

Children, Youth and Families (CYF) Council



Agenda

September 9, 2024 | 9 to 10:30 a.m.

Zoom meeting link for registration sent via Outlook meeting invitation:

[Meeting Registration - Zoom](#)

- I. Welcome Council members, alternates, and meeting attendees** - (Sten Walker) **5 minutes**
- Translation available upon prior request/Traducción simultánea al español disponible cuando se solicita con anticipación.
Culture Share: September is Hispanic Heritage Month (Rosa Ana Lozada) - Handout – **Page 5**
[Hispanic Heritage Month | National Archives](#)

- II. Review of Meeting Summary** (Yael Koenig) **10 minutes**
- August 12, 2024, Meeting Summary - Handout - **Pages 6-10**
 - Action Items
 - Annual Strategic Planning Summary input period extended to August 26, 2024
 - Ad Hoc virtual meeting offered to work on Annual Strategic Planning meeting summary
 - Updated draft Strategic Planning documents to be delivered to the BHS Director - Handouts - **Pages 11-13**
 - “Refresh” of CYF Council E-mail distribution lists – E-mail sent August 15, 2024
 - Hot Topic: Children, Youth and Families Services Directory- Handout - **Pages 14-21**
[Behavioral Health Services Directories for Children, Youth, and Families \(sandiegocounty.gov\)](#)

- III. 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 27, 2024

- **Item 04:** Authorize Competitive Solicitation and an Interim Contract with Behavioral Health for Medical Services Group Services
- **Item 05:** Support for Proposition 36: The Homelessness, Drug Addiction, and Theft Reduction Act – Handout – **Pages 22-28**
Substitute motion: Return to the Board on October 8, 2024, with a multiple-scenario analysis so Board can take a position
- **Item 06:** Affirmative Litigation Against Social Media Companies for Their Role in the Youth Mental Health Crisis – Handout – **Pages 29-33**
- **Item 15:** Establishing an Unsafe Camping Ordinance to Prevent Wildfire Hazards and Ensure Public Safety in Our Communities
- **Item 16:** Reassessing Actions Related to the Compassionate Emergency Solutions and Pathways to Housing for People Experiencing Homelessness in East County in Light of Forthcoming Enterprise-Wide Assessment of County Programs on Homelessness
- **Item 17:** Development of A Homelessness Outreach and Services Pilot Program in the City of Lemon Grove
- **Item 18:** Protect the Freedom of San Diego County Residents to Read “Challenged & Banned Books” at Their Local County Libraries
- **Item 21:** A Resolution of the Board of Supervisors of the County of San Diego to Support the California Legislative Black Caucus’ 2024 Reparations Legislative Package
- **Item 22:** Enhancing Equity and Community Strength Through Procurement and Technical Assistance Programs
- **Item 23:** Supporting San Diego’s Schools with Solutions to the Youth Mental Health Crisis and Smartphone Access During School Hours
Handout – **Pages 34-41**

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

- Governor Newsom urges schools to restrict phones in the classroom - Handouts - **Pages 42-44**
- Accountability tools to track Proposition 1 implementation progress - Handout – **Page 45**
[Mental health for all \(ca.gov\)](#)
- [Department of Health Care Services](#) Updates – Handout - **Page 46**
- [Children and Youth Behavioral Health Initiative \(CYBHI\)](#)
[San Diego Expand Mental Health Support with Wellness Coaches](#) - Handout - **Page 47**
CYBHI September newsletter - Handout - **Page 48**
- California Mental Health Services Authority ([CalMHSA](#))
[Take Action for Mental Health](#) Suicide Prevention Week: **September 8-14, 2024**
- September 2024 Behavioral Health Director’s Report - Handout - **49-58**
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html
- **Fifth Annual Birth of Brilliance Virtual Conference** (February 27, 2025) and **Cultural Fair** (February 28, 2025)
Theme: **“Legacy of Healing”** (Aisha Pope and Melanie Morones - Conference Chairs) - [birth of brilliance - YouTube](#)
Handout (Access QR code for Birth of Brilliance 2021-2024 Memories) - **Page 59**
E-mail birthofbrilliance@gmail.com if interested in presenting

IV. Hot Topic: Enhanced Case Management (ECM) and Community Supports (CS)

50 minutes

Facilitators: Janelle Battaglia and Chelsea Prout

Presentation – Handout – **Pages 60-81**

DHCS [Enhanced Care Management & Community Supports](#)

San Diego Advancing and Innovating Medi-Cal - [SDAIM \(sandiegocounty.gov\)](#)
[Universal ECM Referral Form](#)

211 - [Enhanced Care Management - 211 \(211sandiego.org\)](#)

San Diego Center for Children

Janelle Battaglia, LCSW

Chelsea Prout, LCSW

<https://www.centerforchildren.org/our-services/wraparound/enhanced-care-management/>

Fred Finch Youth & Family Services

Cristobal Hernandez, Psy.D, MBA, MAOB

[Enhanced Care Management | Fred Finch Youth & Family Services | California](#)

CRF Behavioral Healthcare

Michael Hammell, MPH

<https://www.crfbehavioralhealthcare.org/services/enhanced-care-management/>

Full Circle Health Network

Jessica Rosenbaum, MSW, MBA

Egypt Davis-Evans

[Full Circle Health Network \(fullcirclehn.org\)](#)

[Full Circle Health Network ECM](#)

Health Plans

[Blue Shield of California Promise Health Plan](#)

[Community Health Group](#)

[Molina Healthcare](#)

[CalAIM Programs in California | Kaiser Permanente](#)

Questions and Answers

V. Announcements (Sten Walker)

5 minutes

- Poll Question
- Combined Councils meeting: Tentatively: October 14, 2024. Note that meeting is from 10 to 11:30 a.m.
- Due to the Veteran's Day holiday, the November CYF Council meeting is "dark". Next regular meeting is December 9, 2024
- **NAMI San Diego Community Advocacy Training:**
 - Telling Your Story on September 12, 2024 – Flier – **Page 82**
 - Reimagining Crisis Response on September 16, 2024 - Flier - **Page 83**
- **Family Voice Meeting:** The Magic of Neurodiversity Gifts on September 19, 2024 – Flier – **Page 84**
- **CYF Council Family Sector** - Member position open - Handout - **Page 85**
- **National Recovery Month Activities**- Flier - **Page 86**
[National Recovery Month \(sandiegocounty.gov\)](#)
- 15th annual [We Can't Wait Early Childhood Conference](#) - September 26-27, 2024 -Handouts - **Page 87**
- [Live Well Advance Conference and School Summit](#) - November 21, 2024 - Flier - **Page 88**

Next Executive Committee Meeting:

Date: TBD for October Combined Councils Meeting Planning

Time: TBD

Next Meeting: Combined Councils Meeting

Date: Tentatively: Monday, October 14, 2024

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

Behavioral Health Services Children, Youth and Families 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.



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

HEALTH FACTORS

Standard of Living

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

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

Community

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

Initiated 12/6/2019 | Updated 10/26/2023, 8/22/2024

Behavioral Health Services System of Care 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. Through this sharing we 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.



*(Supports the **Governance, Leadership, and Workforce** National Standard for Culturally and Linguistically Appropriate Services ([CLAS](#)) in Health and Health Care)*

3 STEPS:

1. Maximum of a 3 Minute Presentation:
 - Use any medium - slide, poem, music, verbal, etc.
2. **Share** your experience from a cultural lens
3. Describe how this experience influences your work

Facilitator: Open it up for any group reflection chat or verbal comments

Revised 8/8/2024: Rosa Ana Lozada

<div> <div> Children, Youth and Families (CYF) Council Meeting Summary </div> <div>   </div> </div>	
August 12, 2024 9 to 10:30 a.m.	
ITEM	SUMMARY AND ACTION ITEMS
I. Welcome Council members, alternates, and meeting attendees <ul style="list-style-type: none"> Culture Share - Handout - Page 5 (Rosa Ana Lozada) 	<p>Celica Garcia-Plascencia welcomed meeting attendees.</p> <p>On behalf of Rosa Ana Lozana, Edith Mohler announced a revised Culture Share handout.</p>
II. Review of Meeting Summary (Yael Koenig) <ul style="list-style-type: none"> July 8, 2024, Meeting Summary - Handout - Pages 13-17 Action items <ul style="list-style-type: none"> Bill Stewart will provide more detailed information on the California Behavioral Health Planning Council quarterly meeting to be held in San Diego in January 2025. A youth panel is being planned and invited CYF Council stakeholders to participate Revised CYF Council bylaws will be provided and uploaded to the County website Prepare a CYF Council Strategic Priorities draft document with the recommendations/actionable requests provided at the Strategic Planning sessions 	<p>Yael Koenig reviewed the meeting summary and action items from July 8, 2024.</p>
III. Business Items (Yael Koenig)	
Public Comment	None.
Board Letters / Board Actions July 16, 2024: <ul style="list-style-type: none"> Item 15: Receive and Accept the Preliminary Report Increasing Medi-Cal Reimbursement Rates to Improve Healthcare for Nearly 1 Million San Diegans Handouts include presentation - Pages 13-27 Item 16: Affirmative Litigation Against Social Media Companies for Their Role in the Youth Mental Health Crisis - Handout – Pages 28-33 (Motion failed due to a tie vote. Pursuant to rule 2(g) of the Board's Rules of Procedure, this item will be placed on the agenda for the next regular meeting) Item 22: Receive Update on Behavioral Health Capital Facility Projects Recommended for Proposition 1 Infrastructure Bond Funding and Authorize Grant Submissions, and Authorize a Formal Process to Issue Letters of Support Handouts include presentation - Pages 34-62 	<p>Yael Koenig provided an overview of the highlighted Board Letters listed on the left.</p> <p>Board Letters that may be particularly of interest to the CYF Council are listed on the left column. 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.</p> <p>Meeting Agendas, Board Letters, and access to the BOS meetings: https://www.sandiegocounty.gov/cob/bosa/index.html</p>
Council Bylaws Update – Vote – Handouts - Pages 63-65	
<p>The bylaws were updated to align with the current nomenclature and to simplify language including:</p> <p>Title Name</p> <ul style="list-style-type: none"> From: Children, Youth and Families Behavioral Health System of Care Council Bylaws to: To: Behavioral Health Services Children Youth and Families Council – Bylaws <p>Article One: Name</p> <ul style="list-style-type: none"> From: The name of this organization shall be the Children, Youth and Families Behavioral Health System of Care Council (also known as CYF Council or the Council) To: The Children, Youth and Families Council is also known as the CYF Council or the Council. <p>Article Two: Purpose and Duties</p> <ul style="list-style-type: none"> From: Provide advice and feedback related to the progress and future expansion of the CYF System of Care to: To: Provide advice and feedback related to the progress and future expansion of the System of Care as it pertains to Children, Youth and Families <p>Article 3: Membership - Name shift</p> <ul style="list-style-type: none"> Public Sector: From CFWB Department – Office of Child and Family Strengthening – First 5 San Diego to: First 5 Commission of San Diego – CFWB Department – Office of Child and Family Strengthening – HHSA <ul style="list-style-type: none"> Approved on 7.19.24 via email Council member/alternate vote Private Sector: From Managed Care Health Plans (MCP) to: Managed Care Plans (MCP) Family Sector: From Consumer Advocacy/Family Education Services to: Family Youth Advocacy/Liaison <p>Article 3: - Removal of last paragraph Council members from the Youth served by the public health system constituency, who complete an application for the annual California Mental Health Advocates for Children and Youth (CMHACY) conference scholarship, shall be given priority status for scholarship award.</p>	<p>Yael Koenig presented the bylaws approved at the July 8, 2024 meeting. An additional request to update the First 5 San Diego to First 5 Commission of San Diego was received after the July meeting. The voting of this proposed name shift was completed via e-mail, Quorum was reached and proposed bylaws were approved.</p>

ITEM	SUMMARY AND ACTION ITEMS
<p>Information</p> <ul style="list-style-type: none"> • Centers for Disease Control and Prevention (CDC): Youth Risk Behavior Survey - Handout - Pages 66-67 • Governor Newsom orders state agencies to address encampments in their communities with urgency and dignity - Handout - Page 68 • Governor's Statement regarding Senate Bill (SB 43) and local responses Handouts - Pages 69-77 <ul style="list-style-type: none"> ◦ Governor Newsom Letter to California Chairs of County Board of Supervisors (July 28, 2024) ◦ Newsom urges counties to expand conservatorship laws to aid homelessness - Los Angeles Times (latimes.com) ◦ California State Association of Counties' Letter to County Board of Supervisors Chairpersons (July 29, 2024) ◦ Chairwoman, Nora Vargas' response to Governor Newsom (July 29, 2024) ◦ Terra Lawson-Remer response to Governor' statement (SB 43) (July 28, 2024) • Children and Youth Behavioral Health Initiative (CYBHI) CYBHI July 2024 Newsletter - CYBHI August 2024 Newsletter Handouts - Pages 78-79 • Department of Health Care Services (DHCS) Fee Schedule Cohort 2 – Local Educational Agencies - Pages 80-84 • California Mental Health Services Authority (CalMHSA) – Take Action for Mental Health Suicide Prevention Week: September 8-14-, 2024 Love Over Loneliness - Handouts - Pages 85-91 • Home - California Peer Certification (capeercertification.org): Medi-Cal Peer Support Specialists Certification Exam now available in eight languages – Handout - Page 92 • HHSa Department of Homeless Solutions and Equitable Communities - Office of Immigrant and Refugee Affairs New Refugee Welcome Center in Escondido - Handout - Page 93 • HHSa Public Health Services – Drug Overdose Quarterly Report Quarter 2: April-June 2024 - Handout - Pages 94-111 Data and Reports (sandiegocounty.gov) • Child Welfare Services -Report Abuse or Neglect -Mandated Reporters information - Handout - Page 112 • August 2024 Behavioral Health Director's Report - Handout - Pages 113-119 https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html • BHS Info Notice: Process for entities seeking LOS for Prop 1 BHCIP Funding - Handouts - Pages 120-131 Prop 1 Bond Behavioral Health Continuum Infrastructure Program: Round 1 (Launch Ready) Letter of Support Process (sandiegocounty.gov) RFI - BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM (BHCIP) ROUND 1: LAUNCH READY GRANT FUNDING (BPM001097) - Lot: 1 / Round: 1: San Diego County BuyNet • 11th Annual Mental Health Knowledge Forum 2024-25 -. Optum's MHP Provider Documents page - Handout - Pages 132-230 • Request For Information (RFI) #1033 Children's Crisis Residential Mental Health Program (CCRMHP) August 21, 2024 - Handout - Page 231 • BHS for Children and Youth Systemwide Annual Report FY 2022-23 Handout - Page 232 	<p>Yael Koenig provided an overview of Federal, State and local updates, and informational items.</p>
CYF Council Electronic Distribution List "Refresh"	
<p>E-mail informing of the upcoming CYF Council e-mail distribution list "refresh" will be sent to the current CYF Council electronic distribution lists outside of members and alternates. Council members and alternates will remain on the distribution list. Stakeholders wishing to remain on the distribution list, need to respond to the e-mail.</p>	<p>E-mail sent on August 15, 2024 to the current CYF Council electronic distribution lists outside of members and alternates.</p>
Strategic Planning Follow Up	
<ul style="list-style-type: none"> • Review draft of CYF Annual Strategic Planning Summary - Handout - Pages 233-234 <ul style="list-style-type: none"> ▪ Provide additional edits to Edith.Mohler@sdcounty.ca.gov by COB 8.26.24 • Breakout Room notes for reference - Handouts - Pages 235-240 	<p>Yael Koenig reviewed the draft CYF Annual Strategic Planning Summary document and introduced the 'strategic planning logo' to be utilized on the meetings' PowerPoint to highlight connection between item and strategic planning recommendations as well as items adjacent to the 10 priority recommendations currently included in the FY 2024-25 draft of CYF Annual Strategic Planning Summary. Council discussion suggested that perhaps the document needs to be briefer. Therefore, the input period extended to August 26, 2024 and an Ad Hoc virtual meeting option was offered.</p>

ITEM	SUMMARY AND ACTION ITEMS
IV. Hot Topic: Children, Youth and Families Services Directory (Amanda Lance-Sexton) Strategic Planning - Knowledge Exchange recommendation: Council membership & stakeholders involvement in the design of the Children, Youth and Families directory to ensure that the “end user” has all relevant information readily available. CYF Services Directory Updated March 2024.pdf (sandiegocounty.gov) Handout - Page 241	Amanda Lance Sexton provided an overview of the current Children, Youth and Families Services Directory and facilitated a discussion to obtain feedback. Highlights of the input, including questions are included on the left column. The Directory is typically updated two times a year, and intent is to begin incorporating applicable suggestions in an upcoming version. Participants were invited to forward additional input to Edith.Mohler@sdcounty.ca.gov A summary document of input, discussion, and action will be shared at the September 2024 Council meeting.

