

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

MEETING AGENDA

June 8, 2020 – 9:00-10:30 A.M.

[Meeting Link](#)

- | | |
|--|-------------------|
| I. Welcome (Dori Gilbert) | 2 minutes |
| II. Approval of Minutes (Minola Clark Manson) | 3 minutes |
| <ul style="list-style-type: none"> March 9, 2020 minutes-Handout-Pages 3-9 Action Items from March 9, 2020-See meeting minutes for completed action items | |
| III. Business Items (Yael Koenig) | 10 minutes |
| <ul style="list-style-type: none"> Demonstrations and protests about racism across the nation Format of future meetings CYF Council Annual Orientation scheduled for July 13, 2020-Handout-Page 33 CYF Council Co-Chair and membership rotation Juvenile Health and Justice Symposium (March 17, 2020)-Postponed due to COVID-19 Mental Health Student Services Act Grant-Handout-Page 10 Bill Stewart appointed as the Southern California representative for the Governing Board of the California Association of Local Behavioral Health Boards and Commissions: https://www.calbhbc.org/ Youth Mental Health Well-Being Virtual Gathering held May 7, 2020: https://www.facebook.com/namisaniego/videos/239031747308276/ March 24, 2020-Board of Supervisors (BOS) Letter-Agenda Item 04: Establish a Behavioral Health Impact Fund Pages 11-13
✓ Reminder: RFP 10295-Behavioral Health Capital Projects due June 25, 2020 May 5, 2020-Board of Supervisors (BOS) Letter-Agenda Item 03: Authorization for Amendments to Extend Existing Behavioral Health Services Contracts-Handout-Pages 15-18 May 19, 2020 BOS Letter-Agenda Item 28: Responding to the COVID-19 Crisis with a Comprehensive Plan For Coronavirus Aid, Relief and Economic Security (CARES) Act Funding-Handout-Pages 19-21 June 2, 2020 BOS Letter-Agenda Item 05: Establishing the Housing Our Youth Pilot Program in San Diego County-Handout-Pages 23-26 June 2, 2020 BOS Letter-Agenda Item 06: Release of 2019 Live Well San Diego Report Card on Children, Families and Community-Handout-Pages 27-29-Link for the report: https://www.thechildrensinitiative.org/publications January 7-9, 2020 External Quality Review Report-Recommendations Handout-Pages 31-32
Full report is located at: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/mhp_eqr_rpt_20.pdf May 13-15, 2020 Drug Medi-Cal Organized Delivery System External Quality Review | |
| IV. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela) | 5 minutes |
| V. Hot Topic: Coronavirus 2019 (COVID-19) Panel -(Moderator: Minola Clark Manson) | 70 minutes |
| <ul style="list-style-type: none"> Public Health-Thomas Coleman, M.D. Child Welfare Services-Norma Rincon and Steven Wells Juvenile Probation-Lisa Sawin Family Sector-Debbie Dennison Education-Mara Madrigal-Weiss Private Sector-Michelle Ly (Mental Health Contractors Association) and Claudette Allen (Alcohol and Drug Service Provider Association). Open discussion (Please type in your question in the Webex Q&A field) | |

Next Executive Committee Conference Call:

Date: June 22, 2020
Time: 10:00 to 10:30 A.M.
Location: Virtual

Next Council Meeting Orientation:

Date: Monday, July 13, 2020
Time: 9:00 to 10:30 A.M.
This will be the annual CYF Council Orientation Open to all

Sub-Committees/Sectors/Workgroups Meetings Information:

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

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

CCRT: Meets the 1st Friday of the month-6367 Alvarado Court Ste. 105, San Diego, CA 92120 from 10:00 to 11:30 A.M.

CYF SOC Academy: Meets the 1st Wednesday of the month-6505 Alvarado Road, Suite 107, San Diego, CA 92120 from 9:00 to 10:00 A.M.

CYF CADRE: Meets quarterly 2nd Thursday of the month- 5095 Murphy Canyon Rd, San Diego 92123-Suite 320 from 1:30 to 3:00 P.M.

Early Childhood: Meets the 2nd Monday of the month- 3160 Camino Del Rio South Suite 101, San Diego, CA 92108 from 10:45 A.M. to 12:15 P.M.

Education: Meets as needed.

Family and Youth As Partners: Meets the 3rd Thursday of the month at 5095 Murphy Canyon Rd – Suite 320, San Diego, CA 92123 from 1:30 to 3:00 P.M.

Family/Youth Sector: Meets quarterly the 4th Thursday of the month at 5095 Murphy Canyon Rd - Suite 320, San Diego, CA 92123 from 6:30 to 8:00 P.M.

Outcomes: Meets the 1st Tuesday of every other month-La Vista Room from 11:30 A.M. to 12:30 P.M. Next meeting is April 7, 2020

Private Sector: Meets as needed.**TAY Council:** Meets the 4th Wednesday of the month-National University, 9388 Lightwave Ave. Room #118, San Diego, CA 92123 from 3:00 to 4:30 P.M.

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

Council Vision:

Wellness for children, youth and families throughout their lifespan.

Council Mission:

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

Council Principles:

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

May 1, 2018

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

MEETING MINUTES

March 9, 2020 – 9:00-10:30 A.M.

Scottish Rite – Shell Room -1895 Camino del Rio South, San Diego CA 92108

+ = Member in Attendance O = Absent E = Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Rebecca Hernandez	O	Bill Stewart	+
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	VACANT	
3	Public Safety Group/ Probation	Dr. Geoff R. Twitchell	O	Chrystal Sweet	O
4	Child Welfare Services (CWS)	Steve Wells	+	Norma Rincon	O
5	HHSA Regions	Dori Gilbert	+	Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	+	Adrienne Yancey	O
7	Juvenile Court	H. Ana Espana	O	Beth Brown	+
8	First 5 Commission	Alethea Arguilez	O	Dulce Cahue-Aguilar	+
EDUCATION SECTOR					
9	Special Education Local Plan Area (SELPA)	Cara Schukoske	+	Jamie Tate - Symons	O
10	Regular Education Pupil Personnel Services	Violeta Mora	+	Charisma De Los Reyes on behalf of Heather Nemour	+
11	School Board	Barbara Ryan	+	VACANT	
12	Special Education	Yuka Sakamoto	+	Aidee Angulo	O
PRIVATE SECTOR					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggie Webb	+	Therese Davis	+
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	O	John Laidlaw	+
15	Alcohol and Drug Service Provider Association (ADSPA)	Marisa Varond	+	VACANT	
16	Mental Health Contractors Association	Julie McPherson	E	Minola Clark Manson	+
17	Mental Health Contractors Association (MHCA)	Michelle Ly	+	Michelle Hogan	O
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	VACANT	
19	Managed Care Health Plan	George Scolari	+	Kathleen Lang	+
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	O	VACANT	

