clients. As July 1, 2023, FHCS has outreached to approximately 2,000 individuals, with 300 individuals having engaged in services.

Bridge Housing Program

In addition to shelter beds, BHS has bridge or transitional housing options that include the Uptown Safe Haven (19 beds) for persons who are experiencing homelessness with an SMI and are enrolled in ACT programs. The C-HRT program also provides a C-HRT Safe Haven with a capacity of 22 beds for individuals who have engaged with FHCSD. Additionally, BHS contracts for short-term bridge housing across the county for 78 beds for women, men, and transitional age youth (TAY) experiencing homelessness with an SMI.

BHSS in Permanent Housing Developments

BHS has partnered with SDHC on two permanent housing developments where BHSS are co-located. Residents at these developments receive subsidies from SDHC. The Kearny Vista apartments house 161 residents and the Valley Vista apartments house 211 residents. BHS providers conduct light case management for all residents, with clinical case management as needed. BHSS include screening, care coordination, and connections to ongoing BHS services.

No Place Like Home

In November 2018, voters approved Proposition 2, authorizing the sale of up to \$2 billion in revenue bonds and the use of a portion of Proposition 63 taxes for the MHSA No Place Like Home (NPLH) program for permanent supportive housing developments (PSH) to house clients who are experiencing homelessness and have a mental health condition. San Diego County's allocation was approximately \$115 million, and to date there are 133 leased units in four new PSH developments. There are 13 new housing developments planned to add another 255 units, which will bring the total NPLH units to 388.

Board and Care with Augmented Services Program

Board and care (B&C) with Augmented Services Program (ASP) are board and care's that provide additional support to residents with an SMI to improve daily functioning so they can remain in the community and out of mental health institutions. These clients are often under conservatorship and are enrolled in ACT or strength-based case management programs. The goal of the ASP is to enhance and improve client functioning by augmenting the Supplemental Security Income (SSI) B&C payment by funding a "patch" for additional support services in order to maintain clients in the least restrictive setting. BHS contracts with eight B&C providers for a total of 242 beds, with a plan to continue expansion of capacity utilizing Behavioral Health Bridge Housing grant funds.

The ASP client criteria include:

- A score of 60+ on the ASP screening tool.
- Utilization of high-cost mental health services such as acute care, emergency departments, and long-term care.
- History of evictions from other residential care facilities for multiple problematic behaviors.
- High-risk factors within the past six months including danger to self or others, fire-setting behavior, or sexually dangerous behavior.

BHS SPECIAL EVENTS AND ANNOUNCEMENTS

National Recovery Month Celebration Event August 26, 2023

On Saturday, August 26, 2023, BHS kicked-off National Recovery Month with a celebratory event at County Waterfront Park. National Recovery Month has been observed during the month of September in the United States since 1989, this was the 33rd annual event hosted by the County.

Against the picturesque backdrop of the waterfront, the event embodied the theme "Celebrate the Tides of Hope," celebrating recovery as a continuous and evolving journey filled with resiliency and possibility. Over 70 exhibitors offered a diverse range of resources that engaged approximately 250 attendees in a variety of interactive activities designed to foster connections and healing, within a supportive

environment. Attendees were grateful for the invaluable resources provided, including the 400 naloxone kits that were distributed, and for a deepened understanding of the recovery community that was fostered through this event. The County of San Diego's National Recovery Month Celebration Event will continue to be an annual event of support, unity, and renewed hope, echoing the resilience of all those on the path to recovery.

Special thanks to BHAB 2nd Vice Chair, Serita Polinaire for emceeding the event, as well as to the exhibitors and all those who participated in the event program (referenced below).


2023 National Recovery Month Program:

- Event Emcee: Serita Polinaire
- Music by Resounding Joy
- Message from Luke Bergmann, BHS Director
- Shared Stories of Hope
 - Wendi Vierra, Neighborhood Healthcare
 - Nathan 'Narcane Nate' Smiddy, A New PATH
 - Reggie Washington, Project A.W.A.R.E.
- Polynesian Dance by Kaliloa O Kaleo'Onalani
- Recovery Countdown
- Yoga and Meditation Session by OG Yoga
- Tai Chi Session provided by the County's Aging and Independence Services (AIS) department

CARE Court Program

The County of San Diego, along with other key partners involved in the process, will commence the CARE Court program on October 1, 2023, as one of the first phase counties. BHS continues planning efforts to support successful implementation of the program, including hiring new County staff to provide services. A new BHS CARE Court webpage provides general information and frequently asked questions and responses. The CARE Court webpage can be found at the following link: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/CARE_Court.html.

Respectfully submitted,



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

c: Eric C. McDonald, M.D., Interim Agency Director
Aurora Kiviat Nudd, Assistant Director and Chief Operations Officer
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer
Nadia Privara Brahms, Assistant Director, Chief Strategy and Finance Officer

[Link to the full document](#)

Children, Youth, and Families

SERVICES DIRECTORY



LIVE WELL
SAN DIEGO

BEHAVIORAL HEALTH SERVICES

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

[Health & Human Services Agency \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/health-human-services) [Behavioral Health Services \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/behavioral-health-services)

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Early Childhood Resources Webpage


Behavioral Health Services


[I WANT TO FIND](#)
[ADULT SERVICES](#)
[CHILDREN'S SERVICES](#)
[PROVIDERS](#)

Early Childhood Resources

The first 5 years of life are crucial to healthy growth and development. The County of San Diego Health and Human Services Agency and communities across San Diego work collaboratively to offer early childhood programming throughout the region.