V. Announcements (Sten Walker) <ul style="list-style-type: none"> Poll Question San Diego Collaborative - Brunch Network - free events on August 15, and October 3, 2024 - Fliers - Pages 242-243 NAMI San Diego Community Advocacy Training: Reimagining Crisis Response on August 16, 2024 - Flier - Page 244 CYF Council Family Sector - Member/alternate positions open - Handout - Page 245 National Recovery Month Celebration - Recovery Day of Service - Flier - Page 246 15th annual We Can't Wait Early Childhood Conference - September 26-27, 2024 – Handouts - Page 247-249 Live Well Advance Conference and School Summit - November 21, 2024 Flier - Page 250 Announcements provided via Chat <ul style="list-style-type: none"> NAMI San Diego Community Advocacy Training: Reimagining Crisis Response on August 16, 2024 from 1:30 to 3 p.m.: Meeting Registration - Zoom 	<ul style="list-style-type: none"> Sten Walker reviewed the announcements included on the agenda (listed on the left column). Announcements can be sent in advance to Edith Mohler at: Edith.Mohler@sdcounty.ca.gov Council Poll Question Poll ended 1 question 48 of 68 (70%) participated 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) 48/48 (100%) answered: <table> <tr> <td>1 - Low Relevance</td> <td>(0/48) 0%</td> </tr> <tr> <td>2</td> <td>(0/48) 0%</td> </tr> <tr> <td>3 - Some Relevance</td> <td>(4/48) 8%</td> </tr> <tr> <td>4</td> <td>(12/48) 25%</td> </tr> <tr> <td>5 - High Relevance</td> <td>(32/48) 67%</td> </tr> </table>	1 - Low Relevance	(0/48) 0%	2	(0/48) 0%	3 - Some Relevance	(4/48) 8%	4	(12/48) 25%	5 - High Relevance	(32/48) 67%
1 - Low Relevance	(0/48) 0%										
2	(0/48) 0%										
3 - Some Relevance	(4/48) 8%										
4	(12/48) 25%										
5 - High Relevance	(32/48) 67%										

Action Items	Action Due/Status
1. Annual Strategic Planning Summary input period extended to August 26, 2024. <ul style="list-style-type: none"> Ad Hoc virtual meeting offered to work on Annual Strategic Planning meeting summary 2. “Refresh” of CYF Council E-mail distribution lists – E-mail to be sent 3. Hot Topic: Children, Youth and Families Services Directory	1. E-mail sent on August 15, 2024 to the Council distribution lists inviting additional input <ul style="list-style-type: none"> Ad hoc met on August 28, 29 & xx to update the document New Cover Letter and edits to the document to be presented on September 9, 2024 Council meeting. 2. E-mail sent on August 15, 2024 to the current CYF Council electronic distribution lists outside of members and alternates. 3. A summary document of input, discussion, and action will be shared at the September 9, 2024 Council meeting.

Next Executive Committee Meeting:

Date: TBD for October Combined Councils Planning Meeting

Next Meeting:

Date: Monday, September 9, 2024
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

+=Member in Attendance		O=Absent	E=Excused		
CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	+	Joel San Juan	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	O	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	Katie Gordon	+	Rosa Gracian	O
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	+
9	CFWB Department – Office of Child and Family Strengthening - First 5 San Diego	Alethea Arguilez	O	Alicia Castro	+
EDUCATION SECTOR					
10	Special Education Local Plan Area (SELPA)	Jaime Tate-Symons	O	Russell Coronado	O
11	Regular Education Pupil Personnel Services	Heather Nemour	+	Mara Madrigal-Weiss	+
12	School Board	Barbara Ryan	+	Debra Schade	O
13	Special Education	Yuka Sakamoto	O	Misty Bonta	O
PRIVATE SECTOR					
14	San Diego Regional Center (SDRC) for Developmentally Disabled	Zachary Guzik	+	Lori Sorenson	+
15	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	Vacant	
16	ADSPA	Marisa Varond	+	Claudette Allen Butler	O
17	Mental Health Contractors Association (MHCA)	Julie McPherson	E	Vanessa Arteaga	O
18	MHCA	Laura Beadles	+	Golby Rahimi	O
19	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	Marcelo A. Podesta	O
20	Managed Care Health Plans	Vacant		James Trout	O
21	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	Jennifer Kennedy	O
FAMILY AND YOUTH SECTOR					
22	Family Youth Advocacy/Liaison	Khalif Kelly	O	Sten Walker	+
23	Caregiver of child/youth served by the Public Health System	Vacant		Karilyn “Kari” Perry	O
24	Youth served by the Public Health System (Up to age 26)	Veronica Hernandez	O	Vacant	
25	Youth served by the public health system (Up to age 26)	Caitlynn Hauw	O	Vacant	
COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive	Celica Garcia-Plascencia Sten Walker	+/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson Marisa Varond	E/+		
-	Early Childhood	Stephanie Gioia-Beckman Jennifer Kennedy	+/O		
-	Education	Heather Nemour	+		
-	Family and Youth as Partners	Sten Walker	+		
-	Outcomes	Emily Trask Eileen Quinn-O'Malley	O/O		
-	Training	Edith Mohler Jennifer Rusit	+/O		

Total Attendees: 85			
Alicia Castro	Dina Ali	Katie Gordon	Mina Arthman
Amanda Lance-Sexton	Donna Moore	Kelly Bordman	Pradeep Gidwani
Angela Rowe	Dori Gilbert	Kimberly Pauly	Rafael-Ortiz Gomez
Autumn Gabin	Edith Mohler	Klea Galasso	Rhonda Crowder
Babbi Winegarden	Elizabeth Daut	Kristin Garrett	Rosa Ana Lozada
Barbara Ryan	Elizabeth Hersch	LaTysa (Flowers) Jackson	Samantha Manganaro
Beth Brown	Emily Gaines	Laura Beadles	Shane Padamada
Bill Stewart	Eric Camerino	Leslie LaMay	Shaun Goff
Cara Evans Murray	Erick Mora	Leslie Manriquez-Jimenez	Sherry Casper
Carlos Nelson	Erika Hernandez	Linda Ketterer	Shewa Legesse
Carmen Pat	Erin Murphy	Lori Sorenson	Sten Walker
Carole Steele	Fran Cooper	Lorie Chen	Stephanie Gioia-Beckman
Caryl Montillano	Gabriela Contreras-Misirlioglu	Mara Madrigal-Weiss	Steven Wells
Celeste Hunter	Ginger Bial Cox	Margarita Hernandez	Tais Millsap
Celica Garcia-Plascencia	Grisel Ortega-Vaca	Maria Ventura	Tanya Mercado
Christine Maggio	Heather Nemour	Marie Hommel	Tanya Ramirez
Claire Riley	Heather Summers	Marisa Varond	Tom Coleman
Danyte Mockus-Valenzuela	Janette Magsanoc	Mayra Gonzalez-Munoz	Yael Koenig
Darwin Espejo	Joseph Henson	Melanie Morones	Yvette Leyva
Debbie Fountain	Julian Lopez	Michelle Alcantar	Zach Guzik
Delona King	Kacie Rodvill	Michelle Houle	Zoe Kornweibel
			Unknown Caller

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 from 11:30 a.m. to 12:30 p.m.

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

Education Advisory Ad Hoc: Meets as needed

TAY Council: **Effective September 2024**, meets the fourth Wednesday of the month 11 a.m. to 12:30 p.m.

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

CYF Council Training Academy: Meets quarterly. Next meeting will be in November 2024.

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

Private Sector: Ad Hoc/Meets as needed

2025 Children and Youth Mental Health Well Being Celebration Planning: To be announced

Family Sector: Meets the third Thursday of the month from 2:30 to 3:30 p.m.

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

August 28, 2024

RE: FY-2024-25 Children, Youth & Families System of Care Council Strategic Planning Recommendations

Dear Dr. Luke Bergmann:

The Children, Youth, and Family System of Care Council (CYF Council) has developed a set of actions to advance the priorities for FY 2024-25. These were established in response to anticipated policy and funding changes created by the passage of Proposition 1. We recognize that this proposition will transform the future of policies, funding, and services for children, youth, and families served by the San Diego County Behavioral Health in conjunction with other County Departments.

We respectfully request you to leverage the expertise of the CYF Council to help shape this transformation. This Council provides multi sector representation, historical knowledge, experience and perspective that we believe could be mutually beneficial to the behavioral health community including the children, youth, and families we serve.

The CYF Council Strategic Plan Recommendations focuses on four areas: Knowledge Exchange, Community Engagement, Prevention and Early Intervention, and Service and Funding Priorities. See attachment for full list of recommendations.

We are requesting your partnership regarding two specific overarching themes that will advance the CYF Strategic Plan Recommendations:

1. Provide the CYF Council with timely information/knowledge to exchange ideas with BHS executive decision makers to influence policies and program priorities.
2. Recognize and dedicate resources to advance the continuum of care across the lifespan inclusive of infants to youth and focused on the full continuum of care prevention to clinical intervention.

We are ready for the opportunity to work together to serve the needs of children and youth as the behavioral health system evolves. The CYF Council looks forward to hearing from you on the next steps.

Sincerely,
CYF Council Stakeholders

Children, Youth and Families (CYF) Council Fiscal Year 2024-25 Strategic Planning Meeting



Dear Dr. Bergmann,

The Children, Youth and Families (CYF) Council convened its annual strategic planning meeting on July 8, 2024. Near 100 individuals attended the annual strategic planning session, including Council members, alternates, and stakeholders. The Strategic Planning Meeting focused on considering the needs of children and youth in the context of State initiatives inclusive of the Behavioral Health Transformation, and Proposition 1. Four topics were identified for discussion in virtual breakout rooms: **Knowledge Exchange, Community Engagement, Prevention and Early Intervention, and Service and Funding Priorities.** Meeting attendees were invited to join a breakout room of their choice to identify the Fiscal Year 2024-25 Council areas of focus, recommendations, and actions to advance the identified priorities. Below is the summary of the overall recommendations from the breakout rooms. On behalf of the CYF Council, please accept these areas of focus and recommendations as the County Behavioral Health Services in conjunction with other departments works to advance the care for children, youth, and families in San Diego. The Council looks forward to your feedback on each of the recommendations and is available to answer any clarifying questions about this document.

Knowledge Exchange

Key Discussion Items/Context	Recommendation/Actionable Items
<ul style="list-style-type: none"> There is a need for more clarity on available resources, including eligibility criteria. Need more information/timely updates on BHS efforts that address Behavioral Health Worker shortages. Despite the complexity of funding streams, CYF Council needs more opportunities to provide recommendations regarding funding/budget. 	<p>#1 Council Member involvement in the design of the Children, Youth and Families directory to ensure that the "End user" has all relevant information readily available.</p> <p>#2 Provide clear updates to CYF Council stakeholders on the Workforce Development achievements.</p> <p>#3 Recognition of the CYF Council as formalized council for discussing and developing budget so that members can pivot according to system/client needs.</p>

Community Engagement

Key Discussion Items/Context	Recommendation/Actionable Items
<ul style="list-style-type: none"> Need to expand opportunities to engage and have dialogue with BHS. Participants should include general public and system beneficiaries. Face to face events tend to achieve higher participation from youth, especially when there is an intentional outreach. 	<p>#4 Create a community engagement plan with BHS that includes regular forums and concrete opportunities for children, youth, and family Council to provide input to BHS leaders at critical decision-making and priority-setting junctures and dialogue open to a broad range of stakeholders.</p> <p>#5 Ensure child, youth, and family constituents who are accessing services have an opportunity to participate in spaces that are accessible and comfortable for them and consider their needs and preferences.</p>

Prevention and Early Intervention

Key Discussion Items/Context	Recommendation/Actionable Items
<ul style="list-style-type: none"> • There is concern about the shifting of Prevention efforts to the State. • Prevention and Early Intervention is critical for children and youth, including children ages birth to 5 years old. 	<p>#6 Dedicate funding for workforce development and service provision focused on youth and families for children ages birth to 5 to address Infant and Early Child Mental Health to promote and maintain healthy relationships, responsive caregiving and thriving families.</p> <p>#7 Funding and expand services to encourage early access to caregivers in the community to assist them in developing their skills.</p>

Service and Funding Priorities

Key Discussion Items/Context	Recommendation/Actionable Items
<ul style="list-style-type: none"> • Learning how things will look, while engaging all LEAs throughout the County. Building capacity to bill outside of Medi-Cal, and who can bill in school settings. • Gaps in the continuum of care should be addressed with additional funding. Expand continuum to provide more focus on early childhood care. • Analyzing the continuum and being intentional of where dollars are going. • Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis for strategic planning. • Access to care- specifically addressing access times. • Behavioral Health Workforce shortage impacts the whole system; need competitive pay and flexibility in disciplines. • Intentionality in analyzing current resources and services, utilizing community input, leveraging resources and partnerships, forging collaboration with community partners. • What is working well in other counties? Leverage successes. 	<p>#8 Look across the region and state at school and community-based programs to see what is working well- scale up evidence-based programs based on positive outcomes.</p> <p>#9 Focus on Workforce Development strategies, including incentives for providers.</p> <p>#10 Fund services to individuals prior to obtaining Medi-Cal.</p>

CYF Directory Hot Topic Discussion (8.12.24) & Action Items (8.27.24)

Council Input	Council Discussion	Action
<ul style="list-style-type: none"> POC – Clarify role 		<p>County POC currently page 3 moved to page 4 Added a narrative to the top stating:</p> <p>Contracting Officer’s Representatives (CORs) are county points of contacts that are available for general matters that are not managed directly through the service provider.</p>
<ul style="list-style-type: none"> Values of CSOC Council – move up “Need to highlight the Council more” 		<p>Moved from currently page 12 to being page 3 of the document, right after the Table of Contents</p> <ul style="list-style-type: none"> Shifted orientation from vertical to horizontal
<ul style="list-style-type: none"> Community Resources How are they connected to the County? 	<p>Directory is primarily focused on services through BHS Department</p>	<p>Resources currently starting on page 5, moved to start on page 6 Added a narrative to the top stating: Listed resources have a connection to behavioral health services which encompass both mental health and substance use. Most resources listed are through the County of San Diego, but some extend beyond.</p> <p>The narrative under Pregnant & Early Parenting Resources, currently starting on page 8, moved to start on page 10 already specifies that “Additional services and resources available to pregnant and early parenting families in the county are presented here.”</p> <p>The above language has been updated to read as “The following resources through various entities including the County are available to pregnant and parenting families.”</p>
<ul style="list-style-type: none"> Eligibility – funding source Are these services for Medi-Cal only or for all insurance Symbol indicating which programs are Medi-Cal only? 	<p>Most of the BHS are for Medi-Cal members, but some of the programs do not require Medi-Cal</p>	<p>Currently on page 4 moved to page 5:</p>

CYF Directory Hot Topic Discussion (8.12.24) & Action Items (8.27.24)