FAMILY AND YOUTH SECTOR					
21	Family and Youth Liaison	Renee Cookson	O	Valerie Hebert	+
22	Caregiver of child/youth served by the Public Health System	Debbie Dennison	+	Sue McCoy	O
23	Youth served by the Public Health System (up to age 26)	Micaela Cunningham	+	Emma Eldredge	O
24	Youth served by the public health system (up to age 26)	VACANT		Christine Frey	+
SUB-COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive Sub-Committee	Dori Gilbert/ Minola Clark Manson	+/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson/ Marisa Varond	E/+		
-	Early Childhood Sub-Committee	Aisha Pope/ Autumn Weidman	+/+		
-	Education Sub-Committee	Heather Nemour/Violeta Mora	+/+		
-	Family and Youth as Partners Sub-Committee	Renee Cookson/ Valerie Hebert	O/+		
-	Outcomes Sub-Committee	Emily Trask/Eileen Quinn-O'Malley	E/+		
-	Training Sub-Committee	Rose Woods	E		

CYF Council Staff: Yael Koenig, Edith Mohler, and Darwin Espejo

I. Welcome and Introductions (Dori Gilbert)

- New meeting attendees
 Sara Webster-Parent
 Meghann O'Connor–San Diego County Office of Education
 Laura McClarin-Fred Finch
 Meghan Lukasik-Rady Children's Hospital
 Leon Altamirano-North County Health Services
 Liza Bolanos-Sweet Water Unified School District
 Kristin Gist-Rady Children's Hospital
 Lisa Sawin-Juvenile Probation
 Charisma De Los Reyes-San Diego County Office of Education
 Frank Congine-CYF Behavioral Program Coordinator
 Alyssa Label-Vista Hill Foundation.

II. Approval of Minutes (Minola Clark Manson)

- February 10, 2020 meeting minutes-Approved
- Review of action items from the February 10, 2020 meeting. See meeting minutes.

III. Business Items (Yael Koenig)

- Coronavirus Disease 2019 (COVID-19) Update-(Tom Coleman, MD)-Handout
 ✓ The most up to date information regarding COVID-19 can be found at: www.coronavirus-sd.com

- ✓ Updated information is posted daily by 4:00 P.M.
- ✓ **COVID-19 in San Diego as of March 6, 2020**
 - On February 14, 2020, the San Diego County Public Health Officer issued a Declaration of Local Health Emergency. This was an administration action to facilitate the response to COVID-19 for coordination of services and acquisition of needed materials/tools such as N95 masks, ventilators, etc.
 - No person to person COVID-19 spread has occurred in San Diego County
 - Under Federal oversight/quarantine, two airplanes from China arrived at the Marine Corp Air Station Miramar with 232 passengers. Two of the passengers tested positive for COVID-19. These two cases were resolved
- ✓ **Quarantine vs Isolation**
 - Quarantine: When a person has been potentially exposed to the virus but presents no symptoms and is separated from the rest of the population
 - Isolation: Individual presenting virus symptoms and separated from the rest of the population
 - In San Diego, as of March 6, 2020, 447 individuals have been monitored for potential COVID-19. Out of the 447 monitored individuals, 361 have completed monitoring, 82 continue to be monitored and 4 individuals are under investigation
- ✓ **Current guidance to prevent spread of the Coronavirus**
 - COVID-19 is droplet spread
 - Unless a person has symptoms, there is no need to wear face coverings to prevent spread
 - Do not go to work if sick
 - Wash hands for at least 20 seconds with soap and water or use hand sanitizer with at least 60% alcohol
 - Avoid touching face, especially mouth, nose and mouth
 - Cover cough and nose with a tissue if possible, and deposit the used tissue in the trash
 - Avoid contact with people who are sick
 - Clean and disinfect frequently touched areas and surfaces
- ✓ **COVID-19 Testing**
 - Centers for Disease Control and Prevention (CDC) and California Department of Public Health, and County Public Health Services follow the case definition for testing. Initially, COVID-19 testing was authorized for individuals that had travel exposure. The definition has been broadened to individuals with serious respiratory infection that requires hospitalization. All testing is currently managed through the Public Health laboratory
 - COVID-19 testing will be available through the commercial setting
- ✓ **California Health Alert Network (CAHAN)**
 - Public Health Services uses CAHAN San Diego to send priority health communications to health care and public safety professionals in San Diego county. Topics include communicable diseases outbreaks, emerging health issues, requests for heightened surveillance related to communicable diseases, recommendations on communicable disease identification, prevention, infection control, specimen submission and laboratory testing, and emergency preparedness information.
- ✓ **Preparation for a pandemic**
 - Three elements need to be present for a pandemic
 - Ready person to person spread
 - Virus widely circulating throughout a large geographic area
 - The virus causes significant disease including death
 - There is currently no person to person spread in San Diego county, but it is expected
 - All sectors need to be cognizant of preparing for quarantine/isolation and take measures to prevent the spread of COVID-19
 - Families need to prepare with food, including food for pets, and medication for at least two weeks
 - CDC has provided interim guidance for schools and businesses. Some of the guidance/recommendations may include telework
 - Providers servicing the homeless population need to prepare to protect this population
- ✓ **Summary of Questions and Answers**
 - CDC guidance/information is updated often
 - As of now, there is no data/information available to determine if COVID-19 is seasonal
 - The Flu shot will not help against COVID-19, but it is recommended as the flu is still circulating in the community
 - Clinical trials for viral medication to treat COVID-10 are currently being conducted
 - Businesses need to get ready for potential changes to business operations

- From the public health perspective, if a person is sick, the recommendation is to stay home to avoid exposing others to become sick
- The CDC has advised that COVID19 is affecting more the older population and persons with chronic respiratory and heart medical conditions. Nevertheless, the guidance is not static
- Currently, it is believed that incubation period of Coronavirus is of 2 to 14 days
- County providers/contractors will be updated and oriented through conversation and information updates regarding their services/operations during this health emergency.
- December 14, 2020 Meeting is cancelled-See page 19 of meeting packet
- Recognition to Travis Webster (Yael Koenig and Valerie Hebert)
 - ✓ Travis Webster was recognized with a certificate and letter of appreciation for his contributions to the CYF Council representing Youth served by the public health system
- Update on the Strong Families, Thriving Communities Initiative Board of Supervisors (BOS) Letter-Agenda Item 07-February 11, 2020-See pages 21-28 of the meeting packet
- Local Oversight of Medication Assisted Treatment (MAT) Programs BOS Letter-Agenda Item 7-February 25, 2020-See pages 29-33 of the meeting packet
- Authorization to submit an application for the Mental Health Student Services Act Grant, Approval to receive awarded funds and authorization to apply for future funding opportunities to support Behavioral Health Services BOS Letter-Agenda Item 13-February 25, 2020-See pages 35-38 of the meeting packet
- Adopting Best Practices to Promote Recovery and Protect Public Health BOS Letter-Agenda Item 03, March 10, 2020-See pages 39-46 of the meeting packet
- Update on Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation-BOS Letter-Agenda Item 04-March 10, 2020-See pages 47-50 of the meeting packet.

IV. Mental Health Services Act (MHSA) Updates (Kimberly Pettiford)

- The Community Engagement forums report is currently being compiled.