The importance of early childhood programs lies in their ability to address critical developmental needs, provide high quality care and education, and offer comprehensive support for young children and families. These programs lay a solid foundation for children's success in school and life. Additionally, early childhood programs play a vital role in early detection of developmental delays or learning challenges, enabling timely interventions and support to maximize each child's potential.



Early Childhood Development Resources

- [First 5 San Diego's Healthy Development Services](#)
- [Center on the Developing Child - Harvard University](#)
- [Maternal, Child and Family Health Services](#)
- [The Importance of Touch](#)
- [Child Development Basics \(Centers for Disease Control and Prevention\)](#)
- [Aot Early \(Centers for Disease Control and Prevention\)](#)



First 5 San Diego (F5) supports the health and well-being of young children ages 0-5 during their most critical years of development by providing parents and caregivers with programs to promote children's optimal development and school readiness.



The **Child and Family Well-Being Department** integrates the **First 5 Commission of San Diego** and **Child Welfare Services**, along with the childcare system and other essential resources for families, to reimagine prevention and protection services to create a partnership that shifts our traditional approach to child protection.



The **County of San Diego Maternal Child Health Program** is a public health home visiting program that begins during any stage of pregnancy or early parenting. Nurse home visitation services include support, health and parenting education, bonding issues, medical, and mental risks.



The **Children, Youth and Families System of Care Services Directory** describes services and resources for children, youth, and families that are currently funded by the County of San Diego, which include County-operated and contracted programs. Services and resources specific to pregnancy, early parenting, and early childhood can be accessed in the directory.



The annual **We Can't Wait Conference** weaves together a review of the most current scientific findings in early childhood mental health, highlights the latest progress in turning the research into interventions, and outlines what we can and must do to collaborate and close the gaps in our educational and clinical services for children and families. Recommended attendees include those involved in providing assessment, treatment, education, support, and advocacy for children and families.



The **Postpartum Health Alliance** raises awareness about Perinatal Mood and Anxiety Disorders and provides resources, support, and treatment referrals to San Diego parents.



The **YMCA Childcare Resource Service** offers free child care referrals and resources to families in San Diego County so parents and guardians can make informed decisions about child care.

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**



Birth of Brilliance:

Don't Just Think...Feel

Virtual Conference | Thursday Feb. 29th 2024

In-Person Cultural Fair | Friday, March 1st, 2024

All children are born with brilliance, which according to Websters Dictionary means, intense brightness of light, vividness of color; and exceptional talent or intelligence.

Imagine a world where every child's brilliance is acknowledged and nurtured from birth. Racial inequity flies in the face of this brilliance and it is our responsibility to rewrite the narrative.

The conference is focused on children, youth and their families. Building on the success and energy of our inaugural event, the committee is excited to present the fourth annual virtual Birth of Brilliance Conference on Feb. 29, 2024. The focus remains on raising awareness about the effects of racial disparities and implicit bias in mental health, social services, developmental services, education, medical care and juvenile justice.

Registration opens on Dec. 1. If you would like to get involved in Birth of Brilliance 2024 as a committee member, fiscal sponsor, by being or recommending a speaker, or if you have questions, please reach out to us at **birthofbrilliance@gmail.com**.

For a recap of the previous three years conferences, please visit the Birth of Brilliance YouTube channel with the QR code below!



Interested in presenting? Submit a proposal here!

<https://tinyurl.com/BoBProp2024>

COMMUNITY RESPONSE GUIDE

The decision to report suspected abuse or neglect to child protective services (CPS) has high stakes. A call to CPS can have profound effects on a family. On a larger scale, the quality of reporting decisions can support or compromise the well-being of entire communities. As an example, families of color are disproportionately reported for neglect, leading to increased inequities and disruption of communities of color.

Because a CPS report is a family's initial point of entry into the system, improving reporting practices can have lasting, transformative effects on CPS systems and the communities they serve, increasing equity, minimizing unnecessary interventions, and helping families thrive.

EVERYONE CAN PROTECT KIDS AND SUPPORT FAMILIES

Evident Change's *Community Response Guide* helps communities collaboratively develop accurate, equitable CPS reporting practices tailored to their needs. The public, online guide includes decision trees for neglect or abuse concerns, linked to a regularly updated roster of local prevention agencies. The result is a real-time decision aid that helps reporters and concerned community members understand and consider the range of local options to help families.

The guide benefits everyone:

- Reporters have clear support for their decisions.
- Prevention providers and the community at large understand their responsibility for supporting children and families.



- CPS agencies receive the most appropriate reports.
- Families are more likely to receive the support they need without unnecessary intervention.
- Communities can better support their members without unnecessary entries into the CPS system when appropriate to do so.

DEVELOPING A COMMUNITY RESPONSE GUIDE

Community Response Guide development is a collaboration involving participants from child welfare, prevention service providers, and the community. The average timeframe for development is 18–24 months and the average cost is \$250,000–\$300,000. The work includes the following activities.



LEARN MORE

Evident Change has created community response guides in multiple Australian states and Singapore and is now building its first guides of this kind in the United States. We can help your community develop and implement a customized guide to support reporting responsibilities.

To discuss a guide for your community, contact Phil Decter, Director of Child Welfare, at (800) 306-6223 or pdecter@evidentchange.org.

