

BEHAVIORAL HEALTH ADVISORY BOARD

ANNUAL RETREAT

OCTOBER 22, 2022 | 9:00AM-1:00PM



LIVE WELL
SAN DIEGO

AGENDA

8:45-9:00	Arrivals and Breakfast	Continental Breakfast
9:00-9:15	Welcome & Introductions	<i>Bill Stewart</i>
9:15-9:20	Non-Agenda Public Comment	<i>Members of the Public</i>
9:20-9:30	Action Item: BHAB Annual Report 2021	<i>Dania Barroso-Conde</i>
9:30-9:45	Director's Update on BHS	<i>Luke Bergmann</i>
9:45-11:10	BHAB's Role & Responsibilities <ul style="list-style-type: none"> ○ BHAB Member Engagement & Participation ○ Identifying Priorities 	<i>Bill Stewart</i>
11:10-11:50	Discussion: BHAB 2023 Subcommittees	<i>Bill Stewart</i>
11:50-12:30	Working Lunch	Lunch
12:00-12:30	CalAIM Panel Discussion	<i>Dr. Eric McDonald, Heather Summers, Tabatha Lang, and Jack Dailey</i>
12:30-12:45	Action Item: 2022 Data Notebook <ul style="list-style-type: none"> ○ Special Presentation: Community Experience Partnership Dashboard Demo 	<i>Bill Stewart Dr. Nicole Esposito</i>
12:45-12:50	Announcements	<i>BHAB Members</i>
12:50-12:55	Closing Remarks	<i>Bill Stewart</i>
1:00 ---	Meeting Adjournment	<i>Bill Stewart</i>