Council Input	Council Discussion	Action
		<div data-bbox="1283 228 1824 436" style="border: 1px solid black; padding: 5px;"> <p align="center">Fees and Funding</p> <p>Behavioral health services provided through the County are financed through Medi-Cal, the Mental Health Services Act (MHSA), patient fees (when applicable), County-general funds, State funds, and specialized grants. In most instances, fees for services are fully covered for full scope Medi-Cal beneficiaries and unfunded individuals. When applicable, fees for services are based on income and the number of family members in the home. This Uniform Method for Determining Ability to Pay (UMDAP) is mandated by the State. Medi-Cal, Medicare, and other insurance coverage will be considered in determining an individual's monthly payment. No person who otherwise qualifies for services will be turned away.</p> </div> <p>Added the following language to P&EI section currently starting on page 30, moved to start on page 32: “In general, these services are available to all individuals for which the program is designed to serve and have no cost or Medi-Cal expectation.”</p>
<ul style="list-style-type: none"> Suggestion to add “Funding Source” & “Specific Age Groups” under Level of Care sections 		<p>Currently on page 4 moved to page 5:</p> <div data-bbox="1283 659 1955 989" style="border: 1px solid black; padding: 5px;"> <p align="center">Access and Eligibility for Services</p> <p>County of San Diego (County) funded behavioral health services are intended for children and youth who are either experiencing a behavioral health crisis (such as depression, suicidal thoughts, extreme anxiety, or substance use) or who require behavioral health services in order to function in school, at home, or in the community. Generally, services are available for Medi-Cal beneficiaries and low-income children and youth, up to age 21. All services are rendered without regard to race, color, creed, or disability. Individuals and professionals can directly contact any of the resources listed in this directory. However, it should be noted that, in some cases, access to services is managed through specific procedures and may be designed for certain special populations. Where possible, this information has been included in this directory. If in doubt about eligibility or how to access services, please contact the Access and Crisis Line at (888) 724-7240.</p> </div> <p>Table of Contents and subsequent section on Early Childhood Programs (0-5) currently begins on page 36, moved to start on page 38.</p>
<ul style="list-style-type: none"> Regional Center – will provide link 	<p>Would love to see San Diego Regional Center linked under the 0-5 services as the California Early Start program is such a vital resource for families and children with identified developmental delays.</p>	<p>Added on page 9 - San Diego Regional Center under Resources:</p> <p>SDRC San Diego Regional Center provides a variety of services to persons with developmental disabilities and their families. Services are based on the client's individual needs and intended to maximize their independence, full potential, and quality of life. Any San Diego or Imperial County resident believed to have a developmental disability may apply for services.</p>

CYF Directory Hot Topic Discussion (8.12.24) & Action Items (8.27.24)

Council Input	Council Discussion	Action
		<p>Eligibility is determined by the social, medical, and psychological information gathered during the intake process.</p> <p>Added on page 38 - Under Early Childhood Programs (0-5) section – added the following: SDRC San Diego Regional Center, Resources San Diego Regional Center (sdrcc.org) & Early Start information at Services San Diego Regional Center (sdrcc.org)</p>
<ul style="list-style-type: none"> Do we use Behavioral Health instead of mental health and substance use treatment? “When are we going to achieve an integrated system” 		<p>Resources currently on page 5, moved to page 6 Added a narrative to the top stating: Listed resources have a connection to behavioral health services which encompass both mental health and substance use. Most resources listed are through the County of San Diego, but some extend beyond.</p>
<ul style="list-style-type: none"> Who is using directory? For what reason? How can we improve it? Can we make it more user friendly? What is the link to the CYF services directory? Is this available as an online searchable database instead of pdfs? 	<p>County can pull analytics on website visits. The directory has a section for input – it can be expanded Provided link to the landing page Behavioral Health Services Directories for Children, Youth, and Families (sandiegocounty.gov)</p>	<p>Under current page 11 – Provider Directory – inserted a section that seeks input on how to improve the directory. Provider Directory moved from page 11 to page 13</p> <p>The County Behavioral Health Department is interested in your input! How can the directory be improved? Are there features or elements that would make it easier to use?</p> <p>The Optum Directory is a searchable database vs. a pdf and is referenced on current page 11, moved to page 13 under the Provider Directories section County of San Diego Behavioral Health Provider Directory (optumsandiego.com)</p>
<ul style="list-style-type: none"> Service levels and categories: “Is it organized by severity? Why not entering Prevention and Early Intervention first?” 	<p>Directory is organized with highest levels of care first to ensure that families looking for crisis support and services have that information available right away.</p>	

CYF Directory Hot Topic Discussion (8.12.24) & Action Items (8.27.24)

Council Input	Council Discussion	Action
<ul style="list-style-type: none"> Acute – should it be emergency, crisis, urgent, critical? Language that will be more familiar to families Maybe add “urgent” in parenthesis 	Both? Acute and Urgent?	Acute Care section, currently on page 13, moved to page 14 - has been adjusted to read Crisis & Acute Care vs. Acute Care
<ul style="list-style-type: none"> Is there a directory for adult services? 	<p>Provided link to overall BHS directory on Optum site. County of San Diego Behavioral Health Provider Directory (optumsandiego.com)</p> <p>Discussed that BHS is creating and updating additional web pages to capture various services across the life span by LOC</p>	
<ul style="list-style-type: none"> Languages – is the directory available in threshold languages? <ul style="list-style-type: none"> Include a more generic comment about language capacity 	<p>Discussed that currently the Children and Youth Directory is only available in English.</p> <p>A postcard that links to the Directory is available in Spanish – but not the directory.</p>	<p>Currently on page 4 moved to page 5:</p> <div data-bbox="1276 690 1827 833" style="border: 1px solid black; padding: 5px;"> <p align="center">Access to Language Services</p> <p>Clients have a right to free language assistance in a language they understand. Clients shall be provided interpreter services as a part of their therapeutic services. However, clients have the option to use a family member or a friend as their interpreter. The client is not expected to provide their own interpreter. All Behavioral Health Services (BHS) programs have access to interpreter services.</p> </div> <p>The Optum Directory landing page County of San Diego Behavioral Health Provider Directory (optumsandiego.com) calls out that an ACL clinician can assist with resource connections and is available in the call’s language of preference.</p>
<ul style="list-style-type: none"> How is the directory promoted? How do families know about this guide? Is it sent to schools? <p>Input received at the Training Academy Committee meeting on August 14, 2024: As standing handout include the CYF Services postcards...Can also include the link on the meeting agenda</p>	<p>Directory is presented in various venues including repeated announcements at the CYF Council and BHS Providers meetings.</p> <p>A postcard (English and Spanish) was recently created with a QR Code and tiny URL which is being used in community events to spread awareness.</p> <p>The Directory is featured on the County website on a newly developed landing page to assist with ensuring that those who bookmark</p>	<p>**TO DO for the Council:</p> <p>Will review inclusion of Directory link to the CYF Council Agenda Behavioral Health Services Directories for Children, Youth, and Families (sandiegocounty.gov)</p>

CYF Directory Hot Topic Discussion (8.12.24) & Action Items (8.27.24)

Council Input	Council Discussion	Action
	<p>the page can continue to return for most current version.</p> <p>Optum website features the Directory.</p> <p>Council looks for all stakeholders to assist with creating awareness of the Directory.</p>	
<p>Input from Public Health post meeting that updates will be provided</p>		<p>Added on page 9 – Public Health Services under Resources:</p> <p>Public Health Services (sandiegocounty.gov) works to promote health and improve quality of life by preventing disease, injury and disability, and by protecting against, and responding to, health threats and disasters. PHS consists of six programmatic branches including:</p> <p>California Children's Services - Home Page)</p> <p>Immunization Program</p> <p>HIV, STD and Hepatitis Branch</p> <p>Maternal, Child and Family Health Services</p> <p>San Diego County Emergency Medical Services Office</p> <p>Tuberculosis Control and Refugee Health Program and</p> <p>Refugee Health Programs</p>

CYF Directory Hot Topic Discussion (8.12.24) & Action Items (8.27.24)

CYF Council Zoom Chat on 8.12.24

- Point of contact- clarify their role
- Overview- values of CSOC council
- Community Resources?
- Do we have the link for the CYF Service Directory?
- Are these programs for Medi-Cal only or all insurances? | Most of the BHS are for Medi-Cal members, but some of the programs do not require Medi-Cal
- I wonder if there could be some kind of symbol indicating which are Medi-Cal only?
- <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/CYF%20Services%20Directory%20Updated%20March%202024.pdf>
- [Behavioral Health Services Directories for Children, Youth, and Families \(sandiegocounty.gov\)](#)
- would love to see San Diego Regional Center linked under the 0-5 services as the California Early Start program is such a vital resource for families and children with identified developmental delays. | Thanks - is there a link we can use? | I will connect you with our marketing team to make sure the appropriate link is sent over.
- If this is for families, is it translated?
- Is this available as an online searchable database instead of pdfs?
- <https://www.optumsandiego.com/content/SanDiego/sandiego/en/community-resources/providerdirectory1.html>
- Is it sent to schools?
- How do families know about this guide? | We look to all of us to help create awareness
- <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/Children%20and%20Youth%20Behavioral%20Health%20Services%20Postcard%20ENG.pdf>
- Urgent | both | Acute/Urgent | or maybe put Urgent in parenthesis | Both | urgent | Critical
- Maybe since urgent care and emergency room are pretty commonly used for physical health related conditions and families tend to know the distinction
- There can also be an operational definition of what constitutes which one like they have on the nurses line when you call to determine if urgent care or emergency room would be most appropriate
- It's a lot of work and extremely valuable!!! Let's spread the word!!!
- The directory is so helpful for providers in the community too! Thanks for the great work!

Thank you for all the valuable input.
The Directory has been updated and posted at:
[Behavioral Health Services Directories for Children, Youth, and Families](#)
[\(sandiegocounty.gov\)](#)
On going input is welcomed as the Directory is updated regularly.
Input submitted to Janette.Magsanoc@sdcounty.ca.gov

CHILDREN, YOUTH, AND FAMILIES SERVICES DIRECTORY



The County of San Diego's Behavioral Health Services (BHS) offers a multitude of programming to support children, youth & families who would benefit from mental health or substance use treatment.

Scan the QR code to access the current Children, Youth, and Families Services Directory.



https://bit.ly/cyf_directories



SCAN HERE

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COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS

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

AGENDA ITEM

DATE: August 27, 2024

05

TO: Board of Supervisors

SUBJECT:
SUPPORT FOR PROPOSITION 36: THE HOMELESSNESS, DRUG ADDICTION, AND THEFT REDUCTION ACT (DISTRICTS: ALL)

OVERVIEW

Whether it's rampant retail theft causing neighborhood store closures and higher prices for working families, or the growing epidemic of fentanyl overdoses, Californians must address these pressing public health and public safety issues. Retail theft not only affects the livelihood of business owners but also disrupts community stability, leading to workplace violence, store closures and increased prices that disproportionately impact low-income families. At the same time, the fentanyl crisis continues to ravage communities, with overdose deaths reaching unprecedented levels and straining our healthcare and emergency response systems. The need for balanced reform is clear: it's on our streets, in our stores, and affecting our communities and families.

Passed in 2014, Proposition 47, the Criminal Sentences, Misdemeanor Penalties, Initiative Statute, expressed the intention to make California's criminal justice system more equitable by expanding opportunities for offenders to be treated at the misdemeanor level. Unfortunately, it also led to a decade of unintended consequences: Repeat, habitual and organized offenders who steal amounts under \$950 and, or repeatedly possess hard drugs such as fentanyl and methamphetamine go without any increased accountability, or incentive to engage in addiction or mental treatment since the consequence is always a citation or misdemeanor. Sadly, there is no dispute that a substantial segment of persons experiencing homelessness suffer from untreated addiction resulting in the staggering data point from our Medical Examiner that this vulnerable population of unhoused individuals has a 117 times higher rate of overdose death, adding to the barriers to prevent and end homelessness.

Supported by over 900,000 signatures, Proposition 36 seeks to provide a balanced reform that preserves options for individuals who want to pursue rehabilitation and diversion, while also providing public safety with tools to hold repeat offenders accountable and incentivize treatment. It also provides accountability for fentanyl dealers by bringing it into the same fold as

SUBJECT: SUPPORT FOR PROPOSITION 36: THE HOMELESSNESS, DRUG ADDICTION, AND THEFT REDUCTION ACT (DISTRICTS: ALL)

methamphetamine. Proposition 36 is not a three strikes law nor is it a mandatory state prison law. It maintains judicial discretion needed to allow probation and to order treatment.

It's time for meaningful reforms to our justice system, that ensure our communities are safe. This includes responsible and balanced changes to Proposition 47.

Proposition 36: The Homelessness, Drug Addiction, and Theft Reduction Act will address homelessness, drug addiction, and theft by:

- Classifying repeat theft as a felony for individuals who steal less than \$950 if they have two or more prior theft related convictions with the option to reduce to a misdemeanor even on the third theft while the fourth conviction remains a felony.
- Allowing stolen property values from multiple thefts to be combined so repeat offenders can be charged with a felony if the total exceeds \$950.
- Authorizing judges to impose an enhanced penalty when an offender steals, damages, or destroys property by participating in organized theft with two or more offenders or by causing losses of \$50,000 or more.
- Adding fentanyl to the list of hard drugs.
- Enabling stricter penalties for dealers whose drug trafficking causes death or serious injury and warns traffickers of potential murder charges if continued drug trafficking results in fatalities similar to the warnings that are given in DUI cases.
- Enacting a new class of crime called a "treatment-mandated felony" where offenders with two prior hard drug possession convictions would be given the option of participating in drug and mental health treatment in lieu of incarceration.
- Allowing offenders who successfully complete drug and mental health treatment to avoid jail time and have the charge fully expunged.

Therefore, we recommend that the Board adopt a resolution in support of Proposition 36: The Homelessness, Drug Addiction and Theft Reduction Act which will be included on the November 5, 2024, statewide ballot.

RECOMMENDATION

SUPERVISOR JIM DESMOND, SUPERVISOR JOEL ANDERSON AND DISTRICT ATTORNEY SUMMER STEPHAN

SUBJECT: SUPPORT FOR PROPOSITION 36: THE HOMELESSNESS, DRUG ADDICTION, AND THEFT REDUCTION ACT (DISTRICTS: ALL)

Adopt the Resolution titled: RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO FORMALLY EXPRESSING THE COUNTY’S SUPPORT FOR PROPOSITION 36, THE HOMELESSNESS, DRUG ADDICTION AND THEFT REDUCTION ACT ON THE NOVEMBER 5, 2024 STATEWIDE BALLOT.

EQUITY IMPACT STATEMENT

The Homelessness, Drug Addiction, and Theft Reduction Act seeks to enhance community safety and address critical issues of retail theft, drug addiction, and homelessness, impacting all Californians, particularly marginalized communities. By classifying repeat thefts and organized retail crime as felonies, the measure aims to protect small businesses and working families from economic harm and neighborhood disinvestment. Including fentanyl in the list of hard drugs and imposing stricter penalties on traffickers addresses the overdose crisis, while offering pathways to treatment over incarceration. These reforms balance justice with compassion; ensuring that repeat offenders face appropriate consequences while maintaining the original intent of reducing incarceration for non-violent offenses will help address disparities in the criminal justice system and enhance community safety 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 Diego residents. By supporting the proposed reforms to Proposition 47, the County can promote sustainable public safety policies that protect communities while providing opportunities for rehabilitation and reducing recidivism. This balanced approach is essential for creating safer and more resilient neighborhoods throughout San Diego County. Enhancing public safety is of paramount priority for the County.

FISCAL IMPACT

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

BUSINESS IMPACT STATEMENT

The approval and subsequent enactment of The Homelessness, Drug Addiction and Theft Reduction Act ballot measure will help to restore historical protections that have been in place for our business community. By restoring confidence for retailers and others that thefts will be addressed through arrests and prosecutions, regardless of any thresholds, we can protect the business community and may prevent the closure of stores and help stem the exodus of businesses to other states.

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

SUBJECT: SUPPORT FOR PROPOSITION 36: THE HOMELESSNESS, DRUG ADDICTION, AND THEFT REDUCTION ACT (DISTRICTS: ALL)

Whether it's rampant retail theft causing neighborhood store closures and higher prices for working families, or the growing epidemic of fentanyl overdoses, Californians can't afford inaction. Passed in 2014, Proposition 47 achieved notable success in making California's criminal justice system more equitable. However, it led to unintended consequences over the past decade — repeat and often organized retail theft, and difficulty incentivizing people to seek drug and mental health treatment often creating circumstances that lead to homelessness.

Following the submittal of over 900,000 signatures in support of "The Homelessness, Drug Addiction and Theft Reduction Act," California's Secretary of State announced that the initiative qualified to appear on the November 5, 2024, statewide ballot as Proposition 36. If approved by voters, this measure would revise elements of Proposition 47, which reclassified certain drug and property-related crimes as misdemeanors instead of felonies.

A major goal of reclassifying specific crimes under Proposition 47 was to reduce incarceration rates and focus resources on violent and serious offenders. However, there continues to be questions about its impact on crime rates, with evidence it has led to an increase in certain types of theft and larceny. For example, following the approval of Proposition 47, the State experienced a nine percent increase in larceny offenses and an increase in auto break-in thefts compared to other states.