Mandated Reporting to Community Supporting



Child and Family Well-Being
September 11, 2023



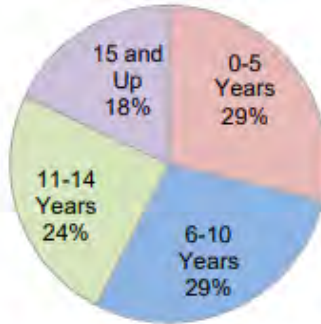
AGENDA

- Hotline Calls and Data
- Transformation
 - Child and Family Well-Being Department
 - Child Abuse Online Reporting Portal
 - Change in General Neglect
 - Community Resource Guide
 - Prevention Hub
- Q&A

Child Welfare Services

Fiscal Year 2022/23 Statistics

**Age of Children
In Referrals**



**Children Receiving Services as of
July 1, 2023**

2,563 children and youth in an open case:

- 223 young adults in Extended Foster Care (EFC)
- 515 children were receiving services in their home.
- 1,825 children were in out-of-home care:
 - 32% Kinship Care
 - 57% Non-kinship care
 - 30% Resource Family Homes
 - 12% Guardian and Court Specified Homes
 - 8% Foster Family Agency Homes
 - 3% Group Home
 - 2% San Pasqual Academy
 - 2% Temporary Shelter Care Facility
 - 2% Adoptions pending/finalized
 - 9% Other (e.g. trial home visits with parents, non-foster care placements)

288 children were placed in adoptive homes during FY2022/23

**39,295 abuse/neglect reports were made to the Hotline
which represents 68,535 children.**

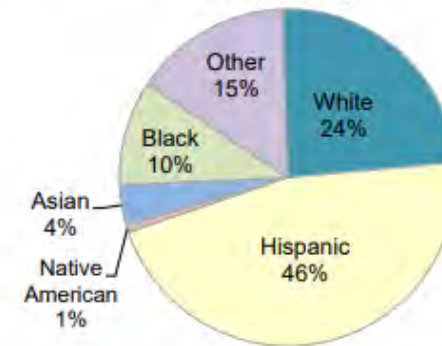
(Children can be counted more than once if referred multiple times throughout the year)