WELCOME & INTRODUCTIONS

Bill Stewart, BHAB Chair





NON-AGENDA PUBLIC COMMENT





ACTION ITEM: BHAB ANNUAL REPORT 2021

Dania Barroso-Conde, BHAB Coordinator





DIRECTOR'S UPDATE ON BHS

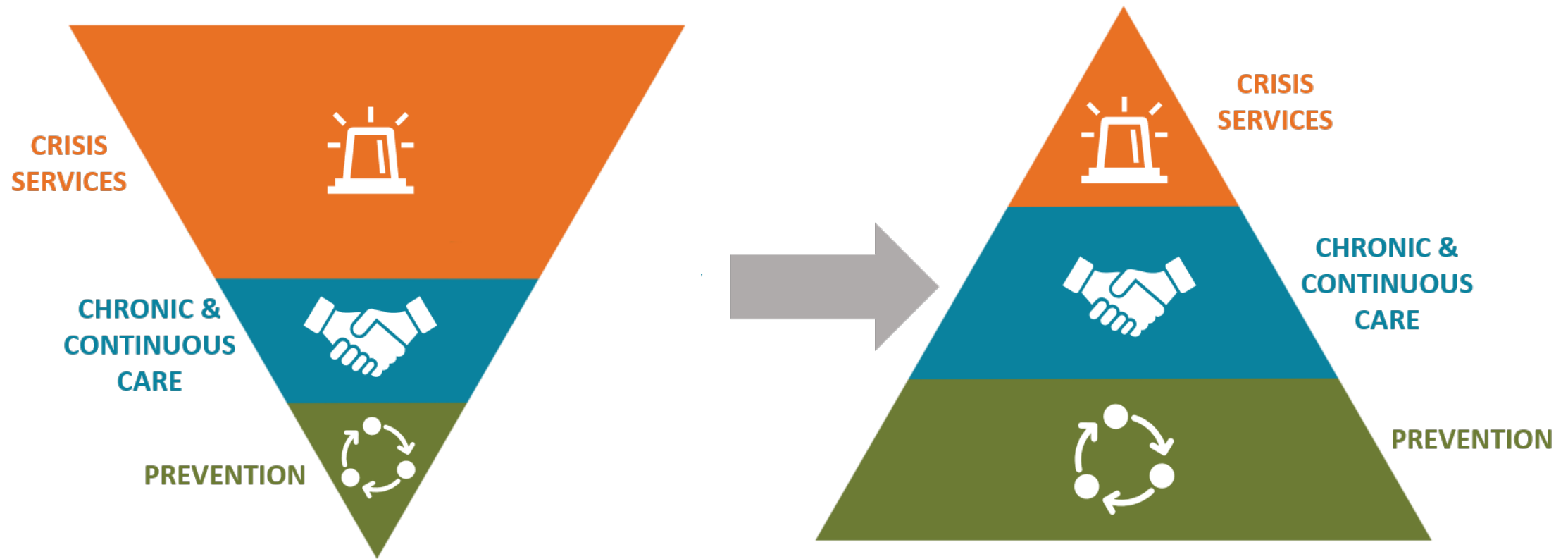
Luke Bergmann, Director, BHS



FROM CRISIS TO CONTINUOUS CARE



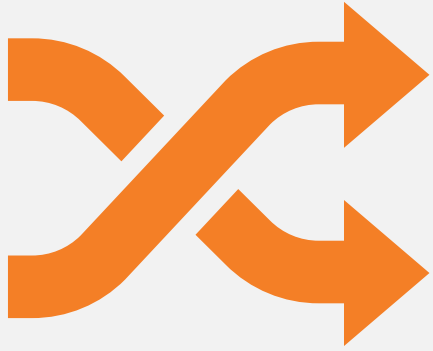
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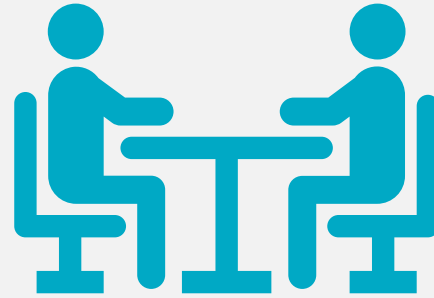
ENHANCING SERVICES ACROSS THE CONTINUUM OF CARE



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**CRISIS AND
DIVERSIONARY
SERVICES**