V. Sector “Hot Topics” (Leon Altamirano, PsyD, Meghan Lukasik, PhD, and Jeffrey Rowe, MD)-Handouts

- Adverse Childhood Experiences (ACE) screening in primary care (Leon Altamirano, PsyD, Director of Integrated Behavioral Health-NCHS)
 - ✓ Context
 - The CDC-Kaiser Permanent (Dr. Vincent Felitti) ACE Study: <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html> and ACE San Diego County tribal data studied by Dr. Altamirano, demonstrate that cumulative adversity, especially when experienced during childhood development, seems to cause harmful consequences. In alignment with the conceptual framework (Impact of ACEs and toxic stress) of the CDC-Kaiser Permanente ACE Study, Dr. Altamirano found the following within the Tribal communities he worked with:
 - General Embodiment/Historical trauma: Nine generations had shorter life expectancy than average population
 - Social Conditions/Local context: Stigma of mental health, culture of trauma
 - Adverse Childhood experiences “will change trajectory of development”
 - Disrupted neurodevelopment: Stress affects brain development and brain function
 - Social, emotional, and cognitive impairment
 - Adoption of health risk behaviors: “Traumatized people seek relief” through behaviors like smoking, excessive alcohol consumption, drug use, eating disorders, etc.
 - Disease disability and social problems: Violence
 - Early Death: Ten top leading causes of death (heart disease, cancer, liver disease, suicide, kidney disease)
 - The CDC-Kaiser Permanente study and the data collected/observations within the San Diego county tribal communities by Dr. Altamirano and his team, led to the development of a primary care model that seeks wellness not only for current, but for future generations. One of the strategies has been through trauma informed care staff training, (650 of about 900) and ACEs screening. ACEs screening helps to determine the increased health risks due to trauma
 - ✓ ACEs Aware Initiative
 - Effective January 1, 2020, Medi-Cal physicians can be paid for ACEs screening for Medi-Cal patients
 - Screening evaluates children and adults for a history of exposure to adversity during the first 18 years of life:

- Abuse: physical, emotional, and sexual abuse
- Neglect: physical and emotional neglect
- Household dysfunction
- Pediatric ACEs and Related Life-events Screener (PEARLS)
 - The tool was designed to identify exposure to childhood adversity and events that may increase a child's risk for toxic stress and negative health outcomes. It includes two sections:
 - Original ACEs
 - Other adversities that are risk factors for toxic stress or negative health outcomes
 - Children under 18 can be screened annually
 - At this point, there is no clear information about screening limited to primary care
- ✓ Benefits of ACEs screening
 - Trauma is a silent pandemic, but early identification of trauma for early treatment is a priority; screening allows to identify health risks due to a toxic stress response
 - Screening is a tool that helps identify appropriate treatment
- KidSTART (Screening, Triage, Assessment, Referral, Treatment)-Assessing and Treating the Impact of Adverse Childhood Experiences (Meghan Lukasik, PhD)
 - ✓ Serves children 0 to 5 with complex needs; medical, developmental, mental health needs and their families. KidSTART uses a transdisciplinary approach assessment and treatment
 - ✓ Screening
 - Formalized: For example, through the Ages and Stages Questionnaire
 - Informal: For example, through a therapist who works with a child, or a parent who shares concerns about the child
 - ✓ Triage
 - Global psychological assessments completed at KidSTART, school districts, San Diego Regional Center, and California Early Start
 - ✓ Assessment
 - Assessments for further needs, such as speech needs, trauma, etc.
 - ✓ Referral
 - Can be completed within KidSTART and in partnership community providers
 - ✓ Treatment
 - The treatment team is trauma informed care trained and includes a care coordinator to help the family "navigate the system". Family is a big part of the child's treatment team
 - ✓ KidSTART has been screening for ACEs since 2012 to assess and to change the "trajectory of the child's life" The ACE tool was adapted to be used with the parents/caregivers on behalf of the children, but will shift to PEARLS. The use of ACE survey at KidSTART has:
 - Addressed conflicting diagnostics
 - Shifted to treating based on experiences that will later show themselves through behavior
 - Supported increased understanding of parents' needs relative to their own engagement
- Jeffrey Rowe, MD-Discussion/Questions and answers
 - ✓ The California ACEs Initiative also includes training to certify providers to receive Medi-Cal payment for ACEs screening.
 - ✓ The ACEs responses for children in the CWS system tend to differ depending on the parents groups: foster parents, biological parent, relative caregivers, etc. For example: relative caregivers tend to report more ACEs information than the biological parents
 - ✓ What happens when there is no care coordination and different providers screen for ACEs to the same individual?
 - In many cases the reporting of ACEs does not occur on the first screening; normalizing the screening by multiple screenings helps the community understand the importance of ACEs screening. It is possible that multiple ACEs conversations with the different services providers, at different contexts (medical, mental health, CWS, etc.), help individuals and families feel more comfortable talking about ACEs
 - It is important to learn about the ACEs screening experience from the family/individual receiving the screening perspective, including how is the ACEs screening affecting the family
 - ✓ What about protective factors/guidance on for family?
 - Guidance is being developed regarding protective factors, resilience and resources for families. More information can be found at: <https://www.acesaware.org/>
 - The strengths in the ACEs increase resilience

- ✓ The incorporation of the Child and Adolescent Needs and Strengths (CANS) into the Family Team meeting provides the foundation to start a conversation with youth, family, and services providers about strengths, supports, resilience factors, and services. It will allow for better care coordination.
- ✓ Cultural and ethnic background need to be considered when screening for ACEs
- ✓ Waiting for treatment after ACEs screening may have a negative impact on the family/individual. Need to be able to support individual family during the continuity of care
 - CWS makes every effort to provide “just in time” treatment for the children and youth they serve
 - Individuals and families using Community Health Clinics as their primary health care home, may be able to access primary care/pediatrician services on the same day and specialized behavioral health services within a week or two
- ✓ In alignment with Trauma Informed Care, need to ensure that providers screening for ACEs are also being supported with reflective strategies/supervision
- ✓ Schools need to be included in the ACEs conversation to ensure consistency for screening and partnership with other sectors. The Santana High School Shooting of 2001 was mentioned as an example to support this need as current students and their parents seem to be affected by the shooting of 2001
- ✓ ACEs screening in the education sector needs to be expanded beyond Educationally Related Mental Health Services (ERMHS)
- ✓ Fee-For-Service providers need to screen for ACEs too
- ✓ At this time, the County is not required to screen for ACEs, but uses the CANS which includes a trauma module with questions linked with ACEs. Additionally, CYF programs can choose to use the ACEs screening
- ✓ A very intentional and careful process of readiness should take place if ACEs screening is incorporated into the CYF System of Care practice protocols

VI. Announcements (Minola Clark Manson)-Handouts

- Critical Issues in Child and Adolescent Mental Health Conference-March 12-13, 2020. Additional information is available at <https://CICAMH.COM>
- Brain XP Day 2020: Teens Helping Teens- Scheduled for April 4, 2020
- Save the Date: April 13, 2020 Combined Councils from 10:00 to 11:30 A.M. at the Scottish Rite Center
- Save the Date: May 8, 2020: Youth Mental Health Well Being Celebration.