**20,302 of those reports, including 43,439 of
those children were assigned
for investigation.**

**199 new Voluntary Services cases
were opened during the year.**

**738 new petitions
were filed on behalf
of children.**

**Ethnicity of Children
In Referrals**



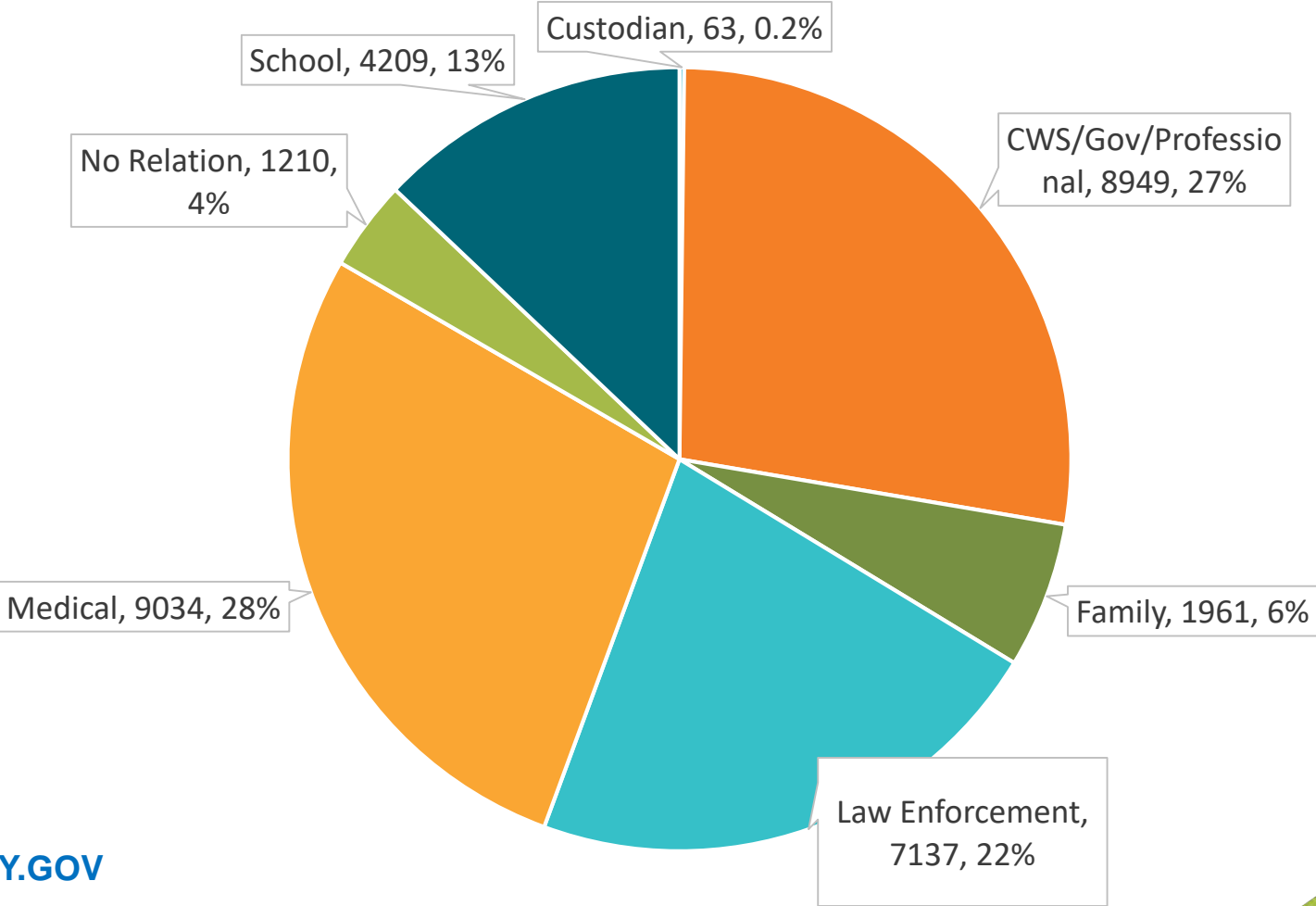
Allegation Types

General Neglect	46%
Emotional Abuse	31%
Physical Abuse	31%
At Risk, Sibling Abused	22%
Sexual Abuse	21%
Severe Neglect	3%
Caretaker Absence/Incapacity	1%
Exploitation	0.4%

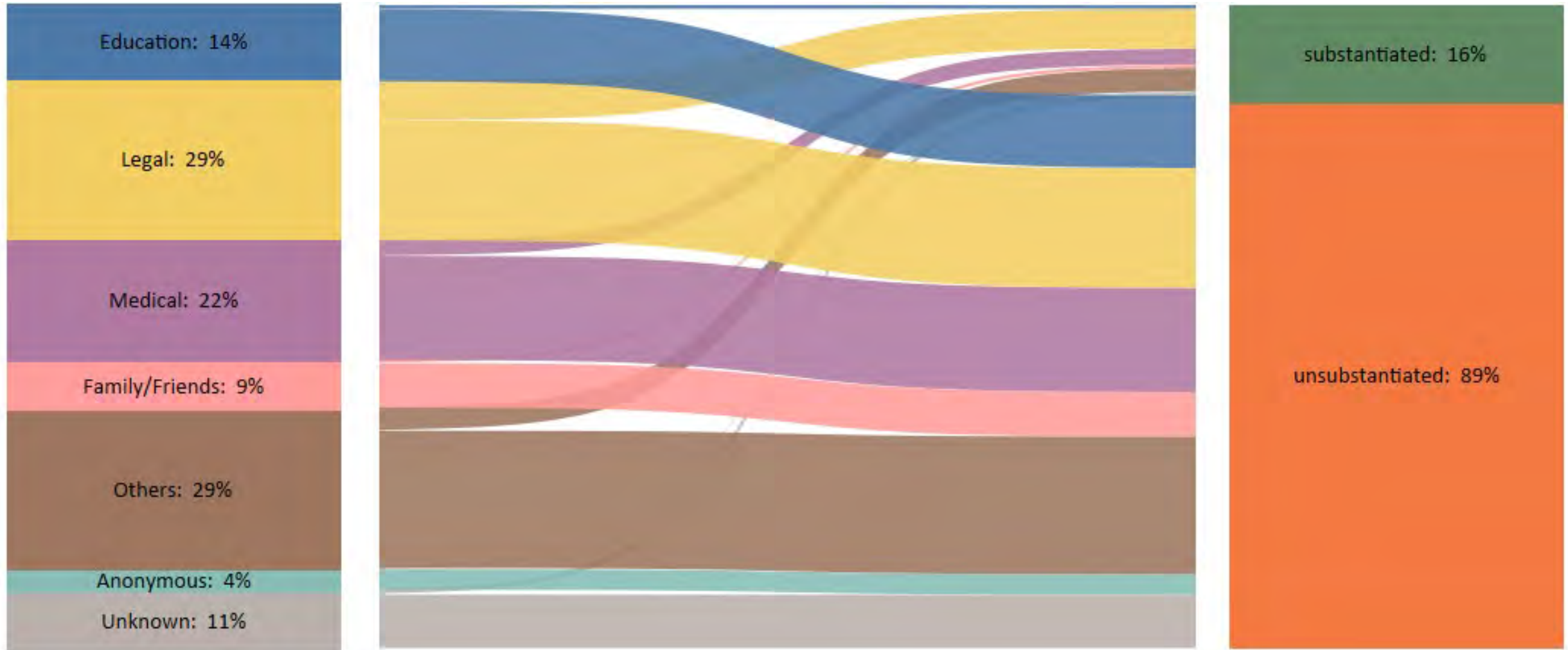
Children may have multiple allegations, therefore the percents will not equal 100%

Who Calls the Hotline

Referrals in Fiscal Year 2020/2021 by report type:



Report Source to Disposition

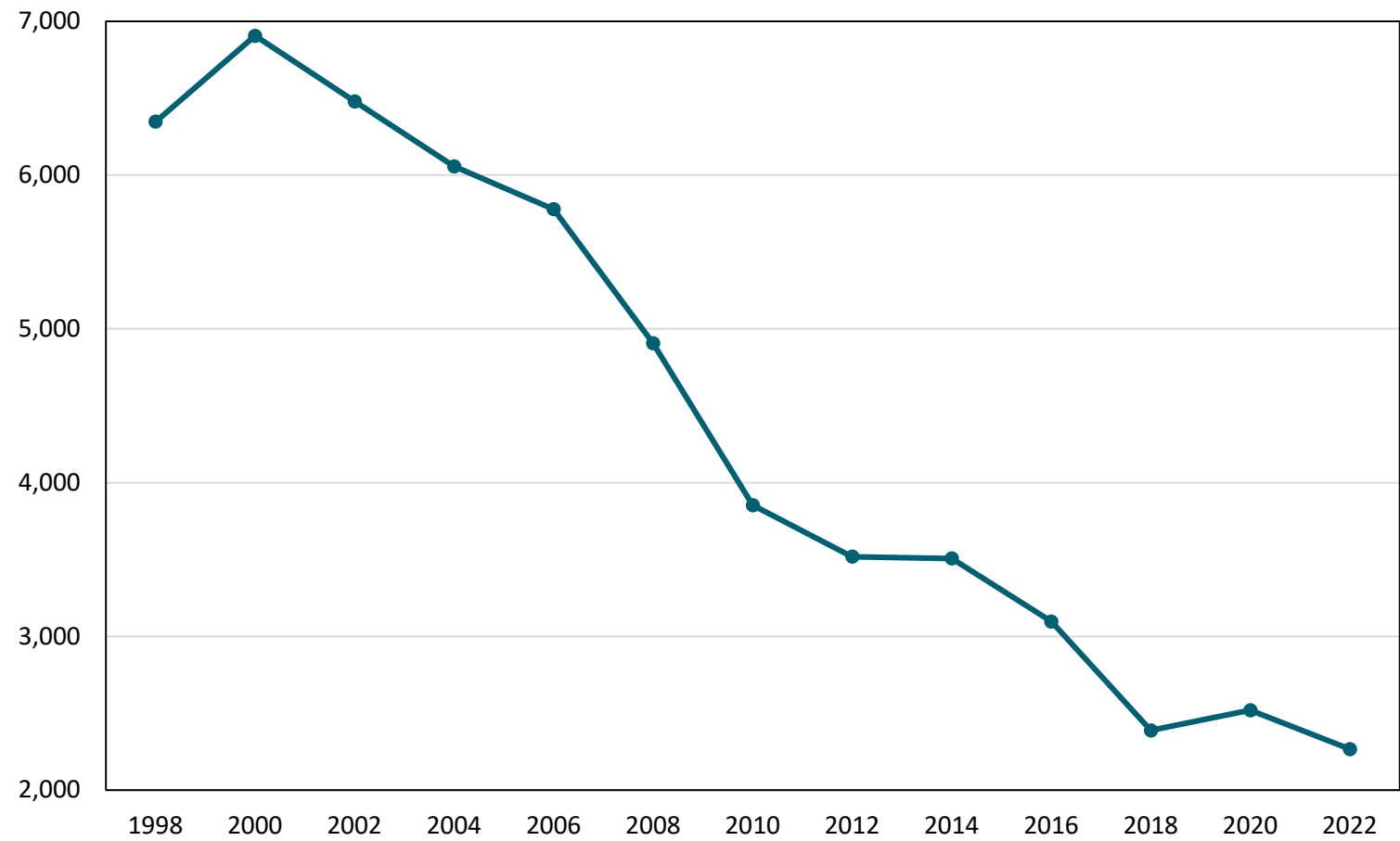




TRANSFORMATION

CHILD AND FAMILY WELL-BEING

Youth in Foster Care



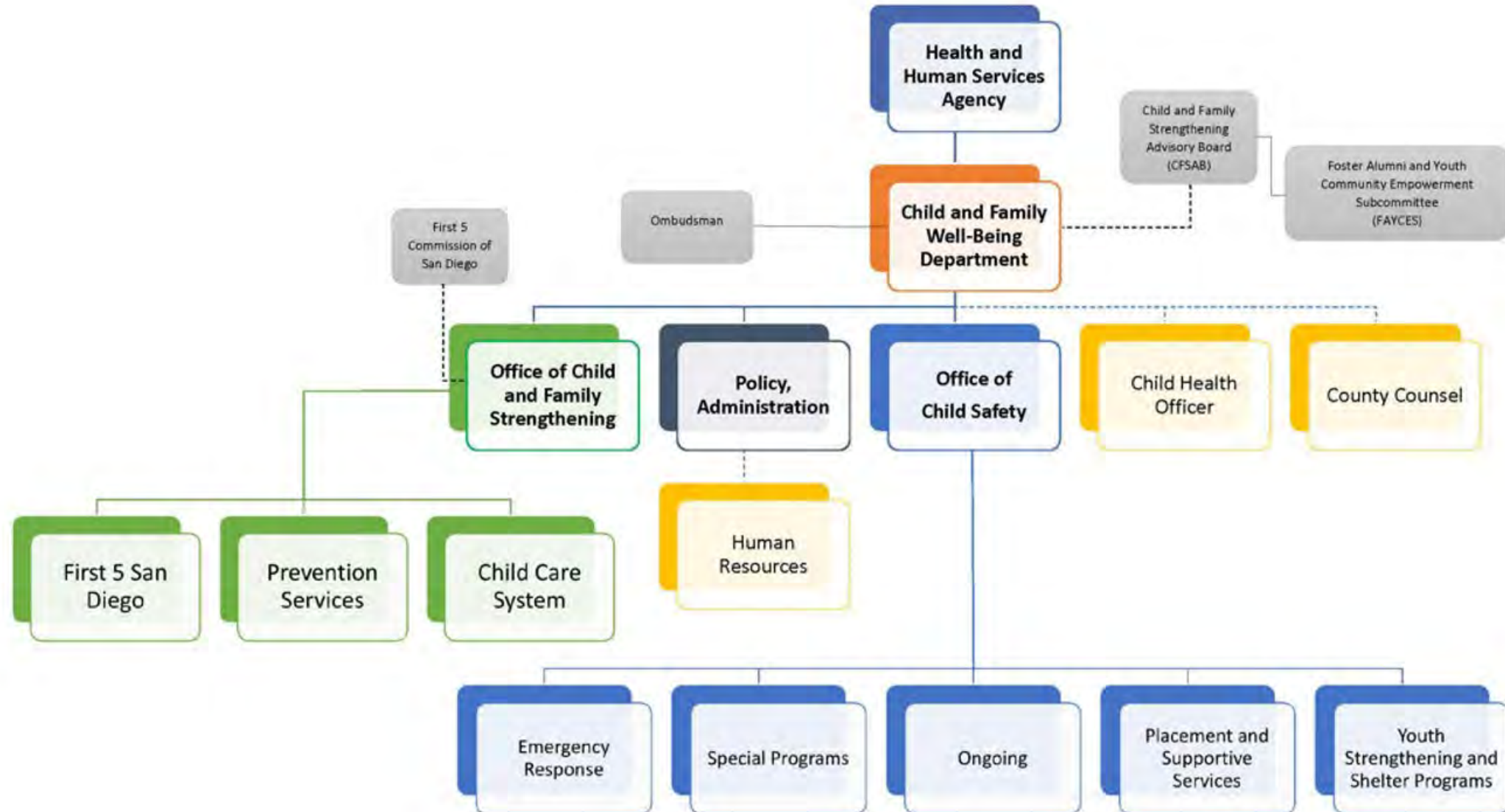
DRIVERS FOR FAMILY STRENGTHENING AND NEW STRUCTURE



FAMILY STRENGTHENING FOCUS



CHILD AND FAMILY WELL-BEING DEPARTMENT





Online Reporting Portal

- San Diego is getting ready to launch a online portal for community reporters to submit non-urgent reports online.
- Goals of the Online Portal include;
 - Reducing wait times for reporters
 - Reducing number of calls dropped at the hotline level
 - Adapt to new technologies and ways of communicating.
- Method: The online portal will have a series of state approved safety qualifying questions that reporters must answer no to in order to submit non-urgent reports online. The questions align with the SDM Hotline Tool.