**INPATIENT HUBS
AND CARE
COORDINATION**



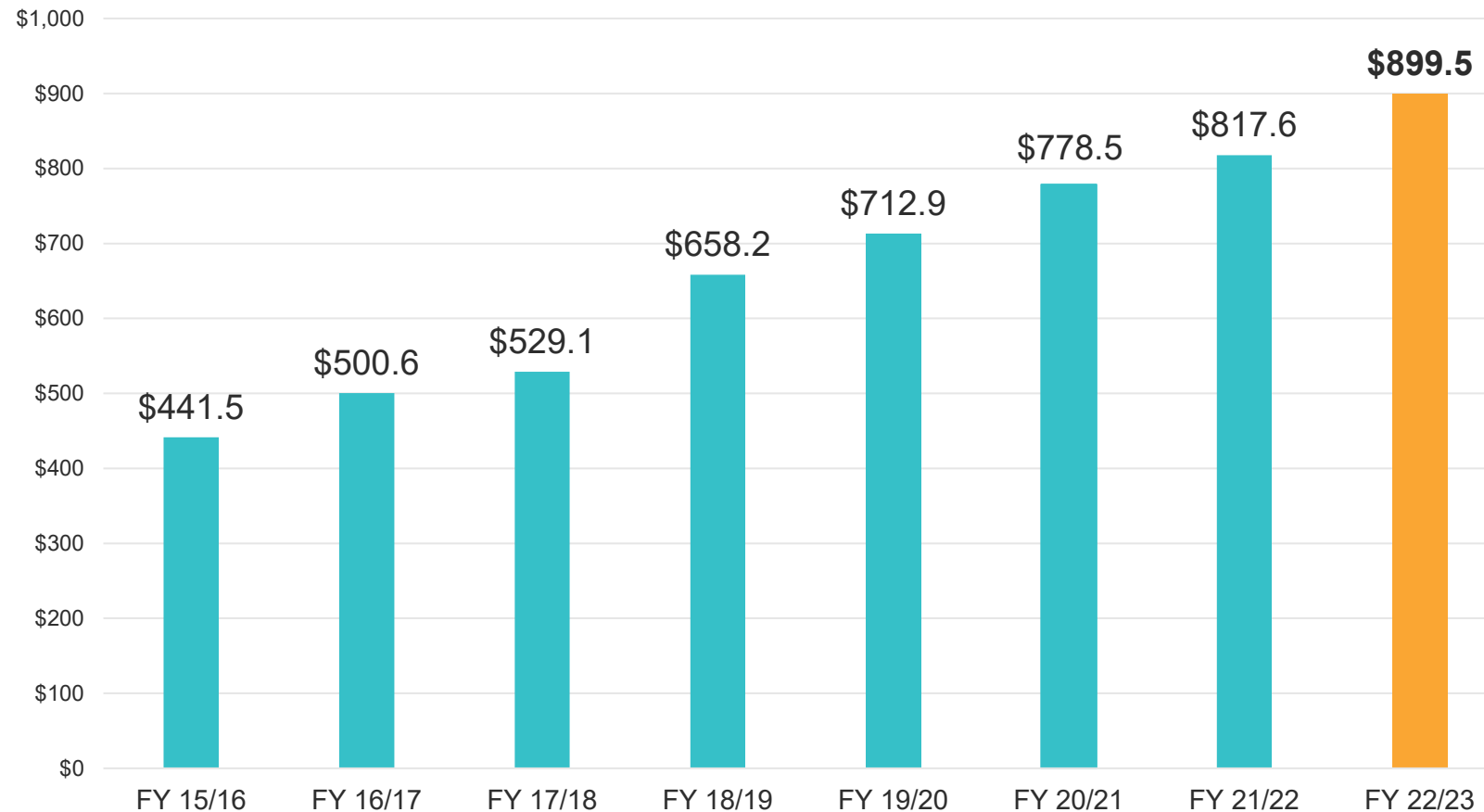
**RESIDENTIAL
AND LONG-TERM
CARE**

FY 2022-23 BHS BUDGET



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BHS Budget
(\$ in millions)