VII. Director's Report

CYF Deputy Director provided system updates within the Business Items meeting agenda section.

VIII. Action Items

Action Item(s)	Action By	Action Due
1. Provide update on the March 17, 2020 Juvenile Health and Justice Symposium	• BHS Staff participants	• May 11, 2020 CYF Council meeting
2. Send the COVID-19 link to the CYF Council electronic distribution lists	• CYF Council staff	• Completed March 11, 2020 via e-mail: http://www.coronavirus-sd.com/
3. Send additional documents related to the ACEs presentations: <ul style="list-style-type: none"> ✓ Presentation by Dr. Altamirano (separate handout provided at the meeting) ✓ Presentation by Dr. Lukasik, this presentation is included in the meeting packet in a small version in pages 51-52 ✓ The Stress and Early Brain Growth is a “Talking points” tool the KidSTART program staff uses with families after the ACEs survey is administered. The “Stress and Early Brain Growth”- handout is also included in pages 53-54 of the March 9, 2020 meeting packet. 	• CYF Council staff	• Completed March 11, 2020 via e-mail.

Next CYF Council Meeting (Combined Councils): April 13, 2020
Scottish Rite Center, Shell Room
10:00 to 11:30 A.M.

Sub-Committees/Sectors/Workgroups Meetings Information:

Behavioral Health Advisory Board (BHAB) meeting: Meets the first Thursday of the month, currently at the County Operations Center's (COC) Hearing room, located at 5520 Overland Ave, San Diego, CA 92123 from 2:30 to 5:00 P.M.

Outcomes: Meets the first Tuesday of every other month at- 3255 Camino del Rio South, San Diego CA 92108 in La Vista Room- from 11:30 A.M. to 12:30 P.M.

Early Childhood: Meets the second Monday of the month- at the San Diego Center for Children-FFAST office located at 8825 Aero Drive, Suite 110, San Diego, CA from 11:00 A.M. to 12:00 P.M.

Education Advisory Ad Hoc: Meets As Needed.

TAY Council: Meets the fourth Wednesday of the month 3:00 to 4:30 P.M. at National University, 9388 Lightwave Ave. Room 118, San Diego, CA 92123.

CYF CADRE: Meets quarterly on the second Thursday of the month at NAMI San Diego, 5095 Murphy Canyon Road, Suite 320, San Diego, CA 92123 from 1:30 to 3:00 P.M.

CCRT: Meets the first Friday of the month at the Health Services Complex- 6367 Alvarado Ct. Ste. 105, San Diego, CA 92120 from 10:00 to 11:30 A.M.

Family and Youth Sector: Meets quarterly –Contact CYFLiaison@namisd.org for schedule.

Family and Youth as Partners: Meets every third Thursday of the month at NAMI San Diego, 5095 Murphy Canyon Road, Suite 320, San Diego CA 92123 1:30 to 3:00 P.M.

Private Sector: Ad Hoc/Meets As Needed.

May 1, 2020

San Diego County School Districts and Charter Schools

UPDATE ON REQUEST FOR APPLICATION FOR MENTAL HEALTH STUDENT SERVICES ACT

On behalf of the County of San Diego, Behavioral Health Services (BHS) and the San Diego County Office of Education (SDCOE), we want to express our sincere desire that you and your families are safe during this difficult pandemic crisis.

The purpose of this communication is to advise you that unfortunately, San Diego was not selected by the Mental Health Services Oversight and Accountability Commission to receive a grant under the Mental Health Students Services Act. The BHS partnered with SDCOE and applied in collaboration with school districts and charter schools for a grant that focused on suicide prevention. We competed with up to 14 other counties for \$6 million in one-time funding.

Although we were not selected, the application process did result in an even stronger relationship between SDCOE, BHS, and local schools – which is incredibly valuable. We will continue our partnership through SchoolLink and other services and remain committed to addressing suicide prevention among school age youth.

Luke Bergmann, Ph.D., Director
County of San Diego
Behavioral Health Services

Paul Gothold, Ed.D., Superintendent
San Diego County Office of Education

San Diego County Superintendent of Schools Dr. Paul Gothold

San Diego County Board of Education
Paulette Donnellon Guadalupe González Alicia Muñoz Mark Powell Rick Shea



COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS

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

AGENDA ITEM

COUNTY OF SAN DIEGO
2020 MAR 16 AM 11:48
CLERK OF THE BOARD
OF SUPERVISORS

DATE: March 24, 2020

04

TO: Board of Supervisors

SUBJECT

ESTABLISH A BEHAVIORAL HEALTH IMPACT FUND (DISTRICTS: ALL)

OVERVIEW

Behavioral Health covers a broad spectrum of mental health, substance use, and alcohol services. In recent years, Behavioral Health has come into full focus as a priority for the Board of Supervisors. Our Board has moved with urgency on this issue to create a comprehensive system made up of regional hubs and person-centered care coordination to address the immediate crises, while also working with providers for other service lines such as long-term residential services. Although service providers may be reimbursed for treatment services, they do not have the ability to use reimbursement dollars for capital needs.

On February 19, 2020, Chairman Greg Cox announced at his *State of the County Address*, that he and his colleague, Supervisor Nathan Fletcher, would be working with Mayor Kevin Faulconer and the City of San Diego on developing a much-needed Behavioral Health Impact Fund (BHIF) that would help community-based organizations grow their capacity to serve more clients, for longer periods of time. These dollars would serve as a catalyst for these organizations to make capital investments that will allow them to expand their capacity for long-term treatment and strengthen our regional continuum of care.

Today's recommendations will approve the Agreement for Behavioral Health Services By and Between the County of San Diego and the City of San Diego, and direct the Chief Administrative Officer to sign the Agreement and make the required budget actions.

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

RECOMMENDATION(S)

CHAIRMAN GREG COX AND SUPERVISOR NATHAN FLETCHER

- 1) Approve the Agreement for Behavioral Health Services By and Between the County of San Diego and the City of San Diego (Agreement) and direct the Chief Administrative Officer to sign the Agreement.
- 2) Direct the Auditor & Controller to establish a new fund, Behavioral Health Impact Fund and establish \$25,000,000 of appropriations in Countywide General Expenses Services and Supplies based on General Fund fund balance in order to fund the Behavioral Health Impact Trust Fund. **(4 votes)**
- 3) Establish appropriations of \$25,000,000 in Countywide General Expenses Other Charges to record expenses to community based organizations based on revenues from the Behavioral Health Impact Fund. **(4 votes)**

FISCAL IMPACT

Funds for this request are not included in the Fiscal Year 2019-21 Operational Plan. If approved, this request will result in costs of \$25,000,000 in Fiscal Year 2019-20. The funding source is available prior year General Fund fund balance. There will be one additional staff year to administer the program which will be funded by the Behavioral Health Impact Fund.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

Behavioral Health covers a broad spectrum of mental health, substance use, and alcohol services. In recent years, Behavioral Health has come into full focus as a priority for the Board of Supervisors. Our Board has moved with urgency on this issue to create a comprehensive system made up of regional hubs and person-centered care coordination to address the immediate crisis, while also working with providers for other service lines such as long-term residential services.