Change in General Neglect



Examples include:

- Lack of supervision based on the maturity level/developmental ability of the child
- Children reporting lack of food accessible leading to hunger or physical illness
- Inadequate mental, physical, or dental health care impacting the child
- Parental substance abuse and/or mental health conditions (including prescription drug use or prenatal drug use) that impacts the child

Cultural Consideration:

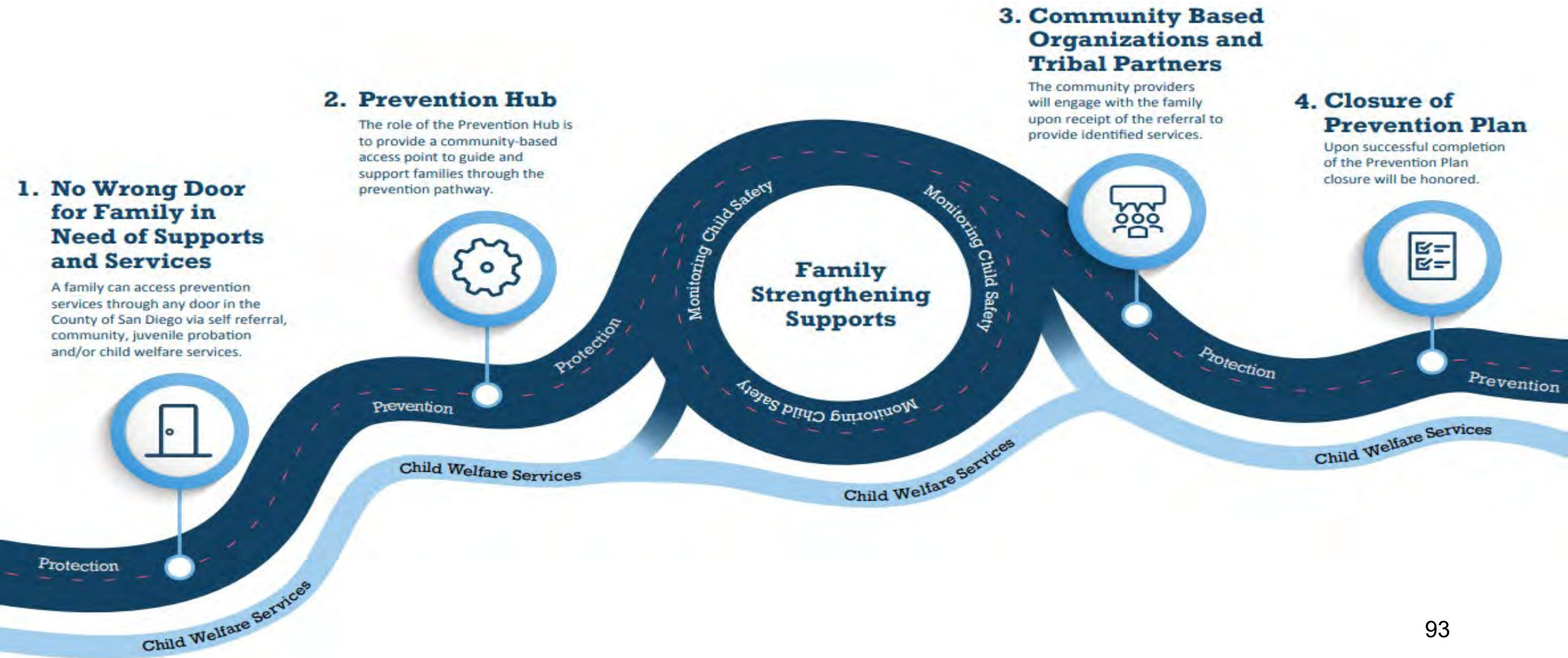
- In some cultural groups, food may be purchased and prepared daily rather than in large quantities
- Some children prefer to wear the same articles of clothing
- Different cultural groups have varying degrees of what is considered appropriate supervision while children are playing

