

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

ANNUAL STRATEGIC PLANNING

MEETING MINUTES

July 9, 2018 – 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	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Jeffrey Rowe	+
3	Public Safety Group/ Probation	Dr. Geoff R. Twitchell		Chrystal Sweet*	
4	Child Welfare Services (CWS)	Cathi Palatella	O	Alice Kennedy	O
5	HHSA Regions	Dori Gilbert	+	Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	O	Rhonda Freeman	+
7	Juvenile Court	H. Judge Kimberlee Lagotta	O	Michelle Johnson	O
8	First 5 Commission	Alethea Arguilez	O	Dulce Cahue-Aguilar	+
EDUCATION SECTOR					
9	Special Education Local Plan Area (SELPA)	Cara Schukoske	+	Jamie Tate - Symons	
10	Regular Education Pupil Personnel Services	Heather Nemour	O	Mara Madrigal-Weiss	O
11	School Board	Barbara Ryan	E	Sharon Whitehurst-Payne	O
12	Special Education	Aidee Angulo	O	Yuka Sakamoto	+
PRIVATE SECTOR					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggy Webb	+	VACANT	+
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	Marisa Varond	+
15	Mental Health Contractors Association	Delrena Swaggerty	O	Steven Jella	+
16	Mental Health Contractors Association	Michelle Ly	+	Michelle Hogan	+
17	San Diego Nonprofit Association (SDNA)	Margaret Iwanaga Penrose	O	Rosa Ana Lozada	+
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	O	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	+	VACANT	+
22	Caregiver of child/youth served by the Public Health System	VACANT		VACANT	
23	Youth served by the Public Health System (up to age 26)	Micaela Cunningham	O	Oniric Cirino (Alice Kellogg)	O
24	Youth served by the public health system (up to age 26)	Travis Webster	O	Christine Frey	+
SUB-COMMITTEES (Non-voting members unless a member of the Council)					
-	Outcomes Committee	Angela Chen	+		
-	Executive Committee	Violeta Mora/ Dori Gilbert	+		
-	Early Childhood Committee	Aisha Pope/ Autumn Weidman	+/+		
-	Education Committee	Heather Nemour	+		
-	CYF CADRE	Julie McPherson/ Marisa Varond	+/+		
-	Family and Youth as Partners	Renee Cookson/ Valerie Hebert	+		

CYF Council Staff: Edith Mohler, Grisel Ortega and Darwin Espejo

I. Welcome Remarks (Alfredo Aguirre)

- BHS Summary of Fiscal Year 2017-18 Accomplishments
 - ✓ Updated the Behavioral Health Services Ten Year Roadmap
 - ✓ Expanded the capacity of Crisis Stabilization Unit/ Emergency Screening Unit (ESU) from four to twelve beds and relocated it to a central location.
 - ✓ Collaborated with CWS to ensure foster children receive a broad range of behavioral health services.
 - ✓ The County of San Diego joined the state's Drug Medi-Cal Organized Delivery System (DMC-ODS) for treatment of Substance Use Disorders (SUD). The implementation of DMC-ODS is allowing for many updates and enhancements in the SUD programs within the CYF System of Care.
 - ✓ Acknowledged the impact of federal immigration policies on immigrant children and their families. Supported communities through outreach and sharing information of all available resources.
- Fiscal Year 2018-19
 - ✓ The CYF Council will continue to address the impact of federal immigration policies in the CYF CYF System of Care community.
 - ✓ In compliance with AB 1299, The County of San Diego is prepared to continue providing specialty mental health services to foster children as they arrive from another county. More information can be found at:
https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB1299
 - ✓ BHS, San Diego County of Education (SDCOE) and Probation will work together to ensure that schools are safe. The goal is to better assess youth's at risk.

II. Systems Navigation Panel System Summary (Yael Koenig)

- Guiding Questions:
 - Who are the primary (target) audience the system serves?
 - What are the primary services offered?
 - Qualification criteria
 - Disqualification criteria
 - How are the Services accessed?