In 2017, the California Supreme Court ruled that a person convicted of a felony for stealing a car could now have their conviction reduced to a misdemeanor if the vehicle was worth \$950 or less, and in 2018, researchers found that Proposition 47 contributed to an increase in car burglaries, shoplifting and other thefts.

Because thieves now frequently target items below \$950, many retailers have had to secure their high-theft items to prevent further losses. Large retailers, including supermarkets and pharmacies reported that shoplifting increased from 15% to over 50% in some cases following the approval of Proposition 47. Several major department stores, including Target, Nordstrom, and Old Navy, have had to close stores in some areas, such as the San Francisco Bay area. The criminal actions have led to frustration and safety concerns for business owners, employees, and customers. In some instances, clashes between thieves and retail employees attempting to stop thefts have escalated into violence, even resulting in fatalities.

According to the California Retailers' Association, there are even instances of criminals bringing calculators into stores to ensure the amount of goods they are stealing do not exceed \$950. Because prosecutors often decide against prosecuting thefts under \$950, and with only 6.6% of reported theft incidents resulting in an arrest in 2022, down from 15% in 2013, many retailers no longer report many thefts to the police.

SUBJECT: SUPPORT FOR PROPOSITION 36: THE HOMELESSNESS, DRUG ADDICTION, AND THEFT REDUCTION ACT (DISTRICTS: ALL)

The changes proposed by The Homelessness, Drug Addiction and Theft Reduction Act ballot measure would address this issue by authorizing stricter penalties for repeat offenders involved in theft-related crimes. It would allow for persons convicted of two or more theft-related offenses to be punished as either a misdemeanor, or a felony based on the value of the property involved. Because the proposed reforms would change laws enacted through the initiative process, it requires approval by the State's voters.

In addition to the impact of Proposition 47 on retailers, participation in some drug diversion programs, particularly drug courts, has dropped since the enactment of the measure, as it became easier for drug offenders to avoid mandated treatment programs. According to the Center for Court Innovation, following the passage of Proposition 47, participation in drug courts decreased statewide by 67% between 2014 and 2018. Their study suggests that reduced legal leverage under Proposition 47 directly influenced this decline, as eligible defendants were more likely to refuse participation due to perception of the program as lengthy and intensive.

By redefining fentanyl as a hard drug, the proposed reform measure would hold accountable individuals convicted of trafficking fentanyl and would grant judges greater discretion in sentencing drug traffickers. This measure may also assist in reducing the homeless population by encouraging those struggling with drug addiction to seek and participate in the treatment they need to get off the streets.

The Homelessness, Drug Addiction, and Theft Reduction Act will address homelessness, drug addiction, and theft in the following ways:

Addresses Organized and Serial Retail Theft

- Rampant retail theft is harming businesses and residents in California because those who commit these crimes know they'll get away with it, even if they're caught. This measure will hold repeat offenders accountable for the safety of our communities, rather than putting them back on the streets.
- Classifies repeated theft as a felony for individuals who steal less than \$950 if they have two or more prior theft related convictions.
- Allows stolen property values from multiple thefts to be combined so repeat offenders can be charged with a felony if the total exceeds \$950, countering tactics by career criminals to avoid harsher penalties.
- Authorizes judges to impose an enhanced penalty when an offender steals, damages, or destroys property by participating in organized theft with two or more offenders or by causing losses of \$50,000 or more.

SUBJECT: SUPPORT FOR PROPOSITION 36: THE HOMELESSNESS, DRUG ADDICTION, AND THEFT REDUCTION ACT (DISTRICTS: ALL)

Confronts the Fentanyl Crisis in Our Communities

- The fentanyl crisis has reached alarming levels and is now responsible for 20 percent of youth deaths in California. This measure will define fentanyl as a hard drug, hold individuals convicted of trafficking fentanyl accountable, and would grant judges greater discretion in sentencing drug traffickers.
- Adds fentanyl to the list of hard drugs — such as heroin, cocaine, and methamphetamine — that are illegal to possess with a firearm and authorizes greater consequences for selling deadly quantities.
- Enables stricter penalties for dealers whose drug trafficking causes death or serious injury and warns traffickers of potential murder charges if continued drug trafficking results in fatalities.

Prioritizes Mental Health and Drug Treatment

- Breaking the cycle of repeat offenders means addressing the many root causes of retail theft. This measure provides critical mental health, drug treatment services, and job training within our justice system for people who are experiencing homelessness or struggling with mental health challenges or substance misuse.
- Enacts a new class of crime called a “treatment-mandated felony” where offenders with multiple hard drug possession convictions would be given the option of participating in drug and mental health treatment in lieu of incarceration.
- Allows offenders who successfully complete drug and mental health treatment to avoid jail time and have the charge fully expunged.

Therefore, we recommend that the Board adopt a resolution in support of The Homelessness, Drug Addiction and Theft Reduction Act that will appear on the November 5, 2024, statewide ballot. Supporting this reform effort aligns with the County’s commitment to enhancing public safety while maintaining the principles of justice reform. It is crucial to balance the need for accountability with opportunities for rehabilitation and prevention of recidivism.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Safety, Restorative, and Quality of Life Initiatives of the County of San Diego’s 2024-2029 Strategic Plan by enhancing public safety and offering alternatives to incarceration.

SUBJECT: SUPPORT FOR PROPOSITION 36: THE HOMELESSNESS, DRUG ADDICTION, AND THEFT REDUCTION ACT (DISTRICTS: ALL)

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Demsond".

JIM DEMSOND
Supervisor, Fifth District

A handwritten signature in black ink, appearing to read "Joel Anderson".

JOEL ANDERSON
Supervisor, Second District

A handwritten signature in blue ink, appearing to read "Summer Stephan".

SUMMER STEPHAN
District Attorney

ATTACHMENTS

Resolution in Support of Proposition 36, the Homelessness, Drug Addiction and Theft Reduction Act on the November 5, 2024, Statewide ballot



TERRA LAWSON-REMER

SUPERVISOR, THIRD DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: August 27, 2024

06

TO: Board of Supervisors

SUBJECT

AFFIRMATIVE LITIGATION AGAINST SOCIAL MEDIA COMPANIES FOR THEIR ROLE IN THE YOUTH MENTAL HEALTH CRISIS (DISTRICTS: ALL)

OVERVIEW

On July 16, 2024 (16), the Board of Supervisors considered this item. The motion to adopt the recommendations failed due to a tie vote, and the Board did not continue the item. Pursuant to Rule 2(g) of the Board of Supervisors Rules of Procedure, the item was placed on the agenda for the next regular meeting.

In May 2023, the U.S. Surgeon General issued an [advisory](#) warning that social media is contributing to our nation's youth mental health crisis. The American Psychological Association (APA) has since also issued a [health advisory](#) examining the connections between social media use and reduced well-being and rising mood disorders, chiefly depression, and anxiety among youth ages 10 to 25 years old.

According to the [Pew Research Center](#), in 2010, when smartphones were becoming mainstream, only about half of teens reported using social media. Today, social media usage is ubiquitous with 95% of teens reporting they use some social media and about a third reporting they use it constantly. The [APA reports](#) that U.S. teens spend an average of five hours every day using the seven most popular social media apps, with Instagram, TikTok, and YouTube accounting for 87% of their social media time.

Since 2010, nearly every [indicator](#) of mental health and psychological well-being among teens and young adults has deteriorated. [San Diego County's Health and Human Services Health Equity Report \(2022\)](#) confirms this alarming trend with youth ages 15 to 24 years of age having the highest burden of depression compared with all other age groups in the County. These youth are also

**SUBJECT: AFFIRMATIVE LITIGATION AGAINST SOCIAL MEDIA COMPANIES
FOR THEIR ROLE IN THE YOUTH MENTAL HEALTH CRISIS**

utilizing inpatient treatment services and visiting emergency rooms at a rate two times higher than any other age group for depression and anxiety.

It is in response to these developments that mental health experts are warning habitual social media use is nearing addiction levels and contributing to the youth mental health crisis.

To date, there have been few meaningful changes by the industry and no adoption of federal or state policies curbing the industry's harm to developing minds. As of June 2024, 475 social media lawsuits are pending in multidistrict litigation in the Northern District of California. And, as many as 41 U.S. states, including California's Attorney General Office, have taken direct legal action against one specific company, Meta Platforms, Inc., to hold them accountable for their negligence in ensuring its platforms are safe for minors. With today's item, the County of San Diego would add its voice to underscore the urgent need to enact new, responsible safety standards on all social media platforms in order to mitigate harm to youth and their mental health.

Today's item directs County legal counsel to explore legal actions that would hold social media companies, including but not limited to, Facebook, Instagram, X, TikTok, and YouTube, accountable for their failure to protect youth mental health and for their purposeful creation of an unreasonably dangerous product that incentivizes addictive behaviors among vulnerable youth.

Just as San Diego County has joined other cities and counties in California to successfully hold opioid painkiller manufacturers and distributors accountable for deceptive marketing and for creating an epidemic of opioid abuse and addiction that killed thousands in San Diego alone, the County should hold social media platforms accountable for their failure to protect vulnerable youth.

RECOMMENDATION(S)

SUPERVISOR TERRA LAWSON-REMER

1. Direct the County Counsel, in consultation with the Chief Administrative Officer, to explore options for initiating, pursuing, and/or joining litigation against social media platforms, including but not limited to Facebook, Instagram, X, TikTok, Snapchat, and YouTube for their failure to protect youth mental health and regularly report back to the Board in an appropriate manner until litigation is filed and, thereafter as necessary.
2. Adopt a resolution entitled: A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO RELATING TO THE SURGEON GENERAL'S CALL FOR WARNING LABELS ON SOCIAL MEDIA PLATFORMS.

EQUITY IMPACT STATEMENT

Studies show that certain subpopulations of youth, including females, LGBTQ+, Black and Latinx young people, are more likely to use social media platforms to combat loneliness and/or as a tool to locate mental health or well-being resources. Some of these same groups are experiencing disproportionate rates of poor mental health and suicidal thoughts and behaviors. Today's actions will ensure that the operators of social media platforms are further directed to take action to

**SUBJECT: AFFIRMATIVE LITIGATION AGAINST SOCIAL MEDIA COMPANIES
FOR THEIR ROLE IN THE YOUTH MENTAL HEALTH CRISIS**

minimize the harmful aspects of their platforms and to preserve the well-being of young, vulnerable users.

SUSTAINABILITY IMPACT STATEMENT

Today's actions to hold social media platforms accountable helps to further the County of San Diego's Sustainability Goals through its leadership and advocacy to remediate the current online environment in support of youth mental health. It is imperative that the County of San Diego be a pro-active partner in pushing for social media platforms to take seriously the deleterious impacts the current design of their products are having on the mental health of County residents ages 10 to 25 years of age.

FISCAL IMPACT

Funds for the actions requested in Recommendation 1 are included in the Fiscal Year 2024-25 Operational Plan based on existing staff time in County Counsel funded by General Purpose Revenue. There will be no change in net General Fund cost and no additional staff years. There may be fiscal impacts associated with future related recommendations which staff would return to the Board for consideration and approval.

There is no fiscal impact associated with Recommendation 2. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

In May 2023, the U.S. Surgeon General issued an [advisory](#) warning that social media is contributing to our nation's youth mental health crisis. The American Psychological Association (APA) has since also issued a [health advisory](#) examining the connections between social media use and reduced well-being and rising mood disorders, chiefly depression, and anxiety among youth ages 10 to 25 years old.

According to the [Pew Research Center](#), around 2010, when smartphones were becoming mainstream, only about half of teens reported using social media. Today, social media usage is ubiquitous with 95% of teens reporting they use some social media and about a third reporting they use it constantly. The [APA reports](#) that U.S. teens spend an average of five hours every day using the seven most popular social media apps, with Instagram, TikTok, and YouTube accounting for 87% of their social media time.

Since 2010, nearly every [indicator](#) of mental health and psychological well-being has become more negative among teens and young adults. The [CDC](#) and San Diego County health data confirm this

**SUBJECT: AFFIRMATIVE LITIGATION AGAINST SOCIAL MEDIA COMPANIES
FOR THEIR ROLE IN THE YOUTH MENTAL HEALTH CRISIS**

alarming trend. In 2021, 42% of high school students in the U.S. reported depressive symptoms versus 28% in 2011. Additionally, one in five students currently report they have seriously considered suicide (20%) versus 15% in 2011 and one in ten have attempted suicide (10%) versus 7.8% in 2011. With females and LGBTQ+ students experiencing disproportionate rates of poor mental health and suicidal thoughts and behaviors.

[San Diego County's Health and Human Services 2022 Health Equity Report](#) shows similar developments with youth ages 15 to 24 years of age having the highest burden of depression compared with all other age groups in the County. These youth are also utilizing inpatient treatment services and visiting emergency rooms at a rate two times higher than other age groups for depression and anxiety. Additionally, these youth have the highest overall burden of cannabis-, benzodiazepines-, and opioid-related disorders. These data reinforce the crisis as mental health problems in youth often go hand-in-hand with other health and behavioral risks like increased risk of drug use, experiencing bullying and violence, and higher risk sexual behaviors.

During this tender stage of development, youth are now exposed daily to strategically designed social media algorithms and features that capitalize on their vulnerabilities to drive engagement. Youth are hypersensitive to social feedback and seek social rewards including attention and approval from peers. Social media features, including 'likes' and follower counts, infinite scrolling, push notifications, and personalized ad content offer youth access to unfiltered content and an endless invitation for self-comparisons. And at this same time, the adolescent brain has not physically developed enough to appropriately regulate emotional responses to such stimuli resulting in [41% of teens](#), with the highest social media usage, rating their overall mental health as poor or very poor compared with 23% of self-described low users.

To date, there have been few meaningful changes by the industry and no adoption of federal or state policies curbing the industry's harm to developing minds. As of June 2024, 475 social media lawsuits are pending in multidistrict litigation in the Northern District of California. And, as many as 41 U.S. states, including California's Attorney General Office, have taken direct legal action against one specific company, Meta Platforms, Inc., to hold them accountable for their negligence in ensuring its platforms are safe for minors. With today's item, the County of San Diego would add its voice to underscore the urgent need to enact new, responsible safety standards on all social media platforms in order to mitigate harm to youth and their mental health.

Today's item directs County legal counsel to explore legal actions that would hold social media companies, including but not limited to, Facebook, Instagram, X, TikTok, and YouTube, accountable for their failure to protect youth mental health and for their purposeful creation of an unreasonably dangerous product that incentivizes addictive behaviors among vulnerable youth.

Just as San Diego County has joined other cities and counties in California to successfully hold opioid painkiller manufacturers and distributors accountable for deceptive marketing and for creating an epidemic of opioid abuse and addiction that killed thousands in San Diego alone, the County should hold social media platforms accountable for their failure to protect vulnerable youth.

SUBJECT: AFFIRMATIVE LITIGATION AGAINST SOCIAL MEDIA COMPANIES
FOR THEIR ROLE IN THE YOUTH MENTAL HEALTH CRISIS

Today's item further urges the County of San Diego Board of Supervisors to adopt a resolution in support of the U.S. Surgeon General's call for warning labels on social media platforms to initiate awareness among parents and youth who may be unable to fully understand the short- and long-term implications of engaging in these platforms.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the County of San Diego's 2024-2029 Strategic Plan Initiatives of Community (Safety and Quality of Life) by promoting safety in our online communities to improve the well-being, specifically the mental health, of San Diego County's youth.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Terra Lawson-Remer', is written over a faint, light blue rectangular background.

TERRA LAWSON-REMER
Supervisor, Third District

ATTACHMENT(S)

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO
RELATING TO THE SURGEON GENERAL'S CALL FOR WARNING LABELS ON SOCIAL
MEDIA PLATFORMS



TERRA LAWSON-REMER

SUPERVISOR, THIRD DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: August 27, 2024

23

TO: Board of Supervisors

SUBJECT

SUPPORTING SAN DIEGO'S SCHOOLS WITH SOLUTIONS TO THE YOUTH MENTAL HEALTH CRISIS AND SMARTPHONE ACCESS DURING SCHOOL HOURS (DISTRICTS: ALL)

OVERVIEW

In schools across San Diego County, the widespread use of smartphones among students raises urgent concerns over its impact on youth mental health and [influence](#) on academic performance. Constant access to messaging apps, social media, and games fosters a pervasive environment of distraction and social pressure, including the escalation of cyberbullying. These dynamics affect students' well-being, creating barriers to positive mental health, emotional resilience, and learning.