Community Response Guide (CRG)



- An Evident Change tool that helps communities collaboratively develop accurate, equitable, reporting practices tailored to the needs of the community.
- It is a public online guide that includes decision trees for neglect or abuse concerns, linked to local prevention agencies.

PREVENTION HUB PATHWAY



INTENDED OUTCOMES

Short-Term

- Increased collaboration and communication among agencies and community-based organizations to ensure families have equitable access to a continuum of prevention and strengthening services
- Reduced number of individuals on wait lists for services
- Improved protective capacity of parents
- Increased awareness of new processes to receive prevention services
- Increased number of families accessing preventative services

Long-Term

- Decreased rates of disproportionality and disparities
- Improved health and well-being equity outcomes for children, youth and families
- Increased family strength, resilience and sustainability
- Reduced child maltreatment, entry into foster care, and unnecessary Child Abuse hotline calls
- Enhanced sustainability of funding and programming for prevention services

QUESTIONS?





THANK YOU

SANDIEGOCOUNTY.GOV

COMMUNITY ADVOCACY TRAINING!

Telling Your Story!

*Learn how to transform
passion and lived
experience into skillful
grassroots advocacy!*



Multiple Training Dates:

Thursday, Sept 14, 2 - 4 PM

Wednesday, Sept 20, 1 - 3 PM

Zoom Registration Links in Email!



NAMI SAN DIEGO & IMPERIAL COUNTIES

Every 11 minutes,
someone loses their life to suicide.

A mental health crisis
deserves a mental health response.



Local Crisis Hotlines
& Call Centers



Mobile Crisis
Response Teams



Crisis Stabilization
Units & Options

COMMUNITY ADVOCACY TRAINING: REIMAGINING CRISIS RESPONSE

This training covers 988, mobile crisis response teams,
PERT, local resources, and more! Virtual on Zoom!

Tuesday
September 26
2:00 - 4:00 PM

Registration
Links in
Email!

Community
Advocacy
Program

NAMI SAN DIEGO & IMPERIAL COUNTIES

 **LIVE WELL
SAN DIEGO**



2-11

Sunday, September 17, 2023

Waterfront Park Downtown San Diego

5K Starts at 7:30am

1-Mile Fun Run starts at 9:00am

Presented by



SDCCU



**COMMUNITY
IN MOTION**

LiveWellSD5K.com

99



 **LIVE WELL
SAN DIEGO**



Domingo, 17 de septiembre de 2023

Parque Waterfront en el centro de San Diego

La carrera de 5K comienza a las 7:30 a.m.

La carrera divertida de 1 milla comienza a las 9:00 a.m.



Presentado por



SDCCU



LiveWellSD5K.com

100





Substance Use and Driving Under the Influence Discussion

September 20th at 10am

This virtual discussion will discuss trends in DUI and poly drug use and harm reduction strategies.

Speakers include:

Deputy District Attorney Laura Evans,
Superior Court DUI Homicide Unit

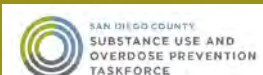
Pualani Vazquez, Trauma Injury
Prevention & Community Outreach
Coordinator
Scripps Mercy Hospital

In 2021 the county recorded 39 DUI fatalities. It was the worst year on record. In 2022 those numbers decreased to 29. What will the data show for 2023?



Join the virtual discussion at the link below

[https://us02web.zoom.us/j/84371387536?](https://us02web.zoom.us/j/84371387536?pwd=U25wWGZuZi8yRGlyeHFKazdBVlVlZz09)
[pwd=U25wWGZuZi8yRGlyeHFKazdBVlVlZz09](https://us02web.zoom.us/j/84371387536?pwd=U25wWGZuZi8yRGlyeHFKazdBVlVlZz09)



INSTITUTE FOR
PUBLIC
STRATEGIES



Join us at our **14th Annual Early Childhood Mental Health Conference – We Can't Wait**. Let's re-imagine prevention and early intervention and **shift the focus to the role of positive experiences in human development**.

Distinguished speakers will highlight community driven, evidence-based interventions that have been developed, researched, implemented, and are making a difference, including Zero to Thrive from Michigan and the HOPE programs from Chicago. These programs, some of which have been implemented here in San Diego, promote healthy child development (0-5) and emphasize strengths, positivity and hope, rather than deficits.

Get the full experience by attending in-person at the Town and Country Hotel in San Diego's Mission Valley or join us via Zoom! (Keynote sessions and selected breakout sessions will simultaneously be offered on Zoom for virtual attendees Thursday and Friday).

Registration Fees:

Live: In-Person at the Town and Country Hotel, San Diego CA

Thursday/Friday Early Bird Fee \$175 per day (After July 31: \$200 per day)

Includes parking, lunch, and refreshments

Saturday 1/2 Day: \$75 per day (After July 31: \$100)

Includes parking, breakfast, and refreshments

Virtual Attendance via Zoom

Thurs/Fri Only: \$75 per day.