This year, we have invested \$711 million in resources to improve our Behavioral Health System, which represents more than 11 percent of our overall budget. In the year ahead, we will continue to forge new partnerships with local hospitals and other healthcare providers to create community hubs and develop a network of support services where those suffering with a behavioral health issue can receive the appropriate level of care and be transitioned to aftercare services. The County will be the beating heart of the hubs. Our community partners will be the arteries, delivering life-saving services to our neighborhoods.

Our investment in County behavioral health services will help build a network of care that meets individual's needs. But for that network to succeed, we must also invest in our community

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

partners. Although service providers have the ability to get reimbursed for treatment services, they do not have the ability to use reimbursement dollars for capital needs.

On February 19, 2020, Chairman Greg Cox announced at his *State of the County Address*, that he and his colleague, Supervisor Nathan Fletcher, would be working with Mayor Kevin Faulconer and the City of San Diego on developing a much-needed Behavioral Health Impact Fund (BHIF) that would help community-based organizations grow their capacity to serve more behavioral health clients, for longer periods of time. These dollars would serve as a catalyst for these organizations to make capital investments that will allow them to expand their capacity for long-term treatment and strengthen our regional behavioral health continuum of care.

Today's recommendations will approve the Agreement for Behavioral Health Services By and Between the County of San Diego and the City of San Diego, and direct the Chief Administrative Officer to sign the Agreement and make the required budget actions.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

N/A

Respectfully submitted,


GREG COX
Chairman


NATHAN FLETCHER
Supervisor, Fourth District

ATTACHMENT(S)

Agreement for Behavioral Health Services By and Between the County of San Diego and the City of San Diego



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: May 5, 2020

03

TO: Board of Supervisors

SUBJECT

AUTHORIZATION FOR AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS (DISTRICTS: ALL)

OVERVIEW

In a series of actions since 1999, the Board of Supervisors (Board) approved initiatives to redesign and implement an expanded continuum of comprehensive behavioral health care for children, adolescents, transition age youth, adults, older adults, and families. In pursuit of these initiatives, the Board approved the procurement of various contracted services.

As the impact of the novel coronavirus (COVID-19) continues to be evaluated, the County of San Diego Health and Human Services Agency's Behavioral Health Services (BHS) remains focused on maintaining continuity of critical mental health and substance use services and serving the most vulnerable individuals and families within our community. Approval of today's recommended actions authorizes amendments to extend existing behavioral health services contracts to maintain continuity of critical behavioral health services in the wake of the COVID-19 pandemic. This action supports the continuation of critical work to advance the Behavioral Health Continuum of Care in alignment with Board direction.

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

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend the contracts listed in Attachment A, Table 1 extending the contract term up to June 30, 2021, and up to an additional six months if needed; expand services, subject to the availability of funds; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

SUBJECT: AUTHORIZATION FOR AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS (DISTRICTS: ALL)

2. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend the single source contracts listed in Attachment A, Table 2 extending the contract term up to June 30, 2021, and up to an additional six months if needed; expand services, subject to the availability of funds; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

FISCAL IMPACT

Funds for this request will be included in the Fiscal Year 2020-22 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs and revenues of \$78,100,000 in Fiscal Year 2020-21. The funding sources are Mental Health Services Act, Realignment, Short-Doyle Medi-Cal, Drug Medi-Cal, Substance Abuse Block Grant, Substance Abuse and Mental Health Services Administration Block Grant, California Work Opportunity and Responsibility to Kids, Projects for Assistance in Transition from Homelessness, and State General Funds. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This Board Letter was shared with the Behavioral Health Advisory Board as information on April 24, 2020 and will be presented as an informational item on May 7, 2020.

BACKGROUND

The County of San Diego provides a comprehensive array of community-based mental health and substance use disorder services to children, adolescents, transition age youth (TAY), adults, older adults, and families through contracts with local public and private agencies. These services provide critical behavioral health services to vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement and children and youth with complex behavioral health conditions.

As the evolving COVID-19 public health crisis has continued to unfold, the County of San Diego Health and Human Services Agency's Behavioral Health Services (BHS) has remained focused on slowing the spread of COVID-19, while ensuring individuals and families have access to vital mental health and substance use disorder services.

If approved, today's action will authorize the Director, Department of Purchasing and Contracting, to authorize amendments to extend existing contracts for behavioral health services to June 30, 2021, plus a six-month option, if needed. All contracts are contingent upon the availability of funding, successful negotiations, and determination of a fair and reasonable price.

SUBJECT: AUTHORIZATION FOR AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS (DISTRICTS: ALL)

Recommendation #1: Authorization to Extend and Amend Contracts

The Board of Supervisors (Board) authorized the competitive procurements of the programs listed in Attachment A, Table 1. If approved, today's action would authorize an amendment and extension of these programs to June 30, 2021, and up to an additional six months, if needed. Additional details of these programs can be found on Attachment A, Table 1.

Recommendation #2: Authorization to Extend and Amend Single Source Contracts

The Board authorized the single source procurements of the programs listed in Attachment A, Table 2. If approved, today's action would authorize an amendment and extension of these programs to June 30, 2021, and up to an additional six months, if needed. The Director of the Department of Purchasing and Contracting awarded the following contracts under Board Policy A-87, Competitive Procurement:

Section 1.D.6, only one manufacturer, distributor, supplier or service provider can provide the required goods and/or services to maintain continuity because the procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.

- *Episcopal Community Services - Uptown Safe Haven (550691)*
- *YMCA of San Diego County (45766)*

Section 2.I, categorical exemption from competitive procurement for medical or surgical equipment or supplies or professional services for use by a County facility.

- *Interim Physicians LLC (530382)*
- *Global Medical Staffing, Inc. (555127)*
- *Jackson and Coker Locum Tenens LLC (520878)*

SUBJECT: AUTHORIZATION FOR AMENDMENTS TO EXTEND EXISTING
BEHAVIORAL HEALTH SERVICES CONTRACTS (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Building Better Health and Living Safely Initiatives in the County of San Diego's 2020-2025 Strategic Plan as well as the County's *Live Well San Diego* vision, by ensuring that vulnerable populations of individuals with mental illness and substance use disorders continue to have access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "H. Robbins-Meyer", written in a cursive style.

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A - Behavioral Health Services List of Contracts



COUNTY OF SAN DIEGO

2020 MAY 15 AM 8:17

CLERK OF THE BOARD
OF SUPERVISORS

COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS

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

AGENDA ITEM

DATE: May 19, 2020

28

TO: Board of Supervisors

SUBJECT

RESPONDING TO THE COVID-19 CRISIS WITH A COMPREHENSIVE PLAN FOR CARES ACT FUNDING (DISTRICTS: ALL)

OVERVIEW

The novel coronavirus has not only been a debilitating and deadly disease, its impact on economic, physical and emotional health has been devastating. Unemployment has skyrocketed, businesses have closed down and we are experiencing unprecedented levels of stress and anxiety.

