

**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
<b>PUBLIC SECTOR</b>					
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	+
<b>EDUCATION SECTOR</b>					
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
<b>PRIVATE SECTOR</b>					
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](http://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: <a href="http://www.coronavirus-sd.com/">http://www.coronavirus-sd.com/</a>
3. Send additional documents related to the ACEs presentations: <ul style="list-style-type: none"> <li>✓ Presentation by Dr. Altamirano (separate handout provided at the meeting)</li> <li>✓ Presentation by Dr. Lukasik, this presentation is included in the meeting packet in a small version in pages 51-52</li> <li>✓ 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.</li> </ul>	• 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](mailto: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.