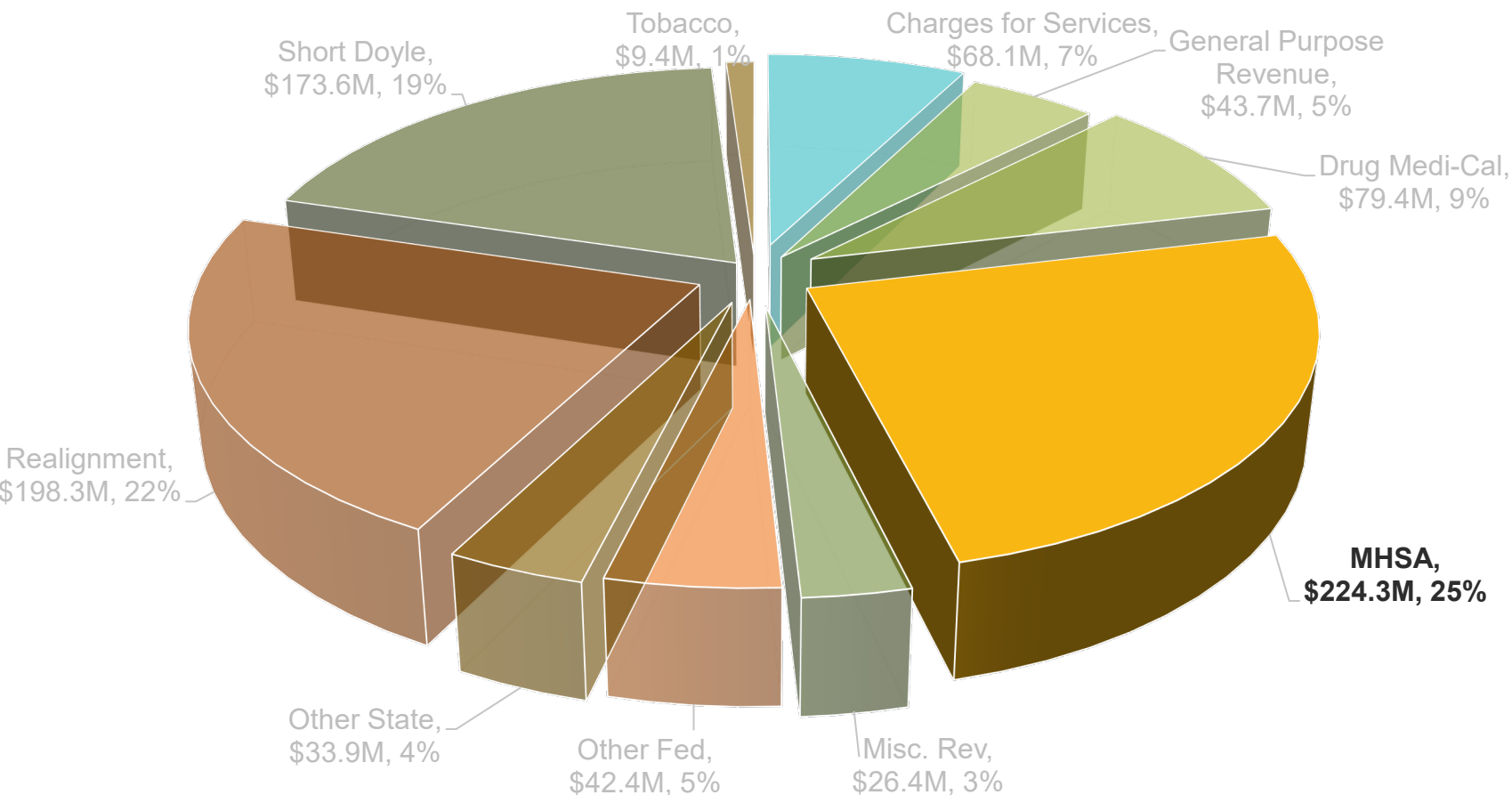
BHS FUNDING VIA MHSA



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TOTAL BHS Approved Budget: \$899.5 MILLION

MHSA comprises 25% of the total BHS budget across four major service categories



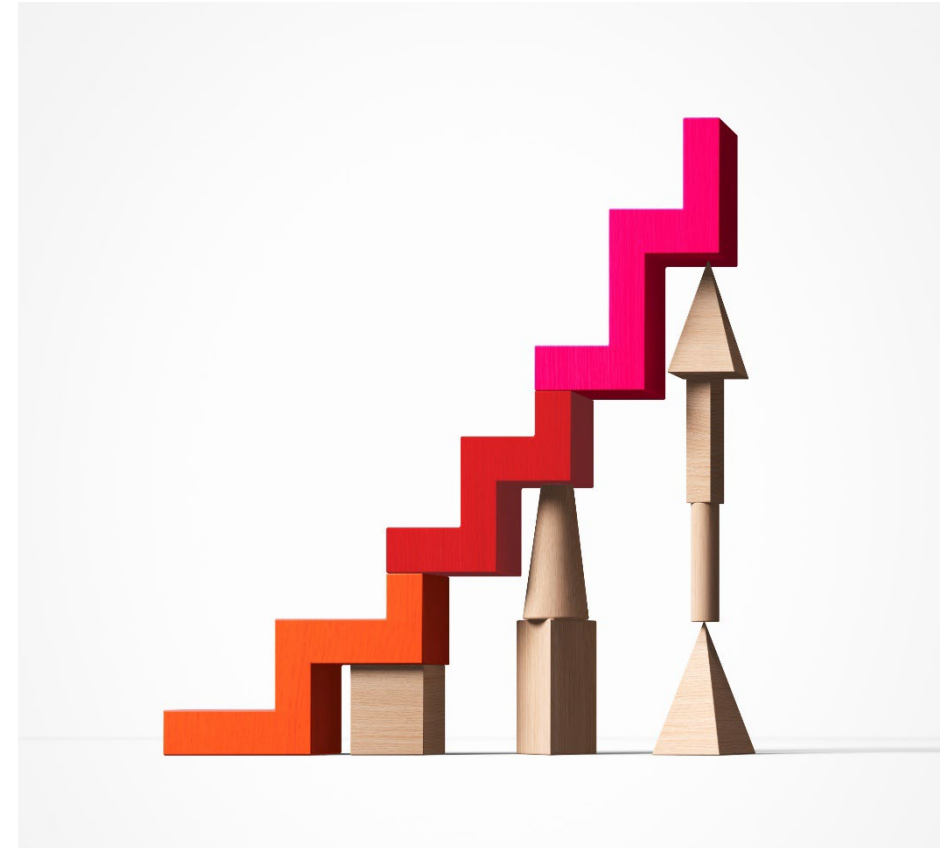
- 1 **Community Services and Supports**
- 2 **Prevention and Early Intervention**
- 3 **Innovation**
- 4 **Workforce Education and Training**

Overview



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- **MHSA investments continue increasing**
 - Increase of **\$11.6M** in FY 22-23
 - **94% of budget** is for ongoing services
 - Budget/reporting is annually but services are **long-term over multiple years**
 - Align investments with projected/received revenues, ensure long-term sustainability, maximize drawdown
- **Volatility remains a challenge in planning**
 - **June 2021:** Significant downturn projected. BHS was explored options to reduce MHSA programming.
 - **March 2022:** MHSA revenue projections increased significantly 8 months later.