San Diego County will rebound from the COVID-19 public health crisis and critical dollars from the Coronavirus Aid, Relief, and Economic Security (CARES) Act will be crucial for recovery in our region. We must move with purpose to balance the \$334 million in CARES Act funding that we have already received so that we underwrite our costs for responding to the crisis while also providing equitable support for the communities, businesses and constituents we serve.

Today's action provides a comprehensive plan for the CARES Act funding so that we fully address the County's response to the crisis, and distribute funding for city expenses, economic recovery, behavioral health, child welfare and childcare for essential workers.

RECOMMENDATION(S)

SUPERVISOR NATHAN FLETCHER AND SUPERVISOR DIANNE JACOB

1. Approve the following comprehensive plan for CARES Act funding:
 - a. \$175 million for the County response
 - b. \$100 million for T3 – Test, Trace and Treat
 - c. \$5 million for childcare for essential workers
 - d. \$20 million to cities for documented Covid-19 expenses (other than City of San Diego)

**SUBJECT: RESPONDING TO THE COVID-19 CRISIS WITH A
COMPREHENSIVE PLAN FOR CARES ACT FUNDING**

- e. \$17 million for economic stimulus in the region
 - f. \$15 million for Behavioral health telehealth capabilities and \$2 million for Child Welfare Services expanded outreach
2. Direct the Chief Administrative Officer to return to the Board within 45 days with recommendations on implementing economic stimulus programs for restaurants and small businesses impacted by the COVID-19 crisis based on \$17 million of CARES Act funding.
 3. Establish appropriations of \$15,000,000 in Behavioral Health Services, Services and Supplies, to provide funding for costs related to telehealth capabilities, electronic health record upgrades and care coordination, outreach and engagement and workforce recruitment and retention associated costs based on federal Coronavirus Aid, Relief and Economic Security (CARES) Act Coronavirus Relief Fund (CRF) funding. **(4 VOTES)**
 4. Authorize the Director, Department of Purchasing and Contracting, upon successful negotiation and determination of fair and reasonable price, to enter into a contract or contracts, and to amend existing contracts, to enhance behavioral health services telehealth capabilities, upgrade electronic health record and care coordination, and provide outreach and engagement and workforce recruitment and retention in response to the COVID-19 pandemic and stay at home order.
 5. Establish appropriations of \$2,000,000 in Child Welfare Services, Services and Supplies, to enhance existing contracts to include expanded outreach, services and support for at-risk families identified by school districts who are disconnected since closure due to COVID-19 pandemic based on CARES Act CRF. **(4 VOTES)**
 6. Authorize the Director, Department of Purchasing and Contracting, upon successful negotiation and determination of fair and reasonable price, to enter into a contract or contracts, and to amend existing Child Welfare Services contracts, in support of the Wellness Checks for Families program.

FISCAL IMPACT

If approved, today's allocation will set the allocation for the \$334 million in CARES Act Funding.

BACKGROUND

The novel coronavirus has not only been a debilitating and deadly disease, its impact on economic, physical and emotional health has been devastating. Unemployment has skyrocketed, businesses have closed down and we are experiencing unprecedented levels of stress and anxiety.

San Diego County will rebound from the COVID-19 public health crisis and critical dollars from the Coronavirus Aid, Relief, and Economic Security (CARES) Act will be crucial for recovery in our region. We must move with purpose to balance the \$334 million in CARES Act funding that we have already received so that we underwrite our costs for responding to the crisis while also providing equitable support for the communities, businesses and constituents we serve.

**SUBJECT: RESPONDING TO THE COVID-19 CRISIS WITH A
COMPREHENSIVE PLAN FOR CARES ACT FUNDING**

Economic Stimulus for Small Businesses

Small businesses have been devastated by the COVID-19 pandemic. Businesses have had to lay off staff and completely upend their business models. Unemployment rates are now greater than 27 percent, with disproportionate impacts to our hospitality sector. The economic squeeze is taking its toll on workers, and about one in six callers to 2-1-1 San Diego has requested emergency food assistance. Around 45 percent of San Diego restaurants have closed entirely due to COVID-19, according to the Department of Environmental Health. Those that are in operation have set up delivery, pick-up or take-out, and are operating with reduced capacity and employees. The strain on our local economy is expected to persist unless concerted and aggressive measures are taken to kick-start small businesses and lay the foundation for a successful and smooth economic recovery.

As more businesses are now resuming operations, the infusion of federal stimulus funds can help our small businesses overcome painful hurdles in the months ahead.

Adapting Health and Human Service Delivery

The unprecedented COVID-19 pandemic, which has closed schools, community centers, libraries and other social venues has literally shut down and isolated our vulnerable community members. We know that vulnerable populations thrive when they have community supports and services readily at their disposal. In response, we need to be innovative in our approaches to delivering critical health and human services and adapt them to the changing environment. This includes revitalizing our behavioral health system to provide the technology infrastructure, software and staff training to provide services through telehealth. We can also leverage our existing network of Child Welfare Services contractors to proactively reach out and support youth and families identified by school districts countywide who are at risk of entering the child welfare system.

Today's action provides a comprehensive plan for the CARES Act funding so that we fully address the County's response to the crisis, and distribute funding for city expenses, economic recovery, behavioral health, child welfare and childcare for essential workers.

We urge your support.

Respectfully submitted,



NATHAN FLETCHER
Supervisor, Fourth District



DIANNE JACOB
Supervisor, Second District

ATTACHMENT(S)

N/A



GREG COX
CHAIRMAN
SUPERVISOR, FIRST DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS
AGENDA ITEM

COUNTY OF SAN DIEGO
2020 MAY 22 AM 10:56
CLERK OF THE BOARD
OF SUPERVISORS

DATE: June 2, 2020

05

TO: Board of Supervisors

SUBJECT

**ESTABLISHING THE HOUSING OUR YOUTH PILOT PROGRAM IN SAN DIEGO
COUNTY (DISTRICTS: ALL)**

OVERVIEW

Research indicates foster youth experience rates of homelessness ranging from 11% to 38%, which are disproportionately higher than that of the general population. In San Diego County, a third of homeless youth have been in foster care, and 39% of homeless female youth are pregnant or parenting. At my State of the County Address in February 2020, I announced the creation of the Housing Our Youth (HOY) program to provide immediate, focused housing interventions for youth at-risk or experiencing homelessness with the goal of ending the intergenerational cycle of homelessness. This pilot will prioritize homeless youth countywide who are: (1) former foster youth who are pregnant or parenting, (2) former foster youth generally, and (3) at risk youth, such as those who are at risk of commercial sexual exploitation or human trafficking. HOY will provide specialized assistance to youth up to and including the age of 24 throughout San Diego County who are experiencing homelessness.