In recent months, schools have increasingly expressed concerns about the impact smartphone access and extensive usage are having on the academic and social outcomes of school age youth, especially during hours of instruction. On average, 8 to 12 year olds are [reporting](#) 5 hours worth of screen time per day with teens reporting an average usage of 7.5 hours per day. A recent [study](#) by Common Sense Media found that 97% of teenagers use cell phones during the school day. In 2023, [a study](#) revealed that students received an average of 237 notifications per day, many occurring during school hours. And, one third of K-12 public school teachers [recently reported](#) that smartphones are a major problem for students in their classrooms. The continuous checking for messages, scrolling, watching videos, playing video games, getting into conflicts with peers through texting and social media, and videotaping teachers and fellow students are just a few of the trends reportedly interfering with peer-to-peer connections, academic performance, school culture, and discipline.

SUBJECT: SUPPORTING SAN DIEGO’S SCHOOLS WITH SOLUTIONS TO THE YOUTH MENTAL HEALTH CRISIS AND SMARTPHONE ACCESS DURING SCHOOL HOURS (DISTRICTS: ALL)

In addition to the concerns smartphones present during instruction time, researchers and mental health experts have continued to express growing concerns about the overall effects extensive usage is having on the well-being of school age youth. The [U.S. Surgeon General](#) and the [American Psychological Association](#) have issued health advisories warning about the connection between frequent usage, specifically social media, and rising levels of depression and anxiety among youth. The [Cyberbullying Research Center](#) reports an upward trend in cyberbullying and the Pew Research Center [found](#) 59% of U.S. teens have experienced some form of abusive online behavior. Simultaneously, [the CDC](#) reports that over the past decade, feelings of persistent sadness and hopelessness—as well as suicidal thoughts and behaviors—have increased by 40% among young people. [And, a survey of 1,400 clinicians](#) found that social media was the single biggest driver of mental health issues among their patients. Other studies show a [strong correlation](#) between increased screen time and social media use with worsening youth mental health outcomes including depressive symptoms and higher rates of suicide among adolescents.

The urgency of this issue is underscored by a growing movement among policymakers and educational leaders to limit or ban smartphone usage in schools to mitigate the detrimental effects of unregulated smartphone use on students' mental health and academic performance. Last month, Los Angeles Unified School District, the second largest school district in the nation, approved a ban on smartphone and social media use during school hours to curb distractions and improve students’ mental well-being. Governor Gavin Newsom has also voiced strong support for measures aimed at curbing excessive smartphone use in schools. The County of San Diego Health and Human Services Agency (HHSA) has been working with all 42 school districts in San Diego County to assess their School Wellness Policies to ensure they best promote the health and well-being of students, staff, and the school community, which includes the consideration of smartphone access and usage during instruction time. These and [other initiatives](#) at state and local levels reflect a growing consensus on the need for practical solutions to mitigate the negative impacts of smartphones on young people. However, the reality is that we cannot eliminate phones, but we can help promote smart use. Teaching youth how to use their phones responsibly is crucial, as it empowers them to manage their mental health effectively amidst the pervasive presence of digital technology. By fostering healthy phone habits, we can help young people balance screen time with real-world interactions, thereby enhancing their overall well-being and resilience in a tech-driven world.

In District 3, we are taking swift action to initiate one of these promising solutions by providing grant funds to enable some schools within the district to try lockable smartphone pouches and to test their efficacy in the coming months. This simple product is already popular in the entertainment industry and [rapidly gaining traction](#) in the educational setting. A key advantage of this approach is the lockable pouches allow students to maintain possession of their phones while

SUBJECT: SUPPORTING SAN DIEGO’S SCHOOLS WITH SOLUTIONS TO THE YOUTH MENTAL HEALTH CRISIS AND SMARTPHONE ACCESS DURING SCHOOL HOURS (DISTRICTS: ALL)

still limiting access during instruction time. With this support, some schools in District 3 can begin to observe and evaluate how smartphone policy guardrails can improve learning environments, minimize distractions, and bolster youth mental health in educational settings.

Today’s Board action will build upon this first step in District 3 by directing the Chief Administrative Officer to collaborate directly with the San Diego County Office of Education (SDCOE) to explore ways the County can leverage its extensive resources to support schools and school districts in their efforts to develop and implement solutions that address the unrestricted use of smartphones and the growing youth mental health crisis.

A clerical error occurred during the regular docketing process that resulted in this item not being docketed properly, as planned for the August 27th, 2024 Board Meeting. The requested item must be placed on the August 27 Board Meeting agenda as a delayed vote on the proposed policy would severely limit our County’s ability to respond timely to Governor Newsom’s urgent request on August 13th, 2024, for California schools to restrict smartphone usage in classrooms. The San Diego County Office of Education (SDCOE) and San Diego County’s Health and Human Services Agency (HHSA) are actively exploring opportunities to strengthen the region’s response to the youth mental health crisis and the use of smartphones in schools. The timing of this Board Letter and the proposed recommendations are strategically aligned with these efforts to maximize impact for the region, including but not limited to, orienting schools to these issues at the start of the academic year, initiating critical stakeholder engagement, and leveraging the County’s extensive resources to support these efforts.

RECOMMENDATION(S)
SUPERVISOR TERRA LAWSON-REMER

1. Direct the Chief Administrative Officer to collaborate with the San Diego County Office of Education (SDCOE) to explore ways the County can support schools and school districts in their efforts to develop and implement solutions to address the unrestricted use of smartphones during school instruction hours. The exploration should include a range of options to limit smartphone access, distractions and cyberbullying; training and other ongoing support strategies for teachers and staff administering these options; resources for students and parents to encourage a phone-free school culture and environment, and implementation support as needed and return to the Board by March 31, 2025 with a progress report on the collaboration and status update on the County’s plan(s) to provide support to the SDCOE including any fiscal impact(s) associated with the plan(s).
2. Direct the Chief Administrative Officer to explore opportunities to leverage existing work within the County of San Diego’s Health and Human Services Agency to support local

SUBJECT: SUPPORTING SAN DIEGO’S SCHOOLS WITH SOLUTIONS TO THE YOUTH MENTAL HEALTH CRISIS AND SMARTPHONE ACCESS DURING SCHOOL HOURS (DISTRICTS: ALL)

school district School Wellness Policies with best practices to address youth mental health and smartphone usage.

3. Direct the Chief Administrative Officer to leverage the Office of Evaluation, Performance, and Analytics (OEPA) to provide technical support, as needed, to the SDCOE in any efforts to evaluate the identified solutions and their impact on student behavior (i.e. discipline, bullying/harassment), social connectedness, mental health outcomes, and academic performance.

EQUITY IMPACT STATEMENT

Today’s actions support the social and emotional wellbeing of San Diego’s youth throughout the region. By leading this effort and co-creating solutions with local school districts, the County would work with the San Diego County Office of Education to begin to address the negative impacts of smartphones in schools and their contribution to the current youth mental health crisis. The program acknowledges that youth from marginalized communities, including those from low-income families, racial and ethnic minorities, and those with disabilities, may face disproportionate mental health challenges exacerbated by social media and smartphone overuse. By implementing school-based solutions, resulting programs can aim to reduce distractions, alleviate social pressures, and foster a more inclusive environment that supports the well-being of all students, particularly those who are most vulnerable. Engaging with community stakeholders, including parents, educators, and mental health professionals, will be essential to the program's success. Input from these groups will be sought to ensure that the program is responsive to the needs and concerns of the diverse communities it serves.

SUSTAINABILITY IMPACT STATEMENT

Today’s actions promote healthy and safe school environments for San Diego’s youth. Youth ages 8 to 18 spend a majority of their days in a school setting. With the rise of smartphone access and usage among youth, the County must proactively respond to current research and explore the potential threats created by smartphones in San Diego’s schools and the potential opportunities to address and protect youth mental health. The program supports social sustainability by addressing the mental health needs of students, creating a more balanced, focused, and healthy school environment. By mitigating the mental health challenges exacerbated by excessive smartphone use, the program contributes to the overall well-being of students, which is essential for the long-term social sustainability of communities. Healthy, well-

SUBJECT: SUPPORTING SAN DIEGO’S SCHOOLS WITH SOLUTIONS TO THE YOUTH MENTAL HEALTH CRISIS AND SMARTPHONE ACCESS DURING SCHOOL HOURS (DISTRICTS: ALL)

adjusted students are more likely to become engaged, productive members of society, furthering the goals of social sustainability.

FISCAL IMPACT

Funds for this request to implement recommendations 1 – 2 to engage with the San Diego County Office of Education (SDCOE), explore opportunities to leverage existing work within the Health and Human Services Agency (HHSA), and return with the County’s plan(s) to provide support to the SDCOE including any fiscal impact(s) associated with the plan(s) are included in the Fiscal Year (FY) 2024-25 Operational Plan in the Health and Human Services Agency. This work will leverage existing resources, forums, and channels available within the HHSA to promote this initial collaborative work. As engagement occurs with partner organizations, additional costs may be identified, which will be included in the return to the Board. At this time, there will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

Over the last decade, cell phone usage among pre-teens and teens has become ubiquitous. A recent, nationally representative [survey](#) of media use among children ages 8 to 18 years of age found that 53% of youth now own a smartphone by age 11 and, by age 12, more than two-thirds (69%) do. Not surprisingly, increased access to cell phones has resulted in increased usage patterns. On average, 8 to 12 year olds are [reporting](#) 5 hours worth of screen time per day with teens reporting an average usage of 7.5 hours per day.

As usage has increased, researchers and mental health experts have expressed growing concerns about the effect extensive screen time is having on youth mental health. The [U.S. Surgeon General](#) and the [American Psychological Association](#) have issued health advisories warning about the connection between frequent usage, specifically social media, and rising levels of depression and anxiety among youth.

SUBJECT: SUPPORTING SAN DIEGO’S SCHOOLS WITH SOLUTIONS TO THE YOUTH MENTAL HEALTH CRISIS AND SMARTPHONE ACCESS DURING SCHOOL HOURS (DISTRICTS: ALL)

In recent months, schools have increasingly expressed concerns about the impact smartphone access and usage are having on academic and social outcomes, especially during hours of instruction. A recent [study](#) by Common Sense Media found that 97% of teenagers use cell phones during the school day. The constant checking for messages, scrolling, watching videos, playing video games, cyberbullying and/or getting into conflicts with peers through texting and social media, and videotaping fellow students and peers are just a few of the trends reportedly interfering with academic performance, peer-to-peer connections, school culture and discipline.

As school districts navigate the complexities of smartphone access during hours of instruction they must find solutions that balance the desire to limit distractions while being sensitive to the need to maintain connection in the event of an emergency. Seventy-two percent (72%) of U.S. high school teachers and 33% of middle school teachers [said](#) smartphone distractions were a major problem in classrooms. And while parents reportedly do want to limit cell phone usage to avoid distractions, a majority of them ([56%](#)) want their children to have some access to their smartphones during the school day, with reasonable limits on when the devices could be used.

A number of initiatives are circulating at the federal, state, and local levels ranging from complete bans to offering education on how to use technology responsibly. The Governor of California recently [announced](#) support for initiatives that tackle this issue in California schools. As the variety of initiatives are being implemented throughout the U.S., data on their impact and efficacy will be critical.

Locally, there are a number of organizations that have aligned their efforts to address the impacts of social media on children’s mental health. The County of San Diego (County) has partnered with the San Diego County Office of Education (SDCOE) on the [Community Schools](#) Initiative, a collaborative, community-centric approach to serving students that is anchored in the shared responsibility to build and create conditions for San Diego County children and families to thrive.

Within the County Health and Human Services Agency (HHSA), there is the [Live Well Schools initiative](#) led by the Office of Strategy and Innovation in collaboration with County and external partners, which is part of the broader [Live Well San Diego](#) regional vision to create healthy, safe, and thriving communities. One of the focus areas for Live Well Schools has been working with all 42 school districts in San Diego County to assess their School Wellness Policies to ensure they best promote the health and well-being of students, staff, and the school community. As this work evolves, there is opportunity for the County to recommend data-informed, innovative policies regarding smartphone usage in schools and mitigation strategies as part of these policies.

SUBJECT: SUPPORTING SAN DIEGO’S SCHOOLS WITH SOLUTIONS TO THE YOUTH MENTAL HEALTH CRISIS AND SMARTPHONE ACCESS DURING SCHOOL HOURS (DISTRICTS: ALL)

In 2023, SDCOE and HHSA began exploring opportunities to further strengthen this partnership and align resources and expertise under the Community Schools effort to be more responsive to the needs of the students and families served by both organizations. Included as part of these efforts is the joining of forces to host the annual [Live Well Advance and School Summit](#), a regional gathering of community leaders, school representatives, partner organizations, and County staff who come together to advance key initiatives in addressing community issues including children’s mental health and the impacts of social media. With support from the Alliance Healthcare Foundation, the 2024 conference will feature a plenary session with the lead researcher of *The Anxious Generation*, the New York Times bestseller on teen mental illness and the impacts of the “phone-based childhood,” along with a panel of representatives from various community sectors with calls to action on how to take a community-based approach to this issue.

In addition to the annual conference, on-going opportunities for dialogue will be convened as part of the partnership between SDCOE, HHSA, *Live Well San Diego* partners, and many other key stakeholders, including students and parents. Key to these discussions will be understanding best practice programs and tools available to schools, communities, and families for addressing the epidemic of children’s mental illness and the impacts of social media and smartphones. These convenings can serve as ideal venues for stakeholders to learn more about existing strategies around smartphone use in schools, and how next steps can be identified to fit the specific needs of children and families that may vary across different schools.

Lockable smartphone [pouches](#) are already widely used to securely store smartphones during entertainment performances to prevent unauthorized recordings. District 3’s action to provide grant funds to enable some schools within the district to try lockable smartphone pouches accelerates the exploration of these devices as a solution that might offer the balance between limiting distractions while still permitting access in the event of an emergency as teachers would have the ability to unlock the pouch using an unlocking base.

Today’s Board action will build upon this first step in District 3 by directing the Chief Administrative Officer to collaborate directly with the San Diego County Office of Education (SDCOE) to explore ways the County can leverage its extensive resources to support schools and school districts in their efforts to develop and implement a variety of solutions that address the unrestricted use of smartphones in local educational settings and the growing youth mental health crisis.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today’s proposed action supports the Empower and Community Strategic Initiatives in the County of San Diego’s 2024-2029 Strategic Plan by injecting into the community

SUBJECT: SUPPORTING SAN DIEGO'S SCHOOLS WITH SOLUTIONS TO THE
YOUTH MENTAL HEALTH CRISIS AND SMARTPHONE ACCESS
DURING SCHOOL HOURS (DISTRICTS: ALL)

an innovative solution to address the youth mental health crisis and inviting the participation of school districts as partners in the effort to improve quality of life for San Diego's youth and families.

Respectfully submitted,

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

TERRA LAWSON-REMER
Supervisor, Third District

ATTACHMENT(S)
N/A

FOR IMMEDIATE RELEASE

Tuesday, August 13, 2024

Governor's Press Office: (916) 445-4571

Governor Newsom urges schools to immediately restrict cell phones in the classroom ahead of the new school year

What you need to know: As schools across California welcome students back to campus, Governor Newsom is calling on all schools in the state to immediately restrict cell phone use in classrooms.

SACRAMENTO — In a letter to California schools, Governor Gavin Newsom today called on every school district to restrict smartphone use in classrooms as the new academic year begins. In his letter, the Governor applauds districts that have already implemented cell phone restrictions, like Los Angeles Unified, and reminded education leaders of the mental health, scholastic, and social risks of cell phone use in classrooms.

In 2019, Governor Newsom signed AB 272 (Muratsuchi) into law, which grants school districts the authority to regulate the use of smartphones during school hours. Building on that legislation, he is currently working with the California Legislature to further limit student smartphone use on campuses. In June, the Governor [announced](#) efforts to restrict the use of smartphones during the school day.

A copy of the letter can be found [here](#)



OFFICE OF THE GOVERNOR

August 13, 2024

Dear School Leaders,

As we strive to create the best learning environment for all students this new academic year, I write today to raise an urgent issue that affects their well-being: the pervasive use of smartphones in schools.

Excessive smartphone use among youth is linked to increased anxiety, depression, and other mental health issues. A recent Pew Research Center survey found that 72% of high school and 33% of middle school teachers report cell phone distractions as a major problem. Common Sense Media found that 97% of students use their phones during the school day for a median of 43 minutes. Combined with the U.S. Surgeon General's warning about the risks of social media, it is urgent to provide reasonable guardrails for smartphone use in schools.