Future Program Planning



- **Anticipated Growth**

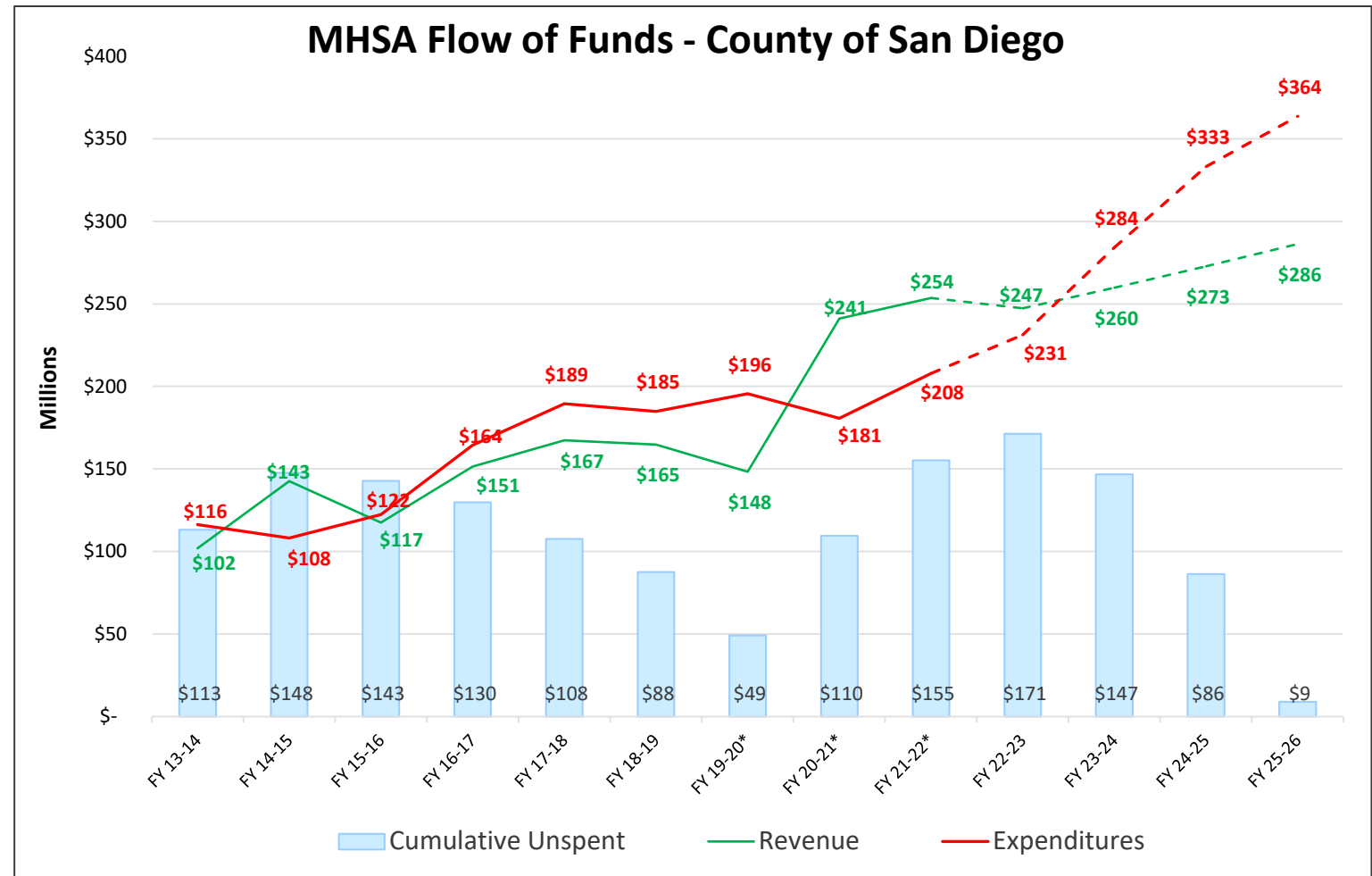
- **All components:** Increased cost, workforce
- **CSS:** Projected increases due to treatment, CSUs, CARE Court
- **PEI:** Increases in systemwide prevention, public messaging, community engagement, Screening to Care
- **WET:** Programming due to SDWP
- **INN:** program planning underway, continues to be challenging to sustain

a.	Workforce - Contractual and County Adjustments (CSS, PEI, WET)
b.	Crisis Stabilization Unit – East (CSS)
c.	Crisis Stabilization Unit - Alvarado (CSS)
d.	Prevention Program Expansion (PEI)
e.	Public Messaging (PEI)
f.	Innovation Program Expansion (INN)
g.	Optimal Care Pathways Model (CSS)
h.	Screening to Care (Universal Screening) (PEI)
i.	Screening to Care (Expansion) (PEI)
j.	CARE Court Implementation (CSS)
k.	First Five Partnership (PEI)
l.	Annualization of prorated contracts (CSS, PEI, WET)
m.	Information Technology (CSS, PEI, WET)
n.	Support Services (CSS)
o.	Treatment Services (CSS)
p.	Housing (CSS)