The County of San Diego has been actively engaged in implementing a seamless continuum of care for those at-risk or experiencing homelessness that includes outreach and proactive engagement, assistance in identifying and accessing housing and services to meet individualized needs, and ongoing support to assist people in remaining healthy and housed. Longitudinal care coordination models will be used to serve the specific needs of young people who are homeless and have been in foster care, are parenting, and/or are at risk. For the HOY program, these services will additionally include assessment, case management, job preparation and placement, subsidized employment, school/work productivity and other wrap-around services as needed to help them remain stable and housed.

SUBJECT: ESTABLISHING THE HOUSING OUR YOUTH PILOT PROJECT IN SAN DIEGO COUNTY (DISTRICTS: ALL)

**RECOMMENDATION(S)
CHAIRMAN GREG COX**

1. Direct the Chief Administrative Officer to utilize all of the remainder of the County of San Diego's Homeless Housing, Assistance and Prevention grant funds that the Board of Supervisors has accepted and for which the Board of Supervisors has not previously designated for other purposes for the implementation of the Housing Our Youth pilot program.
2. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting to issue solicitations by any lawful method and, upon successful negotiations and determination of fair and reasonable price, award a contract or contracts, and amend existing contracts, for services and supplies associated with implementation of the program described in Recommendation #1.

FISCAL IMPACT

Funds for this request are not included in the Fiscal Year 2019-20 Operational Plan in the Health and Human Services Agency (HHSA). This request will result in costs and revenue of approximately \$3,000,000 in Fiscal Year 2020-21 and costs and revenue of \$3,000,000 in Fiscal Year 2021-22. The funding source is State funding from the Homeless Housing, Assistance and Prevention grant. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This will be presented to the Child and Family Strengthening Advisory Board as an informational item to solicit input on implementation.

BACKGROUND

Research indicates foster youth experience rates of homelessness ranging from 11% to 38%, which are disproportionately higher than that of the general population. In San Diego County, a third of homeless youth have been in foster care, and 39% of homeless female youth are pregnant or parenting. In addition, a critical gap has emerged in the region for people who do not have a serious mental illness nor a substance use disorder. As increased funding has been made available for people experiencing homelessness with behavioral health challenges, there are many people who are situationally homeless and do not have behavioral health issues of a sufficient severity to qualify for services through the County's Behavioral Health System. This issue is especially critical for young people transitioning from foster care, or those who are newly homeless.

At my State of the County Address in February 2020, I announced the creation of the Housing Our Youth (HOY) program to provide immediate, focused housing interventions for youth at-

SUBJECT: ESTABLISHING THE HOUSING OUR YOUTH PILOT PROJECT IN SAN DIEGO COUNTY (DISTRICTS: ALL)

risk or experiencing homelessness with the goal of ending the intergenerational cycle of homelessness. This pilot will prioritize homeless youth countywide who are: (1) former foster youth who are pregnant or parenting, (2) former foster youth generally, and (3) at risk youth, such as those who are at risk of commercial sexual exploitation or human trafficking. Youth who are or were wards of the court shall also be eligible for this program. HOY will provide specialized assistance to youth up to and including the age of 24 throughout San Diego County who are experiencing homelessness.

Many factors increase a young person's odds of experiencing homelessness. Demographic risk factors for becoming homeless include being Latino or Black; parenting and unmarried; or LGBTQ, with LGBTQ youth having more than twice the risk of being homeless than their peers. In 2019, the Congressional Research Service identified family conflict and family dynamics, a youth's sexual orientation, pregnancy and substance use as primary risk factors for youth homelessness. Also noted in the congressional report, Black youth have the highest rates of running away with approximately half of youth running away before the age of 14. For the HOY program, supportive services will be provided by community-based organizations who are closest to the affected youth. HOY will serve youth in a culturally competent manner and encourage partnerships and sub-contracts between entities serving youth in a culturally competent manner.

The funding through the Homeless Housing, Assistance and Prevention grant will be used to establish a fully integrated system of coordinated care, wrap-around support, and housing for youth, up to and including the age of 24, and their children. This person-centered approach provides longitudinal comprehensive supports and linkages to services. Youth will have care coordination provided by a team consisting of a social worker, peer support specialist, and a housing navigator. For those young people who are parents, a parent peer mentor will work with the team to assist in learning positive parenting skills while facing challenging circumstances. The care coordination team will work with the young person to meet their needs and assist in linking them to resources including behavioral health, transportation, workforce and education support, self-sufficiency supports, housing, child-care, and legal services.

It is anticipated that through the support of educational and vocational training, youth will either be engaged in training or will have obtained employment within six months of being housed. Recognizing the high cost and limited availability of affordable housing throughout the county, HOY will also house youth together when appropriate. The County of San Diego has been working closely with the RTFH, the City of San Diego, the San Diego Housing Commission, and 211 to establish a systemic framework for housing youth together.

The County of San Diego has been a committed partner and leader alongside the City of San Diego and RTFH in the development of the Youth Homeless Demonstration Program and Coordinated Community Plan (CCP) for the San Diego region. The CCP is a coordinated, countywide youth plan to end homelessness among young people. One of the needs identified through the CCP is for a regional focus on foster and parenting homeless youth, with a third of homeless youth having been in foster care, and 39% of homeless female youth being pregnant or parenting. The Youth Action Board was established through the CCP and works in tandem with

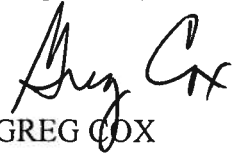
SUBJECT: ESTABLISHING THE HOUSING OUR YOUTH PILOT PROJECT IN SAN DIEGO COUNTY (**DISTRICTS: ALL**)

the overall Continuum of Care. The Youth Action Board, together with the County's Child and Family Strengthening Advisory Board and critical youth-led entities throughout the region, will be integral partners in implementing HOY and advising the County on the approach to the delivery of care coordination, housing supports, and evaluation.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Building Better Health and Living Safely Initiatives of the County of San Diego's 2018-2023 Strategic Plan by providing housing and services to vulnerable youth throughout San Diego County.

Respectfully submitted,



GREG COX
Chairman



COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS

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

AGENDA ITEM

COUNTY OF SAN DIEGO

2020 MAY 22 AM 10:56

CLERK OF THE BOARD
OF SUPERVISORS

DATE: June 2, 2020

06

TO: Board of Supervisors

SUBJECT

RELEASE OF 2019 LIVE WELL SAN DIEGO REPORT CARD ON CHILDREN, FAMILIES, AND COMMUNITY (DISTRICTS: ALL)

OVERVIEW

On January 10, 2006, the Board of Supervisors authorized staff to transition the production of the County Report Card to the Children's Initiative, a local non-profit agency that works to improve the well-being of children and youth in San Diego County through strategic alliances with government agencies, school districts, non-profits and businesses. The 2019 Live Well San Diego Report Card on Children, Families, and Community supports the Live Well San Diego vision of healthy, safe, and thriving communities. Reporting on trends and comparative data illustrates the well-being of our children and families in the domains of health, safety, education, welfare, and economic support.