CE/CME is Included at no extra fee, thanks to additional funding this year from **San Diego County Behavioral Health Services!**



Keynote Speakers

Kate Rosenblum, PhD, ABPP is a clinical and developmental psychologist and holds dual appointments as a Professor in the Department of Psychiatry and Obstetrics and Gynecology at the University of Michigan. She co-directs the Women and Infants Mental Health Program, the Infant and Early Childhood Clinic, and Zero to Thrive, a program focused on promoting the health and resilience of families with young children facing adversity through research, training, and service. Visit: www.zerotothrive.org

Maria Muzik, MD, MSc **Maria Musik, MD, MSc** is an Associate Professor of Psychiatry and Obstetrics & Gynecology and serves as the Medical Director of the Perinatal Psychiatry Program at Michigan Medicine, the Medical Director for MC3 Perinatal, a state-wide perinatal access program to primary care, public health nursing, community mental health and other health providers, and co-director of Zero to Thrive. Visit www.zerotothrive.org

Robert Sege, MD, PhD, FAAP is a pediatrician and director of the Center for Community-Engaged Medicine at Tufts Medical Center, and a Professor of Medicine and Pediatrics at Tufts University School of Medicine. Dr. Sege is nationally known for his research on effective health systems approaches that directly address the social determinants of health. He is a Senior Fellow at the Center for the Study of Social Policy in Washington and serves on the boards of the Massachusetts Children's Trust and Prevent Child Abuse America. Visit: www.positiveexperience.org

Aimee Zeitz, LMFT has over twenty years of experience in non-profit leadership, built on a foundation of strategic partnerships and authentic collaboration. In 2017, she joined the YMCA Childcare Resource Service, a social services branch of the YMCA of San Diego County. She currently serves as the Director of Strategic Advancement, supporting programs across the agency in providing comprehensive, family-centered services, building out the YMCA "Community Connection Hub" model and overseeing multiple early childhood mental health programs. She also serves as the Project Director for Partners in Prevention, a local collaborative effort to increase child and family wellbeing and prevent child abuse and neglect. Visit: www.ymcasd.org

Kimberly Giardina, DSW, MSW, is the director for the Child and Family Well-Being department with the San Diego County Health and Human Services Agency and has consulted on child welfare issues at the national, state, and local levels. Dr. Giardina is leading the transformation of the child welfare system in San Diego into a child and family well-being system with the vision of improving coordination, communication and partnership between family serving organizations in San Diego to help strengthen families and communities so that fewer children experience abuse and neglect. Her passion is to improve policy and practice issues within the child welfare system so that it works best for the children and families it serves. Visit: www.sandiegocounty.gov/hhsa/



If you are involved in providing assessment, treatment, education, or services for children & families, this conference is for you!

Register Now: [Click Here](#)

Visit: earlychildhoodmentalhealth-sandiego.com

Save the Date



October 9, 2023

10 to 11:30 a.m.

Via Zoom

Combined Behavioral Health Services Councils Meeting

Children, Youth and Families (CYF) Council

Transitional Age Youth (TAY) Council

Older Adult Council

Housing Council

Adult Council

Peer Council

Please pre-register [here](#) for this meeting

For more information, contact: **Darwin Espejo**

Darwin.Espejo@sdcounty.ca.gov

SAVE THE DATE

**2023 Western States
Marijuana Summit**

November 14 – 15, 2023

Virtual Only

**National Overdose Prevention
Leadership Summit**

November 16 – 17, 2023

Virtual Only

*Conference line ups and registration links will
be sent out soon.*

No registration cost for either summit.



PHI CENTER FOR
**HEALTH
LEADERSHIP
& IMPACT**



SAN DIEGO COUNTY
SUBSTANCE USE AND
OVERDOSE PREVENTION
TASKFORCE



LIVE WELL ADVANCE PRESENTS

The 2023 ANNUAL SUMMIT

on Student Engagement and Attendance

LIVE WELL ADVANCE
SCHOOL SUMMIT

NOV. 1, 2023

8:00 AM. – 5:00 P.M.

AT THE SAN DIEGO
CONVENTION CENTER

LiveWellSD.org/Advance

The theme for this year's Advance is
Connecting for Community Wellbeing

Who Should Attend:

- School administrators and staff including counselors, social workers, family and community liaisons, nurses, expanded learning staff and others who support students in schools.
- Parents, caregivers, and students are all welcome!

No Cost to Attend, Lunch Included

Registration Link Coming Soon!

SCHOOL BREAKOUT SESSIONS

- Community Schools as a Strategy to Support all Students
- Family Engagement Practices
- Best Practices to Increase Attendance
- Mental Health Supports and Initiatives

Access hundreds of resources on the searchable [Tools for Schools](#) database!



Scan me to learn more



LIVE WELL
SAN DIEGO



san diego county office of
EDUCATION
FUTURE WITHOUT BOUNDARIES



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

2023 MHTTC Grief Sensitivity Virtual Learning Institute



The theme for our 2023 GSVLI is

Working with grief in the context of violence: Strengthening our skills to strengthen ourselves

Links to register:

[Day 1 – Wednesday, November 1, 2023: General Mental Health Workforce Sessions](#)

Special focus on gender-based violence, institutional violence, community violence and grief

[Day 2 – Thursday, November 2, 2023: School Mental Health Workforce Sessions](#)

Special focus on school violence and grief

[Mental Health Technology Transfer Center Network](#)