- Medi-Cal Managed Care Plan-Healthy San Diego (George Scolari)
 Healthy San Diego is a collaborative that started in 1998 between HHSA and health care providers. The care plan is designed to serve county residents that have full scope Medi-Cal.
 - ✓ Over one million San Diego county residents receive Medi-Cal and 95% are enrolled in a Medi-Cal Managed Health Care plan. The Healthy San Diego Health Plan Members are:

Aetna Better Health	Care 1st Health Plan	Community Health Group	Health Net
Kaiser Permanente	Molina Healthcare		United Healthcare
 - ✓ The Medi-Cal Health Care plans cover physical health care but also behavioral health care services, specifically for people suffering from serious mental illnesses. It also covers behavioral health services for members who do not qualify for Specialty Mental Health covered by the County.
 - ✓ It does not cover contractually carved out independent services such as Denti-Cal
- CWS (Norma Rincon)
 Regionalized County agency with the goal of responding to, reducing and preventing child abuse or neglect.
 - ✓ Allegations of child abuse/neglect are received through the Child Abuse Hotline (858) 560-2191 and or 1-800-344-6000. All inquiries are investigated by a social worker unique to each region of the county.
 - ✓ In Fiscal Year 2017-18, the Child Abuse Hotline received 42,485 reports which included 79,521 children
 - ✓ It is CWS's goal to stabilize each family so that a child(ren) may safely remain at home and receive Voluntary Services (for the child/children and family). If not possible, the Court will order the child(ren) to be removed from their home and placed in protective custody.
 - ✓ All children that enter the CWS system receive Medi-Cal and receive a mental health assessment
 - ✓ Over 40% of children that are removed from their home, are eventually placed with a close relative.
 - ✓ The Reunification services process can last up to eighteen months. Services are individualized to meet the specific needs of the child/children and family.
 - ✓ More information at:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/cs/child_welfare_services.html
- CWS Questions and Answers Highlights:
 - ✓ CWS as an agency cannot offer information regarding immigration matters as this is outside CWS scope of work.
- SDRC (Peggy Webb) (PowerPoint handout)
 The SDRC is a non-profit organization funded by the state Department of Developmental Services and was established through passage of the Lanterman Act of 1965 (W&I Code 54000) to serve persons with intellectual disabilities and their families.
 - ✓ The SDRC is the second largest Regional Center for Developmentally Disabled system in California with 21 centers. This system currently serves approximately 28,000 individuals in San Diego and Imperial counties.
 - ✓ The SDRC services are provided based on California state laws described in the Lanterman Act:
https://www.dds.ca.gov/Statutes/docs/LantermanAct_2018.pdf
 - ✓ A documented developmental disability must meet the following criteria:
 - o A disability that begins before the age of 18
 - o Continues or can be expected to continue indefinitely, and
 - o Constitutes a substantial disability for that individual
 - o Diagnosis included:
 - Intellectual Disability (Previously Mental Retardation)
 - Cerebral Palsy
 - Autism
 - Other conditions closely related to intellectual disability or that require similar treatment
 - o Developmental disabilities shall not include handicapping conditions that are:
 - Solely psychiatric disorders
 - Solely learning disabilities
 - Solely physical in nature
 - ✓ The SDRC must complete evaluations to determine eligibility for services within 120 days following the initial intake