As I work with the Legislature to further limit student smartphone use on campus, there is no reason for schools to wait. In 2019, I signed AB 272 (Muratsuchi) into law, which grants school districts the authority to regulate the use of smartphones during school hours. This legislation was a crucial step in our efforts to minimize distractions and foster a more conducive environment for our students to learn. It is imperative that school districts take full advantage of this law to address the growing concerns surrounding student well-being and academic performance.

Leveraging the tools of this law, I urge every school district to act now to restrict smartphone use on campus as we begin the new academic year. The evidence is clear: reducing phone use in class leads to improved concentration, better academic outcomes, and enhanced social interactions. Schools and districts, including Santa Barbara Unified and Bullard High in Fresno, have seen positive impacts of limiting smartphones on campus, with some reporting higher test scores, grades, and student engagement, and less bullying and damage to school facilities. I applaud these districts, and others like LA Unified, for their leadership.

Every classroom should be a place of focus, learning, and growth. Working together, educators, administrators, and parents can create an environment where students are fully engaged in their education, free from the distractions on the phones and pressures of social media. Thank you for your continued dedication to our students and support in making our schools the best they can be.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gavin Newsom', with a long horizontal flourish extending to the right.

Gavin Newsom

FOR IMMEDIATE RELEASE

Friday, August 30, 2024

Governor's Press Office: (916) 445-4571

Governor Newsom unveils updates to state mental health website to track Prop 1 successes

What you need to know: Today, Governor Gavin Newsom unveiled a new slate of accountability tools on mentalhealth.ca.gov to track implementation progress of Proposition 1 and other critical behavioral health initiatives that increase access to care and housing for all, especially the most seriously ill.

[California Governor on X: "When voters passed Proposition 1 in March, we promised transformational change — and now, we're unveiling new accountability tools as we continue our efforts. To track county implementation and other efforts to increase access to care and housing, go to <https://t.co/REersfaQjI> <https://t.co/YNbD0s3Gzq>" / X](#)

Accountability for results

A key to our behavioral health transformation is adding accountability tools. This lets us see real results and better outcomes. And this means accountability from everyone, including:

- state and local entities
- counties and cities
- private and public sectors

Now

Visit state dashboards that track new treatment sites and housing being built:

- [Behavioral Health Continuum Infrastructure Program data dashboards](#)
- [Behavioral Health Bridge Housing](#)

Next

- We're debuting a [new state web page](#) with easy- to- use trackers for county and state progress. This lets you see what's going on in your community.

Future

In 2026-2027, all new mental health plans and reports from counties and state:

- will be based on community input and data,
- will include all funding, and
- will be reviewed by the state for outcomes.



[DHCS Homepage \(ca.gov\)](https://dhcs.ca.gov)

DHCS Streamlining Access to ECM

DHCS is streamlining and improving access to ECM by standardizing referrals and expediting the authorization process. DHCS worked extensively with stakeholders to develop statewide [ECM Referral Standards](#) and an updated [ECM presumptive authorization policy](#) (page 107). For full details on the policy and eligible ECM providers, please see the [updated ECM Policy Guide](#). The standards and policy take effect on January 1, 2025, and MCPs are currently operationalizing the new guidance. This adds to a series of DHCS reforms to streamline access to ECM and Community Supports outlined in the 2023 ECM/Community Supports [Action Plan](#).

Additionally, on October 9, from 11 a.m. to 12 p.m. PDT, DHCS will host an all-comer webinar (advance registration required) to share details on the standards and policy. Webinar registration will be made available online. Stakeholders may also direct questions about the new guidance to CalAIMECMILOS@dhcs.ca.gov.

Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting

On September 12, from 10 a.m. to 2 p.m. PDT, DHCS will host the quarterly MCHAP meeting at 1500 Capitol Avenue, Building 172 in the ABC Training Rooms, or via [public webinar](#). MCHAP advises DHCS on policy and operational issues that affect children in Medi-Cal. The meeting will provide an update on ECM and new benefits, review the AB 2083 Children and Youth System of Care supplementary analysis to the multiyear plan report, and provide a Children and Youth Behavioral Health Initiative update.

Elevate Youth California (EYC) Cohort 6 Standard Track

On August 19, DHCS released a [Request for Applications](#) and encouraged youth-serving community-based and Tribal organizations to apply for up to \$1 million to implement the EYC program over a three-year grant period in low-income, historically under-resourced communities of color. EYC is a statewide program addressing substance use disorder by investing in youth leadership and civic engagement for youth of color and Two-spirit/LGBTQIA+ youth ages 12 to 26 living in communities disproportionately impacted by the war on drugs. For more information and to apply by the September 23, 2024, deadline, please visit the [EYC website](#).

Critical Funding Opportunity Available to Expand Behavioral Health Services

On July 17, DHCS [released](#) the Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1: Launch Ready [Request for Applications](#). Eligible organizations can apply for funding to construct, acquire, and rehabilitate properties for behavioral health services for Medi-Cal members. Interested parties can find application instructions on the [BHCIP website](#) and submit their applications by December 13, 2024. This initiative, part of Proposition 1, seeks to transform California's mental health and substance use disorder systems, providing more comprehensive care for the state's most vulnerable populations. For more information, contact DHCS at BHTinfo@dhcs.ca.gov.



San Diego Schools Expand Mental Health Support with Wellness Coaches

Behavioral Health Ecosystem Infrastructure

Children, Youth & Families

Public Awareness

CYBHI

August 26, 2024

California's Children and Youth Behavioral Health Initiative created a new profession to help fill in gaps and enhance mental health support for youth. Learn more about Wellness Coaches, managed by the California Department of Health Care Access and Information, in this [KPBS story](#).



Children, and Youth Behavioral Health Initiative



September 2024 Newsletter Highlights

Upcoming Events and Funding Opportunities

- **Webinar | CYBHI Quarterly Webinar**
 - Join us for our third quarterly webinar of the year to get an update on the progress CYBHI is making in transforming how California meets the behavioral health needs of our children, youth, and families.
When: September 12, 2024, from 3:00 — 5:00 p.m.
- **Funding Opportunity | Health Careers Exploration Program (HCEP)**
 - A grant program for institutions to support conferences, workshops, or career exploration activities that expose underrepresented and/or disadvantaged students to health careers.
Application Due: October 16, 2024
- **Funding Opportunity | Train New Trainers Primary Care Psychiatry (TNT PCP) Fellowship Scholarship**
 - A scholarship program for primary care physicians who have been accepted into the UC Irvine/UC Davis Train New Trainers Primary Care Psychiatry Fellowship.
 - **Application Due:** October 31, 2024

***Never a Bother's* Suicide Prevention Awareness Month Toolkit**



This September, in acknowledgment of Suicide Prevention Awareness Month, California's *Never a Bother* youth suicide prevention campaign is pleased to provide a **Suicide Prevention Month Toolkit**.



County of San Diego

CAROLINE SMITH
INTERIM DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
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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 29, 2024

TO: Behavioral Health Advisory Board (BHAB)

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

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – September 2024

PROGRAMS AND SERVICES UPDATES

BHS Programs & Services in partnership with other units across the department, designs, develops, and oversees a network of behavioral health services and supports as a health plan, public health entity, and direct service provider. Below are updates on key bodies of work.

East Region Crisis Stabilization Unit

The East Region Crisis Stabilization Unit (CSU) celebrated its groundbreaking on July 18, 2024, and is expected to be completed by the end of 2025. This will be the seventh CSU in the County and the first in East County. CSUs provide immediate mental health support and treatment services in a therapeutic setting to individuals with serious behavioral health needs. They are designed to de-escalate a person's level of distress, prevent or treat a behavioral health crisis, and reduce acute symptoms of a mental health condition or a co-occurring condition. Services are provided on a short-term basis, up to 24-hours, in a client-centered calming environment. In Fiscal Year (FY) 2023-2024, the CSUs had approximately 13,900 admissions; over 85% of those individuals were diverted from hospitalization.

For more information on the CSUs and how to access services visit:

sandiegocounty.gov/content/sdc/hhsa/programs/bhs/csu.html.

Screening to Care

The Board of Supervisors (Board) dedicated American Rescue Plan Act (ARPA) funding to pilot the Screening to Care program, which provides prevention and early intervention supports to middle school students utilizing the Multi-Tiered System of Supports (MTSS) Framework. The Screening to Care program was developed with the goal of universal screenings for middle school students to determine their social-emotional needs and administer prevention and early intervention supports. The behavioral health interventions overlay the MTSS Framework by providing primary supports for schools and classrooms, secondary supports for students that need extra assistance in meeting academic and behavioral goals, and tertiary support for students that require formal and individualized interventions. All participating districts use the mySAEBRS (my Social, Academic, and Emotional Behavior Risk Screener) evidence-based, self-administered, screening tool. School districts independently decided whether they'd require active or passive consent from parents for the

students to complete the screening tool. Active consent (utilized by 4 of the districts) requires a signature to opt into the screening while passive consent (utilized by two of the districts) requires a signature to opt out of the screening. Screening to Care is offered on 39 school campuses.

FY 2023-24 Screening to Care highlights include:

- Over 18,000 screenings completed to determine students' social-emotional needs.
- An estimated 3,090 students engaged in small group programming focused on building social-emotional skills.
- Over 270 students accessed care coordination services to connect them to behavioral health treatment.
- 550 caregiver activities were managed by *promotora* staff with 900 caregivers having received an outreach contact.

In Spring 2024, Screening to Care was nominated and recognized for a National Association of Counties (NACo) Achievement Award in the Health category. This award recognizes outstanding county government programs for innovative approaches to providing new or needed services, improving the administration of existing programs, or promoting intergovernmental cooperation and coordination.

School-Based Incredible Years Programs

The BHS School-Based Incredible Years (IY) programs began in FY 2016-17 to provide screening, early identification, and early intervention to at-risk children in public elementary schools. The six IY contracts were reprocured for FY 2022-23 and provide service across five regions in various school districts, provided by five community-based contractors. The program is designed to promote emotional and social competence and to prevent and reduce emotional problems in children attending Pre-K through 3rd grade. School districts utilized evidence-based social-emotional screening tools, including the SAEBRS, Panorama, and others to assess student needs and provide services using the IY model and curriculum. The BHS School-Based IY programs complete the IY training series, a set of three comprehensive, multifaceted, and developmentally based curricula for parents, teachers, and children. The IY program also utilizes parent-peer partners based on a *promotora* model to increase the engagement of caregivers at school.

BHS School-Based IY highlights for FY 2023-24 include:

- More than 14,400 students were screened.
- An estimated 13,000 students participated in classroom lessons.
- More than 4,000 students participated in small groups.
- Over 1,900 caregivers participated in group education sessions.

Youth Development Academy (YDA)

In October 2020, Governor Newsom signed Senate Bill (SB) 823, which set the path for the eventual closure of the Division of Juvenile Justice (DJJ) by June 30, 2023, and transitioned youth offenders to local county jurisdictions. Under the California Health and Human Services Agency, the newly created Office of Youth and Community Restoration oversees the transition of youth offenders from state to local custody. Through a comprehensive local planning process with BHS, the Probation Department, and several other partners and stakeholders, the various needs of the youth and young adults were examined, and an all-inclusive program was developed. BHS and the Probation Department entered a Memorandum of Understanding (MOU) to provide services which became effective January 2023. BHS provides mental health services inclusive of assessments, individual treatment, family engagement and therapy, group therapy, psychiatric assessment, and medication management, as clinically indicated.

Examples of the innovative approaches to group therapy include the Dress for Success therapeutic group and the Self-Portrait Art Therapy Group. The Dress for Success therapeutic group aims to empower young men seeking to rewrite their narratives by instilling valuable life skills, fostering cultural awareness, and nurturing self-confidence. This program equips participants with tools needed to succeed both within and beyond the confines of the facility, using the transformative power of dressing for success to help these youths change their futures. The Self-Portrait Art Therapy Group centers around fostering self-expression and self-reflection through the creation of symbolic self-portraits. This group has proven to be a valuable tool in promoting emotional well-being, enhancing self-perception, and refining interpersonal skills, leading to positive outcomes for participants.

YDA highlights for FY 2023-24 includes:

- The Stabilization, Treatment, Assessment, and Transition (STAT) team provided over 203,000 minutes of mental health services to 81 unduplicated youth in the program. Mental health services included individual, family, and group treatment sessions, case management, and medication management and assessment.

Next Move Youth Outpatient Services

The Health and Human Services Agency (HHSA) and Public Safety Group (PSG) have a well-established history of collaborative engagement in addressing the unique needs of justice-involved youth. Within this context, BHS and the Probation Department have worked in tandem within detention facilities to provide comprehensive care to the youth. Over the years, program offerings, service models, and staffing configurations have undergone iterative adjustments to align with evolving regulatory frameworks, mandates, philosophical shifts, and the ever-changing requirements of our clientele.

Through the CalAIM Justice-Involved initiative, and as mandated in Assembly Bill (AB) 133, the State's Department of Health Care Services (DHCS) will require state prisons, county jails, youth correctional facilities, county behavioral health agencies, and Medi-Cal Managed Care Plans (MCPs) to implement processes for facilitated referrals and linkages to continue behavioral health treatment in the community for individuals who receive behavioral health services while incarcerated. Specifically, behavioral health linkages will include referrals for justice-involved individuals to the appropriate Medi-Cal delivery systems post-release.

Due to this legislative change, effective October 1, 2024, the BHS Juvenile Forensic Services (JFS) STAT Team will begin transitioning to community care settings, offering outpatient care to align with the mandate. This transition will require the provision of outpatient mental health services to youth leaving the detention facility. The new outpatient treatment program, called *Next Move*, will serve youth county-wide. The transition of the BHS team will be implemented in stages to ensure continuous clinical care for youth while the Probation Department onboards a new provider for the institutions.

All County Letter (ACL) 24-35

On July 12, 2024 the California Department of Social Services (CDSS) issued ACL 24-35 that informs county child welfare agencies (CWA), juvenile probation departments (JPD), Tribes with a Title IV-E Agreement with the state, and county mental health plans (MHP) that there is no longer a requirement for CWAs and JPDs to conduct a mental health screening for the purpose of determining whether to refer a child or youth to MHPs. In lieu of the required mental health screening, CWAs and JPDs must submit referrals to the appropriate MHPs for all children and youth within three business days of opening a child welfare case or juvenile probation placement case, and on an ongoing basis, as determined necessary by the Child and Family Team (CFT) and as informed by the Child Adolescent Needs and Strengths (CANS) tool. The departments are in dialogue on how to implement this shift

and ensure access to care with recognition that although current pathways to care exists, review and optimization of workflow will promote service connections.

Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP)

BHS implemented two new levels of care for children and youth, effective January 1, 2024. San Diego Center for Children was awarded contracts for both Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP). IOP offers diagnostic and clinical treatment services in a time-limited (approximately six to eight weeks), structured, and therapeutic environment with the goal of stabilization, skill building, and medication management. The modality of service offered is a Day Intensive Half (DIH) program for children/youth ages 13-18 who live at home and need more mental health support than weekly outpatient therapy. Services are three days per week after school hours. Referrals will be primarily from outpatient providers when intensive services are needed; Partial Hospitalization Program (PHP) as a step-down plan with a slower transition; Emergency Screening Unit (ESU) to prevent inpatient hospitalization; and/or residential programs or inpatient hospitals as a recommended step down from acute setting.

PHP is a non-24-hour, time-limited (approximately two to three weeks) treatment program that is hospital-based or community-based, in a structured setting. PHP offers diagnostic and clinical treatment services in a therapeutic environment with the goal of stabilization, skill building, and medication management. The modality of service offered is a Day Intensive Full (DIF) program, Monday to Friday, inclusive of educational instruction for children/youth ages 13-18 who would benefit from a structured full day program.

Community Response Guide & Online Mandated Reporter System

BHS outpatient children's programs were invited to participate in piloting Child and Family Well-Being's (CFWB) Community Response Guide. The Community Response Guide is a web-based decision support tool that provides guidance to mandated reporters and concerned residents about thresholds for reporting and alternative supports. The tool was designed through a data-driven workgroup process in collaboration with BHS. The guide does not change or replace reporting requirements but supports providers in applying laws and statutes more consistently. Pilot testing of the tool is taking place through both vignette and field testing from July 8, 2024 - August 9, 2024. CFWB initiated an online mandated reporter system to give mandated reporters the ability to file non-emergent reports via a secure and encrypted website. The system is live and mandated reporters can create an online account through the website. The overall impact of the new system intends to streamline reporting and reduce wait times for urgent reports. The system creates efficiencies for mandated reporters and addresses reports of suspected child abuse or neglect.