During the challenging COVID-19 pandemic, collecting and monitoring data on health, safety, economic security and education for children, youth and families is more vital than ever. Live Well San Diego Report Cards position the County of San Diego to consistently and effectively collect and analyze data to help guide decisions that can improve the health and safety of our communities. The ability for our elected officials, educators, law enforcement, community leaders and residents to review relevant data specific to their jurisdictions, school districts and communities helps all of us to work collectively to support and advance our families and communities.

The 2019 edition of the Live Well San Diego Report Card continues to provide a comprehensive picture of the health and well-being of our children, youth, and families using best practices to improve outcomes and specific recommendations to facilitate progress. Recommendations are provided in the three following categories: Policy, Programs and Services, and Family and Community.

SUBJECT: RELEASE OF 2019 LIVE WELL SAN DIEGO REPORT CARD ON CHILDREN, FAMILIES, AND COMMUNITY (DISTRICTS: ALL)

RECOMMENDATION(S)

CHAIRMAN GREG COX AND SUPERVISOR DIANNE JACOB

- 1) Receive the 2019 Live Well San Diego Report Card on Children, Families, and Community and direct the Chief Administrative Officer to distribute to community stakeholders.

FISCAL IMPACT

There is no fiscal impact as a result of this action.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This report will be provided to the Child and Family Strengthening Advisory Board as an informational item.

BACKGROUND

On August 6, 1997, the Board of Supervisors approved the development of a Report Card as a tool for monitoring the impact of policy and services on the health and well-being of children and families in San Diego. In January 2006, the Board of Supervisors considered a proposal to transition the production of the Report Card to the Children's Initiative with the goal of strengthening and expanding its use. Research shows that a blend of public and private funding and the engagement of a wide variety of stakeholders in the development process are instrumental in the success and sustainability of a Report Card. The Children's Initiative is a local non-profit agency that works to improve the well-being of children and youth in San Diego County through strategic alliances with government agencies, school districts, non-profits and businesses. The Board approved the transfer with the expectation that the Children's Initiative would serve as the convener of a process for broad community involvement and would procure a blend of public-private funding to support and sustain the Live Well San Diego Report Card.

To guide the development of the Report Card, the Children's Initiative adopted a Results Based Accountability (RBA) framework. The Leadership Advisory Oversight Committee was formed to include leaders in the field of public health, education, juvenile justice, child welfare, criminal justice, and violence and injury prevention. A Scientific Advisory Review Committee was also convened to guide the data selection and ensure that data and data sources were valid and reliable. Using RBA principles, the committees were able to increase the amount of trend and comparative data; reorganize the presentation of indicators for better accessibility; and facilitate the use of the Report Card data by adding national best practices in prevention, intervention, and County-specific recommendations for change.

The 2007 edition of the Report Card was released on February 4, 2008, and biannually thereafter with nearly 19,000 copies distributed during the last 10 years to elected officials, community

**SUBJECT: RELEASE OF 2019 LIVE WELL SAN DIEGO REPORT CARD ON
CHILDREN, FAMILIES, AND COMMUNITY (DISTRICTS: ALL)**

leaders, governing agencies, advisory boards, commissions, schools, law enforcement agencies and service providers in the community.


The 2019 Live Well San Diego Report Card continues to provide a comprehensive picture of the health and well-being of our children, youth, and families, as well as nationally researched strategies to improve outcomes and specific recommendations to facilitate progress. The distribution of the 2019 Live Well San Diego Report Card will enable policymakers, service providers, advocacy organizations and community members to use it as a tool in decision-making.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

These recommendations help accomplish the County's Strategic Initiatives and advance the County's Vision of providing a safe, healthy and thriving community for all our residents.

Respectfully submitted,


GREG COX
Chairman


DIANNE JACOB
Supervisor, Second District

ATTACHMENT(S)

N/A

FY 2019-20 MHP External Quality Review Recommendations

PIP Status

- None noted.

Access to Care

1. Add language translation capability to the San Diego County Behavioral Health Services website. Priority should be given to the following threshold languages: Spanish, Arabic, Vietnamese, Tagalog, and Farsi.
2. Improve website provider directory search capability to include by region; languages served; accepting new referral status; age group served; and specialty services.
3. Streamline the ACT referral process to improve timeliness of these services.
4. The MHP should review its communication and materials regarding after-hours and crisis services so that this information is available to all beneficiaries and wellness center participants. Follow-up with a pilot test of beneficiaries to determine effectiveness.
5. Examine referral processes and support with primary care providers (PCPs) to beneficiaries needing only pharmacotherapy services. Establish methods to provide ongoing training and support to PCPs to increase their capacity and confident serving psychotropic medication-only beneficiaries.
6. Evaluate the distribution of specialty contracted programs throughout the county so as to maximize access for beneficiaries while minimizing staff travel and potential service delays.

Timeliness of Services

7. Complete the analysis comparing the self-report perceptions of clinical line staff to timeliness metrics, and determine if there is alignment between the two sources. Include the review of the actual use of the Access to Services Journal log to ensure data entered is accurate and reflective of the beneficiary experience. (*This is a partial carryover from a recommendation from FY 2018-19.*)

Quality of Care

- None noted.

Beneficiary Outcomes

8. Evaluate current communication methods related to informing beneficiaries of opportunities to provide feedback, including committee participation. Identify gaps and implement additional methods.

Foster Care

- None noted.

Information Systems

9. Develop a plan to implement the Data Warehouse database that include BHS client demographic and clinical service data from both EHR systems, to create a comprehensive dataset of behavioral health beneficiaries served and delivered services.

Structure and Operations

10. Develop a communications plan to support the mental health outpatient services roadmap with providers that addresses both county-operated programs and contract provider agencies CM implementation requirements.
11. Develop CM end-user training strategy as soon as practical and share the information with stakeholders. Consider plans that include regional training classrooms, video training environment, web casting, and train-the-trainer model.
12. Evaluate and compare pay, benefit, scope of work and advancement ladder among contracted agencies who hire peers to those of the MHP. Develop a plan and take steps to ensure parity with like industries.

Source:

2019-20 Medi-Cal Specialty Mental Health External Quality Review San Diego MHP Report. Behavioral Health Concepts, Inc., 2020, p. 66.

Report available online at:

https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/mhp_eqr_rpt_20.pdf

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

Council Member Orientation

Monday, July 13, 2020 | 9:00 – 10:30 a.m.

Virtual Event

All new CYF Council members and alternates are encouraged to participate

Existing Council members and meeting attendees are also welcome to attend this informative special session.

This orientation is to ensure that all Sector representatives and alternates appointed by the Behavioral Health Services Director acquire the necessary tools to become an informed and effective Council member.

Register in advance for this meeting:

<https://us02web.zoom.us/meeting/register/tZ0rfuCsqz0vG90XtxDjV8NLVpSLA3gReotL>

After registering, you will receive a confirmation email containing information about joining the meeting.