- ✓ Eligible applicants are assigned to a service coordinator. Those found not eligible receive information about Fair Hearing Rights and referral for services that can meet their specific needs.
 - ✓ Applicants have a right to appeal and a fair hearing conducted after being notified of a decision. Ineligible persons are referred to alternate services that best meets their needs.
 - ✓ SDRC services include, but are not limited to:
 - o Services Coordination
 - o Respite Services for families/caregivers
 - o In-home Behavioral services
 - o Supported (Independent) living expenses
 - o Early Start (age 0-3 years) services
 - o Monitoring Health and Safety
 - o In-home WRAP services
 - o Independent living skills instruction
 - o Residential Facilities
 - ✓ Collaboration across systems and effective service coordination is essential for the success of the SDRC services recipients.
 - ✓ Additional information on SDRC at: <https://www.sdrc.org>
 - Questions and Answers Highlights:**
 - ✓ The Early Start Program (0-3 years old) offers early intervention services for children that are or at-risk of being developmentally delayed/disabled. For example, children in utero already at risk of developmental delay fetal alcohol syndrome or other trauma.
 - ✓ Usually a panel of contracted psychologists complete psychological evaluations. In special circumstances, SDRC may accept evaluations from sources other than the SDRC's contracted psychologists
 - ✓ Center for Personal Growth (Adults) and Exodus Recovery/Project Connect are additional SDRC providers offering Dual-Diagnosis services to Justice-involved individuals.
- Public Safety Group / Probation (Dr. Geoff Twitchell)
 Provides services to youth (and adults) that are under probation or in the Justice detention population.
 - ✓ The Juvenile justice population has decreased 50-60 percent within the last eight years.
 - ✓ Currently, approximately 1500 individuals are in the juvenile justice system and approximately 340 are in custody. These individuals have very complex needs and require significant services.
 - ✓ Approximately 60 percent of behavioral health services are accessed by justice-involved individuals through the justice system (both juvenile and adult).
 - ✓ In collaboration with BHS, CWS, the courts and other health care providers, Probation has been able to expand the services offered and practice robust interventions through effective care coordination.
 - ✓ Each case is approached with an understanding of the complex trauma that had directly impacted the child's development. As much as possible, services are individualized to meet the specific needs of the youth and his/her family.
 - ✓ Ongoing efforts to reduce recidivism have been implemented on adults using different treatment models. The same method is gradually being introduced to the juvenile justice system.
 - BHS (Dr. Laura Vleugels) / OPTUM (Michelle Galvan) (Brochures handouts)
 - ✓ BHS is a specialty mental health health care provider for those in our community that have MediCal or have no insurance. Communities are able to access services either through a network of County-contracted health care providers or from FFS mental health clinicians that accept Medi-Cal
 - ✓ A broad spectrum of services include, but not limited to outpatient services (featured in 400 school-based programs), Wrap-around or Therapeutic Behavioral Services, crisis stabilization and inpatient psychiatric services.
 - ✓ Specialty programs include:
 - o Our Safe Place –Drop in shelters and treatment services for Lesbian, Gayl, Bisexual, Transgender, Questioning youths
 - o ICARE – offers similar services as Our Safe Place but geared towards Commercially Sexually Exploited Children (CSEC) population
 - o Center for Child and Youth Psychiatry – features a medication only clinic, Telepsychiatry and other outpatient services normally unavailable to a certain population.
 - o Specialized programs for children with new onset psychosis and 0-5 yr old population with complex developmental needs.
 - OPTUM manages the San Diego County Access and Crisis Line (ACL) and has done so for the past twenty years. The ACL is a toll-free hotline offering assessments, counseling and referral services twenty four hours a day/ seven days a week. OPTUM's services is funded by the County of San Diego.

- o The hotline is staffed by trained and licensed mental health clinicians that screen clients for their immediate needs and make an appropriate referral based assessment.
- o A database of County services/resources is maintained. It includes: community resources, suicide prevention, crisis intervention, mental health referrals and alcohol and drug support services.
- o Counselor accept all clients regardless of insurance coverage (i.e. no insurance or have MediCal). OPTUM works closely with all MediCal health plans to ensure client coverage and services are linked.
- o Referrals concerning children and youth often include services for their families and/or caregivers.
- o OPTUM is partnered with the National Suicide Prevention Hotline. Calls to the national hotline originating from San Diego County is automatically transferred to ACL. The volume of calls have spiked due to the recent celebrity suicides.
- o More information:
<https://www.optumsandiego.com/content/sandiego/en/access---crisis-line.html>
- Questions and Answer Session-Vignette and Panel Discussion Summary:

“A 25-year-old woman and mono-lingual Spanish speaker with a 12 month old son and 4 year old daughter who is enrolled in a Head Start program. The daughter has been absent from class for several days in the past two weeks. The mother mentions to her daughter’s preschool teacher that she is not getting much sleep after being fired from her job. At the encouragement of the teacher, the mother comes to a parenting class at the Head Start because they offered dinner and child care. She shares with other parents in the class she has had trouble engaging in her children’s activities and other interests that she used to enjoy. The class instructor talked to her after class where the mother mentioned “no estoy en mis 5 sentidos” (feeling out of it) after the birth of her first child, but says she pulled out of it after several months. She separated from the father of her 12 month old several months ago and hasn’t had much contact with the father of the 4 year old.”