For more information on Reporting Child Abuse or Neglect, visit:

sandiegocounty.gov/content/sdc/hhsa/programs/cs/child_welfare_services/child_abuse_hot_line.html

Faith-Based Behavioral Health Training and Education Academy and Community Education

BHS awarded two new contracts to Interfaith Community Services, in the North Inland Region, and Stepping Higher Inc, in the Central Region for Faith-Based Behavioral Health Training and Education Academy (FBBHEA) and Community Education. These contracts provide training and education for BHS System of Care providers and the community to increase awareness and understanding of faith-based approaches to addressing behavioral health. FBBHEAs facilitate behavioral health awareness and connection to local resources within communities.

San Diego County Clubhouses

BHS had the pleasure of hosting representatives from Colusa County Behavioral Health Services for a tour of our local Clubhouse programs on August 6th and 7th, 2024. The Colusa County

representatives traveled to San Diego to enhance their understanding of the Clubhouse model and how the programs receive accreditation through Clubhouse International. BHS contracts with 10 sites to provide Clubhouse services. These sites are a meeting place for adults with behavioral health conditions that provide a safe setting for members to participate in and find support among peers who share similar lived experiences. With assistance from program staff, members work together in the daily operations of the Clubhouse and can receive assistance with a wide array of supports while building confidence and community through participation in social and recreational activities.

Permanent Support Housing

Permanent Supportive Housing (PSH) is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities. Through different Housing Programs BHS supports approximately 40 developments with more in process in the coming years. Attachment A provides an overview of PSH units. Several PSH efforts are highlighted below.

Behavioral Health Support Services and Permanent Supportive Housing

BHS, in collaboration with the San Diego Housing Commission (SDHC), provides behavioral health supportive services and PSH to residents at SDHC properties. Current properties and services include Kearny Vista and Valley Vista. Established November 2001 in Kearny Mesa, Kearny Vista provides 142 housing units. Valley Vista, established in January 2022, located in Mission Valley, provides 190 housing units. Upcoming projects will add 75 additional units. Pacific Village, located in the Midway District, will provide 62 units. Abbott Wakeland, located in Ocean Beach, will provide 13 units. Presidio Palms is currently in procurement. Slated to begin in December 2024, Presidio Palms will provide 163 units in Mission Valley. In all, there will be 570 PSH units in partnership with SDHC.

Residents are matched through the Coordinated Entry System and must have a verified disabling condition, whether it be mental, physical health, or substance use related. About 30% of Kearny Vista and Valley Vista residents had three or more disabling conditions in FY 2023-24. All residents have access to voluntary supportive services, which include outreach and engagement, case management, crisis intervention, housing stabilization, and care coordination with behavioral health and other social services. In FY 2023-24, Kearny Vista provided services to 191 unduplicated residents, and 95% of individuals received case management services. In the same fiscal year, Valley Vista provided services to 202 unduplicated residents, and 99% of individuals received case management services.

The partnership between BHS, SDHC, and their contracted providers focuses on developing best practices for staff training and fostering safe, supportive communities. Our goal is to ensure that residents receive comprehensive support to achieve housing stability and improved health outcomes.

No Place Like Home (NPLH)

Five new NPLH PSH buildings are scheduled to open, with four currently in the leasing phase. These developments will increase housing capacity by adding 122 supportive housing units designated for behavioral health clients. Many of these units will be offered to individuals transitioning from homelessness, providing them with the opportunity to have their own apartment. Comprehensive housing support services will be available to all residents to ensure they maintain housing stability.

Substance Use (SU) Residential Treatment Programs

Starting last fiscal year, the County transitioned to a fee-for-service (FFS) model as part of the State's behavioral health payment reform initiative. This shift in payment structures is designed to help support system capacity and more optimized service delivery. Several SU residential programs, both adult and perinatal, were recently procured resulting in expanded capacity, additional levels of care,

and the ability to serve clients with complex clinical conditions. As part of the re-established SU providers meeting series, residential program and BHS staff meet bi-monthly and annually in a combined SU provider meeting to allow for information sharing, provider engagement, and problem-solving.

SU residential programs continue to evolve with a focus on community-based programming designed to address a wide range of needs with a particular focus on recuperative care. This aligns with BHS' commitment to integrating different levels of care with SU services to provide comprehensive support tailored to the diverse needs of the community and individual clients, with the objective of fostering better health outcomes and sustainable recovery pathways.

Short-Term Residential Treatment Providers (STRTP): Assembly Bill 1051

Assembly Bill (AB) 1299 (Ridley-Thomas, Chapter 603, Statutes of 2016) established presumptive transfer as the prompt transfer of responsibility for the provision of arranging and payment for specialty mental health services (SMHS) from the county of original jurisdiction to the county in which the foster child/youth reside. Effective July 1, 2024, AB 1051 modified the requirements for presumptive transfer and clarified the responsibility of the MHP in the county of original jurisdiction for providing, arranging, and/or paying for SMHS provided to youth placed in applicable out-of-county residential settings (i.e., Group Homes, STRTPs, Community Treatment Facility (CTFs) and Crisis Residential settings).

To comply with this new system implementation, BHS is working collaboratively with the local CFWB team and Probation Department, as well as other counties, out-of-county (OOC) departments and providers. This approach allows for the establishment of agreements directly with OOC STRTP providers for individual youth placements, when applicable, as well as with other county MHPs for broader county-to-county agreements or MOUs. Both options allow for the county of jurisdiction to reimburse for Specialty Mental Health Services (SMHS) in the county of residence where the foster youth is placed in one of the identified residential placements, per the mandate. Additional information on presumptive transfer and AB 1051 can be found in the June 2024 DHCS All County Letter (ACL) NO. 24-43/ Behavioral Health Information Notice (BHIN) NO. 24-025 and at the links below.

- California Department of Social Services-Presumptive Transfer: cdss.ca.gov/inforesources/foster-care/presumptive-transfer
- BHIN 24-025 ACL Presumptive Transfer: dhcs.ca.gov/Documents/BHIN%2024-025-ACL%2024-43%20Presumptive%20Transfer%20Policy.pdf
- DHCS-Assembly Bill (AB) 1299: dhcs.ca.gov/services/MH/Pages/Out_of_County.aspx
- Assembly Bill (AB) 1051: leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1051

Long-Term Care Continuum

In alignment with the County's Optimal Care Pathways model (OCP), and in anticipation of SB-43 implementation, BHS continues to pursue opportunities to increase capacity for step-down beds from acute care settings to facilitate clinically appropriate care transitions for clients with complex and co-occurring needs. Currently, planning is underway to renovate the Substance Use Residential & Treatment Services (SURTS) facility located in National City, which will add new residential substance use beds and recuperative care beds to the continuum.

In July 2024, BHS was preliminarily awarded \$12.4M in Round 3 Behavioral Health Bridge Housing (BHBH) grant funding for facility improvements and services specific to the new recuperative care services within SURTS, and BHS will seek authority to accept the funds from the Board of Supervisors later this calendar year. Additionally, as approved by the Board on July 16, 2024, Minute Order (MO) No.22, BHS will pursue additional Proposition 1 Behavioral Health Continuum Infrastructure Program

(BHCIP) Round 1 grant funding to support the remaining costs for renovations within for the SURTS facility.

The efforts to increase step down capacity supports the optimization of resources across the system and ensures that clients receive the appropriate level of care in a timely manner. BHS also continues to explore opportunities to increase access to withdrawal management (WM) and Medication-Assisted Treatment (MAT) services within other long-term care areas, further broadening the scope of support for individuals in need.

Children's Crisis Continuum Pilot Program

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

BHS, in collaboration with the County's CFWB and Probation Department, is working to initiate several new services as part of the pilot program, including care coordination services to include linkages to resources and ease of transition of services across levels of care, including to the Children's Crisis Residential Program. The Children's Crisis Residential Program is currently under development with services expected to launch within the next year. This new level of care is anticipated to consist of 16 Crisis Residential beds, four of which will be dedicated to serve identified participants of the Children's Crisis Continuum Pilot Program (CCCPP).

This new service line will be DHCS Medi-Cal certified and licensed by the CDSS. The program will operate seven days a week, 24 hours a day and will serve clients ages 12-18 years old who have Medi-Cal or are uninsured, who are experiencing an acute mental health crisis, and would benefit from crisis services as an alternative to psychiatric hospitalization, re-hospitalization, or a step-down from acute inpatient care. Length of stay will be 10 days or fewer. This program will include strong collaborations with the CFWB Department as well as partnerships with the County Probation Department and San Diego Regional Centers. Additional goals of the program will focus on improving the mental health and behavioral functioning of clients by stabilizing acute crisis symptoms before transitioning to a lower level of care. Additionally, as approved by the Board of Supervisors on July 16, 2024 MO 22, BHS will pursue Proposition 1 Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1 grant funding to support the facility improvements required to operationalize the 16 new crisis residential beds.

BHS SPECIAL EVENTS & ANNOUNCEMENTS

National Recovery Month – Community Update

This year, BHS embarks on an exciting new direction for National Recovery Month, utilizing our online platforms to offer information, resources, and spotlights on the recovery journey. This new approach is in lieu of the one-day National Recovery Month celebration, held last year at the Waterfront Park. Instead, BHS hopes by leveraging these platforms we can expand opportunities throughout the month for the recovery community to come together in celebration.

BHS invites you to get involved and bring San Diego's recovery community together in the following ways:

1. **Host a Recovery Day of Service Event:** Mobilize Recovery Day of Service is a constellation of connected public service events taking place nationally during September and October, harnessing the power of people in recovery and their allies for positive change in their communities. Be the first to add an event in San Diego! For more information and FAQs check out the Day of Service Toolkit.

To learn more about Mobilize Recovery Day of Service and see Day of Service Toolkit resources:

- Mobilize Recovery Day of Service: <https://www.recoverydayofservice.org/events>
- Day of Service Toolkit: <https://www.recoverydayofservice.org/toolkit>

2. **Add your event to our shared calendar:** BHS is launching a shared calendar of events for the recovery community from August through October.

To add an event to the BHS shared calendar, submit via BHS National Recovery Month Activities Online Form:

- <https://app.smartsheet.com/b/form/bb249879251e4a19a36a35620582fa32>

3. **Invite BHS to your event** using the BHS Community Request Form! *(Please note, all requests should be made with a minimum 2–4 week advance notice).*

BHS Community Request Form:

- <https://app.smartsheet.com/b/form/7e7b445a0deb41abbbf8237a3aadf7f2>

BHS can participate in the following ways:

- Outreach/Tabling – Request BHS staff to attend your event and engage with the attendees to share resources and information.
- Presentation/Speaker – BHS staff can provide presentations on various behavioral health topics.

4. **Submit a spotlight story** about an individual or organization. BHS will highlight stories of individuals and organizations throughout the year to share the community's resilience and spectrum of recovery journeys.

- Individual Stories: If you or a loved one has lived experience with recovery and a story that you'd like to share, let us know.
- Organizations: Nominate an organization providing outstanding service in the recovery field.

To share a spotlight story and/or nominate an organization, submit via BHS National Recovery Month Activities online form:

- <https://app.smartsheet.com/b/form/bb249879251e4a19a36a35620582fa32>

5. **Promote and share your materials** and/or resources for our National Recovery Month online toolkit. This toolkit will include information, resources, and ways to stay engaged throughout National Recovery Month. Please e-mail Engage.BHS@sdcounty.ca.gov with any handouts, flyers, and links that you would like to add to the online toolkit.

Stay tuned, as BHS plans to pilot future workshops, collaborating with members of the recovery community to uplift the voices of those impacted by substance use through unique and creative ways. A follow-up message will be issued to announce the launch of the National Recovery Month online toolkit and shared calendar.

September 2024

If you have any questions, please e-mail BHS at Engage.BHS@sdcounty.ca.gov.

To stay connected on topics such as substance misuse, overdose prevention, or recovery activities, sign up for the BHS National Recovery Month Activities Email List:

<https://app.smartsheet.com/b/form/bb249879251e4a19a36a35620582fa32>

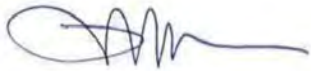
15th Annual Early Childhood Mental Health Conference - We Can't Wait!

BHS in partnership with Early Childhood stakeholders, will host the 15th Annual Early Childhood Mental Health Conference-We Can't Wait! on September 26 and 27, 2024. This hybrid event will be held at the Sheraton San Diego Hotel and Marina.

To learn more and register for the 15th Annual Early Childhood Mental Health Conference:

- Conference Details: <https://www.earlychildhoodmentalhealth-sandiego.com/>
- Register: <https://na.eventscloud.com/ereg/newreg.php?eventid=801093&>

Respectfully submitted,



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

c: Caroline Smith, Interim Deputy Chief Administrative Officer
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

**County of San Diego Health and Human Services Agency, Behavioral Health Services
Permanent Supportive Housing Overview**

Development	Housing Program	City	Number of Permanent Supportive Housing Units
15th & Commercial	Mental Health Services Act	San Diego	25
34 th Street	Mental Health Services Act	San Diego	5
Atmosphere	Mental Health Services Act	San Diego	31
Cedar Gateway	Mental Health Services Act	San Diego	23
Celadon	Mental Health Services Act	San Diego	25
Churchill	Mental Health Services Act	San Diego	16
Citronica One	Mental Health Services Act	Lemon Grove	15
Citronica Two	Mental Health Services Act	Lemon Grove	10
Connections Housing	Mental Health Services Act	San Diego	7
Mission Cove	Mental Health Services Act	Oceanside	9
Parkview	Mental Health Services Act	San Diego	14
Paseo at Comm22	Mental Health Services Act	San Diego	13
The Mason	Mental Health Services Act	San Diego	16
Tavarua Senior Apartments	Mental Health Services Act	Carlsbad	10
Benson Place	Special Needs Housing Program	San Diego	25
Ivy Senior Apartments	Special Needs Housing Program	San Diego	7
New Palace Hotel	Special Needs Housing Program	San Diego	16
Post 310	Special Needs Housing Program	San Diego	10
Quality Inn	Special Needs Housing Program	San Diego	25
The Beacon Apartments	Special Needs Housing Program	San Diego	22
Trinity Place	Special Needs Housing Program	San Diego	18
Villa Serena	Special Needs Housing Program	San Marcos	8
Parker-Kier	Service-Only	San Diego	22
San Ysidro Senior Village	Service-Only	San Ysidro	12
West Park Inn	Service-Only	San Diego	23
Casa Anita	No Place Like Home	Chula Vista	24
El Cerrito*	No Place Like Home	San Diego	17
Greenbrier Village Apartments*	No Place Like Home	Oceanside	29
Milejo Village	No Place Like Home	San Ysidro	25
Nestor Senior Village*	No Place Like Home	San Diego	35
Santa Fe Senior Village*	No Place Like Home	Vista	25
Southwest Village Apartments*	No Place Like Home	San Diego	16
St. Theresa of Calcutta Villa	No Place Like Home	San Diego	60
Valley Senior Village	No Place Like Home	Escondido	24
Windsor Pointe	No Place Like Home	Carlsbad	24
Kearny Vista	Homekey	San Diego	142
Valley Vista	Homekey	San Diego	190
Pacific Village*	Homekey	San Diego	62
Abbott Wakeland*	Homekey	San Diego	13
Total Number of Developments	39	Total Number of Permanent Supportive Housing Units	1,093

*Housing developments have not opened but are in the leasing process.



Birth of Brilliance

A Legacy of Healing

Save The Date

Registration opens Dec 1, 2024

Birth of Brilliance
is Turning 5!!!

Do you want to be a presenter
at our 5th Annual event?

Email:

birthofbrilliance@gmail.com

Virtual Conference 02/27/2025

Early Bird Registration.....	\$99
Early Bird with CEs.....	\$115
Early Bird with In-person Cultural Fair.....	\$119
Early Bird with CEs and In-person Cultural Fair.....	\$130

In-person Cultural Fair 2/28/2025

Cultural Fair ONLY \$20 online (\$25 @ the door)

When: Friday, Feb 28th, 2025, 5:00-8:00pm (PST)

Where: The BRICK, 2863 Historic Decatur Rd, San Diego, CA 92106

What: Local BIPOC vendors, performances, music, food
and dancing!!

Become A Sponsor!

Sponsorship levels above \$1500 include discounted
agency/member registration. Reach out if interested!

www.birthofbrilliance.com

www.birthofbrilliance.com | birthofbrilliance@gmail.com | QR Code: BoB 2021-2024 Memories



Introduction to Enhanced Care Management (ECM) and Community Supports (CS)

Janelle Battaglia, LCSW, San Diego Center for Children

Chelsea Prout, LCSW, San Diego Center for Children

Cristobal Hernandez, Psy.D, MBA, MAOB

Michael Hammell, MPH, Community Research Foundation

Jessica Rosenbaum, MSW, MBA, Full Circle Health Network

Egypt Davis-Evans, Full Circle Health Network

A Trusted Resource in the Community

- establishment in 1887, San Diego's oldest children's non-profit
- comprehensive services for children struggling with mental, emotional, and/or behavioral disorders and their families.
- 8 program sites (anchored by a 12-acre main campus) serving over 1,000 at-risk and underserved individuals every day.
- Comprehensive continuum of services from outpatient to Residential.

Learn more at CenterforChildren.org



- At Fred Finch Youth & Family Services, we extend unconditional care, support, and opportunity to children, youth, young adults, and their families facing intricate challenges. These challenges may include mental or emotional impairment, developmental disability, early trauma and abuse, substance use, poverty, exclusion, discrimination, and stigma.
- Services include ECM, Mental Health Treatment, Housing, Young Adult Services, RTC, NPS and School-based Services.
- Currently provides ECM in Santa Clara, Alameda, San Diego, and Imperial County (soon).

- 35 programs located throughout all regions of San Diego County that serve adults and youth with serious mental illness as well as individuals and families with co-occurring conditions such as substance use and Intellectual and developmental disabilities (IDD).
- Our programs serving children, adolescents, and their families are family-centered and based upon the wraparound philosophy working closely with community partners to support family stability and well-being, healthy development, academic success, transition into adulthood, and community connectedness.
- CRF has two Enhanced Care Management programs, one being dedicated to children, adolescents, and their families.



Full Circle Health Network is an integrated network of nonprofit, nationally accredited providers delivering coordinated, community-based services to vulnerable children, individuals and families across California.

Full Circle exists to ensure more Californians can access culturally congruent and trauma-informed care from a high-quality network of community-based organizations that address their whole-person and whole-family needs.

Introductions: San Diego Managed Care MediCal (MCP) Partners





CalAIM is a long-term commitment to transform and strengthen Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory.

CalAIM Goals



Implement a whole-person care approach and address social drivers of health.

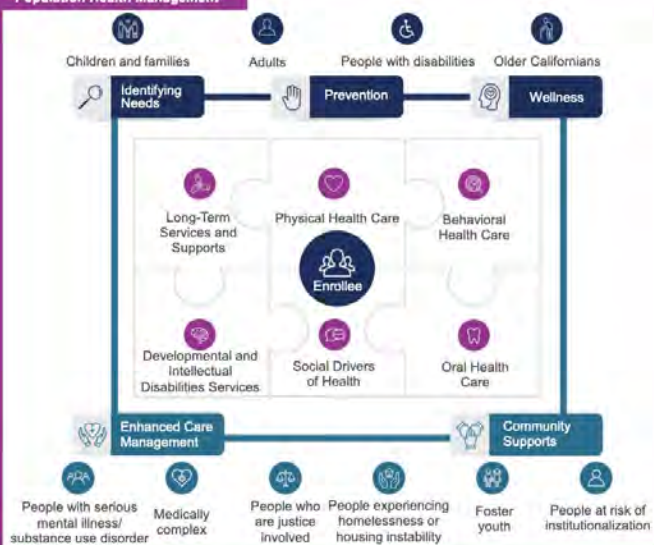


Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



Create a consistent, efficient, and seamless Medi-Cal system.

Population Health Management



CalAIM Overview

Dept of Healthcare Service's bold **5-year initiative** to transform the MediCal system by shifting the role of managed care plans from being simply a payer for services to an **integrator of a member's medical, behavioral, and social needs**. ECM is a whole person care approach.

What does this mean in practical terms?

1. Benefits and services are expanding, with new programs at the state level, including ECM and CS.
2. Managed care MediCal plans are partnering with community-based organizations.
3. Many of the youth we serve will have access to more services.

What is ECM?

- 1 ECM is an opportunity for change**
- 2 Enhanced care management is a care coordination benefit under CalAim that launched in January 2022 for adults and July 2023 for children**
- 3 The target utilizers are populations with high needs, where social and emotional conditions have a profound impact on healthy development**
- 4 The goal of ECM is to align the multiple systems serving children in partnership with their families and caregivers**

What is Whole Person Care

Whole person care is a patient centered approach to healthcare, that delivers physical, behavioral, emotional, and social services required to improve care coordination, and health outcomes. It acknowledges that health outcomes depend on the intersection of many different factors.



What Do ECM Services Look Like?



Identify the Problem

Through the assessment tool identify what systems, issues, concerns the family is experiencing.



Link to Services

If they don't have supports, resources, or services that address those needs, link them to services.



Coordinate Care

Schedule monthly care coordination meetings accross all systems of care so all providers and the family know what is happening.

Who Can Receive ECM Services?

- **Enhanced Care Management** is a whole person, interdisciplinary approach to comprehensive case management that addresses the **clinical and non-clinical** needs of high-cost, high need managed care members through systematic coordination of services that is **community-based, interdisciplinary, high-touch and person-centered**.
- **Children and Youth Populations of Focus (defined as under the age of 21 in ECM)**
 1. Homeless Families or Unaccompanied Children and Youth Experiencing Homelessness
 2. Children and Youth at Risk of Avoidable Hospitalization or ED Utilization
 3. Children and Youth with Serious Mental Health and/or SUD needs
 4. Children and Youth Transitioning from Youth Correctional Facility
 5. Children and Youth Enrolled in CSS or CCS WCM with Additional Needs
 6. Children and Youth Involved in Child Welfare
 7. Birth Equity (Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes)

Homelessness

- **Link to Services**

- Housing navigation services

- Housing and tenancy sustaining services

- Housing deposits

- **Coordinate Care**

- Gather authorizations

- Schedule appointments

- Help fill out forms

At Risk for Avoidable Hospitalization/ED use

- **Link to Services**

- Therapy

- Medical Care

- SUD treatment

- **Coordinate Care**

- Lead monthly/quarterly care coordination meetings

SMH/ SUD Needs

- **Link to Services**

Outpatient or higher levels of care

Education

Perscriptions

- **Coordination of Care**

Monthly/Quarterly care coordination meetings

CCS/ Child Welfare/ Foster Care

- **Link to Services**

- Access to food

- Access to health care

- Access to transportation

- Recent interaction with law enforcement

- IEP/ Homework help

- **Coordination of Care**

- Monthly/Quarterly Coordination of Care meeting

Pregnancy/Postpartum

- **Link to Services**

- OB/GYN

- PCP

- Education

- Housing

- **Coordination of Care**

- Monthly/Quarterly Care Coordination Meeting

Expectations of the Lead Care Manager



Meet the member where they are.



Maintain regular communication with family and care team



Help with access to care, ensure consistency, integration, and accessibility



Help members follow their treatment plans



Monitoring referrals and needed services and supports



Facilitating Transitions

What Are Community Supports (CS)?

Community Supports are services that help address members' health-related social needs, help them live healthier lives, and avoid higher, costlier levels of care. These include:

- Support to **secure and maintain housing**.
- Access to **medically tailored meals** to support short term recovery.
- Respite Services
- Asthma Remediation

These services are available to eligible Medi-Cal members regardless of whether they qualify for ECM services. All Medi-Cal managed care plans (MCPs) are encouraged to offer as many of the 14 pre-approved Community Supports as possible.

Part of what an LCM can help with is accessing CS services. If a member isn't receiving ECM, they can still contact their MCP to find out what CS services they may qualify for and what is available through their health plan.

How Can you Refer Youth and Families to ECM?

- Anyone can refer – parents, community providers, members, etc.
- The member must be enrolled in an MCP and the MCP determines if the member is eligible for ECM/CS.

2 Referral Options:

1. [Universal Referral Form](#) which can be sent to any managed care plan by a referral source.
2. **Refer to an ECM Provider Directly** and we will seek authorization for the member.

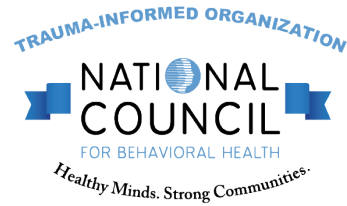
Health Plan	Secure Email Address	Secure Fax Number
Blue Shield Promise Health Plan	ECM@blueshieldca.com	N/A
Community Health Group	ECM-CS@chgsd.com	1-800-870-8781
Kaiser Permanente	RegCareCoordCaseMgmt@KP.org	866-551-9619
Molina Healthcare	MHC_ECM@MolinaHealthCare.com	N/A

Important Contact Information for ECM Providers

Organization	ECM Web Page	Referral Form	Contact Info
San Diego Center for Children	https://www.centerforchildren.org/our-services/wraparound/enhanced-care-management/	ECM External Referral Form	Chelsea Prout: cprout@centerforchildren.org
Fred Finch Youth and Family Services	https://www.fredfinch.org/enhancedcaremanagement		CARESECM@FredFinch.org
Community Research Foundation	https://www.crfbehavioralhealthcare.org/services/enhanced-care-management/	CRF ECM Referral Form	Healthy Connect Youth Services - 619-874-0600 Healthy Connect Adult Services - 619-507-9333 HealthyConnectReferrals@comresearch.org

Q and A with Providers and Health Plans

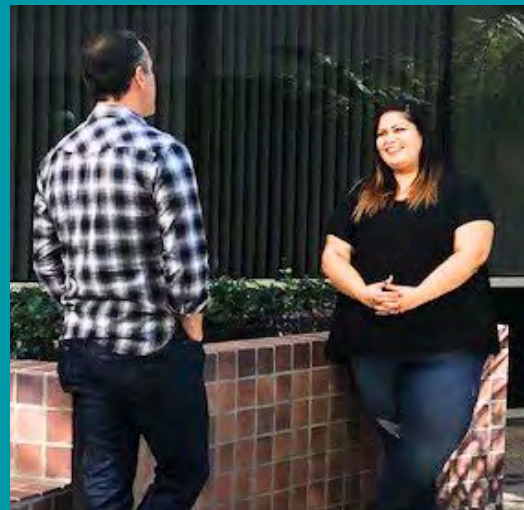
Our Accreditations



COMMUNITY ADVOCACY TRAINING!

Telling Your Story!

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



September 12, 2024
2:00 PM- 4:00 PM



Use QR code, or click on date to register in advance





Community Advocacy Program

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!

Upcoming Training:
Monday September 16th
2:00 PM - 3:30 PM



9/16/24



RSVP by clicking on a date or scanning the QR code



National Alliance on Mental Illness

nami

San Diego and
Imperial Counties

*FAMILY VOICE MEETINGS PROUDLY BRINGS YOU THE MAGIC
OF NEURODIVERSITY GIFTS!*

***COME ALONG FOR A MIND-BENDING JOURNEY INTO THE
WORLD OF NEURODIVERSITY! WHAT IF MENTAL HEALTH
QUIRKS WERE SEEN AS SUPERPOWERS? DISCOVER A NEW
PERSPECTIVE GUIDED BY THE AMAZING JOSH, FROM SOUTH
AFRICA WITH A BIPOLAR 1 SUPERPOWER!***

***GET READY TO HAVE YOUR MIND BLOWN ON SEPTEMBER
19TH AT 11:00 AM VIA ZOOM. DON'T MISS OUT - REGISTER
NOW AND LET'S DIVE INTO THIS MIND-BOGGLING
ADVENTURE TOGETHER!***

***THIS MEETING WILL BE HELD VIA ZOOM ON SEPTEMBER 19TH AT 11:00 AM. REGISTRATION IS
REQUIRED VIA ZOOM. CAN'T WAIT TO SEE YOU THERE!***

REGISTER NOW

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



**LIVE WELL
SAN DIEGO**
LIVEWELLSD.ORG

Family Sector Meeting



BECOME A SEAT MEMBER

Inviting all youth ages (16-26) and caregivers of youth who are part of the mental health and substance use community to join our Family Sector as a seat member.

[Sign Up](#)

5

Ways to Participate in National Recovery Month



1



Host a Recovery Day of Service Event

Championed nationally by [Mobilize Recovery](#), Day of Service Events are a series of public service events held every September and October focused on harnessing the power of people in recovery and their allies. Events encourage connection while simultaneously promoting positive change and hope within communities. Host an event and [add it here!](#)

2



Submit a Spotlight Story

[Submit a recovery spotlight story](#) about an individual with lived experience or an organization doing tremendous work that made a difference in your recovery journey. BHS will highlight stories of individuals and organizations throughout the year to share the community's resilience and spectrum of recovery journeys.

3



Add your event to the Recovery Calendar

Learn about upcoming events for the recovery community happening this August through October 2024.

Add your event here or visit bit.ly/NationalRecoveryMonthSD

4



Collaborate with BHS

Use the [BHS Community Request Form](#) to invite us to your event! BHS can participate in the following ways:

- Outreach/Tabling
- Presentation/Speaker

Scan me to take action now!

5



Share your materials with us

Email Engage.BHS@sdcounty.ca.gov with any handouts, flyers, and links you would like to add to this year's Online Toolkit. The toolkit will be [posted to our website](#) in the coming weeks.

Please sign up for our [distribution list](#) to receive updates.



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15th Annual Early Childhood Mental Health Conference – We Can't Wait

September 26-27, 2024

We Don't Wait – Nurturing and Healing in Action

Hybrid Event – Attend Live or via Zoom
Sheraton San Diego Hotel and Marina

Keynote Sessions

- **Family Engagement in Early Mental Health Services**
Rahil Briggs, PsyD, National Director of Zero to Three's HealthySteps Pediatric Primary Care Program, and Clinical Professor of Pediatrics, Psychiatry and Behavioral Services at Albert Einstein College of Medicine
- **Systems Perspectives in Early Childhood Mental Health Services**
Richard Knecht, MS, Managing Partner at the Integrated Human Services Group, LLC, providing leadership, strategic planning and training to public and private healthcare and human service systems nationwide
- **Where We Were and Where We Are Now: A 15-Year Perspective.**
Jeff Rowe, MD, Child and Adolescent Psychiatrist and Pradeep Gidwani, MD, MPH, FAAP, Pediatrician and Community Health Leader
- **Building Relationships Within and Between Systems – Panel Discussion**
Lily Valmidiano, MPH, CHES, Amy Zeitz, LCSW, Miriah de Matos, MA, MPH, and Ariane Porras, SEP

Exhibit Opportunities Available

**CME / CE Up to 16 Contact Hours
At No Extra Charge**

Thanks to SD County Behavioral Health!

Target Audience: Professionals involved in providing assessment, treatment, education, support, and advocacy for children and families. Attendees will include psychiatrists, pediatricians, marriage family therapists, social workers, psychologists, mental health workers, substance abuse and addiction professionals, counselors and case managers, nurses, OT/PT, teachers, educators, child welfare workers, early childhood education providers, childcare specialists, mental health administrators and other healthcare and educational providers.

Join us!

Register Today! Visit: www.earlychildhoodmentalhealth-sandiego.com



LIVE WELL
SAN DIEGO

LIVE WELL ADVANCE CONFERENCE & SCHOOL SUMMIT

Creating Healthy, Safe, and Thriving Communities Together

Ripples of Change: The Power of Partnerships



SAVE THE DATE!

Thursday, November 21, 2024
San Diego Convention Center
8:00 am - 5:00 pm

Enjoy a meaningful day connecting with thousands of partners and colleagues who are creating ripples of change in our region. We invite you to join us this year as an exhibitor, sponsor, or attendee!

Participant Registration and Exhibitor Application Open Fall 2024

Sponsorship opportunities are available.

Please contact sponsorship coordinator: Gabriel.Gutierrez@sdcounty.ca.gov

LiveWellSD.org/Advance

Stay up-to-date, sign-up for our monthly newsletter: LiveWellSD.org/news