 - ✓ Medical Managed Health Plans
 - o The family in the vignette would contact their Medi-Cal health plan provider and a referral is made to the appropriate services (i.e. psychological evaluations). If the family has no insurance, a first step would be to contact the Access and Crisis Line at 1-888-724-7240 for a screening and referral
 - o On August 23, 2018, BHS will be presenting the MHSA the Innovation 18-Peripartum Services a CYF Perinatal project in collaboration with the Public Health Nurses Home Visiting Programs. The proposed program intends to support parents who have perinatal mood and anxiety disorders and provide treatment services and linkages to appropriate resources and care.
 - ✓ CWS

A social worker will assess the situation and determine if services (i.e. post-partum depression treatment, psychological evaluation, voluntary services) are needed for the mother - aside from the children’s immediate well-being. A thorough investigation of the family is conducted for any prior/ existing CWS case(s), history of domestic violence, sexual abuse etc. The children, mother and reporting party are interviewed individually. CWS will respond and take action depending on the severity of the situation. Taking both children into protective custody is only the last resort.
 - ✓ SDRC

Assess if the 12 month old child has a developmental disability that would qualify them into SDRC’s Early start program. If eligible, the child’s mother would be referred to a SDRC’s Family Resource Center and receive outpatient services , walk-in evaluations, in-home behavioral services, wraparound services and parenting classes via Head Start.
 - ✓ Probation

Case vignette is not relevant to services being offered.
 - ✓ BHS/OPTUM:

The family could contact any HHSA Family Resource Center (FRC) or dial “211 San Diego” (for local resources and information hotline) for their most basic needs. The Head Start program would have already identified the 4 year old’s needs. After the family contacts ACL, they could be referred to services such as the 0-5 program - to address a child’s potential developmental needs.

 - o Positive Parenting Program (PPP), Substance Use Disorder (SUD) general adult services, access to the FFS network and managed mental health care programs to the parent.
 - o Residential services for the family.

III. Closing Remarks/Announcements (Yael Koenig)

- BHS Annual Forums projected for September 2018
- CYF Council will be “dark” in August 2018
- CYF Council Orientation is scheduled for August 13, 2018 (flier). RSVP with Grisel Ortega at:
Grisel.Ortega@sdcounty.ca.gov

Action Items	Action By	Action Due
• SchoolLink preview.	• Yael Koenig	• Scheduled for the September 10, 2018 CYF Council meeting.
• Project Cal-Well-Mental Health Update.	• Heather Nemour	• Scheduled for the September 10, 2018 CYF Council meeting.
• Sub-Committee Update: Early Childhood video: Supporting Caregivers pending from the May 14, 2018 CYF Council meeting.	• Aisha Pope and Jennifer Kennedy	• Re-scheduled for the September 10, 2018 CYF Council meeting
• Center for Child and Youth Psychiatry Presentation	• New Alternatives staff	• Fiscal Year 2018-19
• Recommended Fiscal Year 2018-19 CYF Council goal: School Threats/Violence Assessments	• To Be Determined	• Fiscal Year 2018-19.

Next CYF Council Meeting:, September 10, 2018, 9:00-10:30 A.M. @ Scottish Rite – Shell Room

Sub-Committees/Sectors/Workgroups Meetings Information:

Outcomes: Meets the 1st Tuesday of the month- 3255 Camino del Rio South, San Diego CA 92108 in La Vista Room- from 11:30 A.M. to 1:00 P.M.

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

Education Advisory Ad Hoc: Meets As Needed.

TAY Council: Meets the 4th Wednesday of the month 3:00 to 4:30 P.M. – New meeting location TBD.

CYF CADRE: Meets quarterly the 2nd 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 1st 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 – 1st qtr. – contact CYFLiaison@namisd.org for schedule.

Family and Youth as Partners: Meets the 3rd Thursday of the month at 3255 Camino del Rio South, San Diego CA 92108 in La Jolla Room from 2:00 to 3:30 P.M.

Private Sector: Ad Hoc/Meets As Needed.