Projected Future Investments

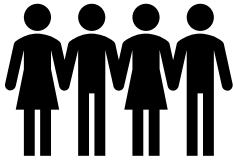


- Excludes **\$33.5M in Prudent Reserve** required by the MHSA
- Anticipated **\$130M+ growth** in MHSA programs in next 3 years
- Project to utilize a majority of unspent MHSA funds
- **San Diego has reverted \$0**
 - \$7.8M MHSA reverted by all counties of \$22.8B (<.03%)
- Must balance increased programming with revenues **to sustain services long term**





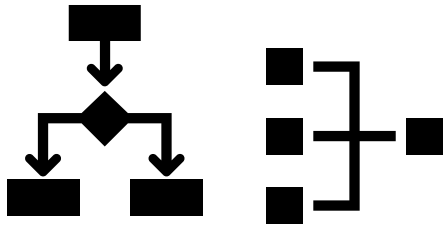
Population Health and a Data-driven Approach in Service Design and Delivery



COMMUNITY PROGRAM PLANNING



OPTIMAL CARE PATHWAYS MODEL



COMMUNITY EXPERIENCE PROJECT



BEHAVIORAL HEALTH EQUITY INDEX



BHAB'S ROLE & RESPONSIBILITIES:

- MEMBER ENGAGEMENT & PARTICIPATION
 - IDENTIFYING PRIORITIES
-

Bill Stewart, BHAB Chair



BHAB PRIORITIES



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What is the purpose of identifying priorities?

- BHAB priorities address behavioral health issues that are in alignment with the mission and duties of BHAB.
- Identifying the top high-level priorities for the upcoming year allows the advisory board to engage in relevant and timely challenges and the flexibility to become informed on the issues, ultimately to provide recommendations to BHS and the Board of Supervisors.
- **Example:** Regional workforce challenges and its impact to services

Members were asked to provide their top three priorities for BHAB in 2023. Responses provided below in no particular ranking order.

1	2	3
Ongoing Case Management	Coordination of Care and patient's benefits and services	Supportive Housing 24/7 Trained workers available to supervise and assist residents
Integration with Community based organizations/FQHCs	Transitional age youth care, especially those with special needs like Autism, ID	Prioritizing integrated settings of care for co-occurring disorders-SUD and BH and primary care. Many patients struggle due to silos
Wages for mental health professionals	Community engagement and outreach about mental health	Mental health care professionals having adequate
Criminal Justice/MH Interface	Increased Community Engagement	AOD Focus
Criminal Justice Reform sub- committee	Continuum of Care Sub- committee	AOD Sub-committee
Reimagine/reshape how mental/behavioral health care is provided. Examine the feasibility of team-based models.	Prioritize mental/behavioral health care for Children, Youth & Families	Expand community involvement/input in mental/behavioral health care.
Continue to build out the C of Care, especially across LTC	BHS Workforce	Nexus between BHS and CJ services



DISCUSSION: BHAB SUBCOMMITTEES

Bill Stewart, BHAB Chair





CaIAIM PANEL DISCUSSION

Dr. Eric McDonald, Chief Medical Officer, Medical Care Services

Heather Summers, Deputy Director, San Diego Advancing Innovating Medi-Cal (SDAIM)

Tabatha Lang, Asst. Medical Services Admin., BHS

Jack Dailey, Director of Policy & Training, Legal Aid Society of San Diego





ACTION ITEM: 2022 DATA NOTEBOOK

SPECIAL PRESENTATION:
COMMUNITY EXPERIENCE PARTNERSHIP (CEP) DASHBOARD DEMO

Dr. Nicole Esposito, Chief, Population Health Officer





COMMUNITY EXPERIENCE PARTNERSHIP



communityexperiencepartnership.com

Start Page

Community Experience Partnership

[Home](#)[Dashboards](#)[About](#)[Contact](#)

Promoting behavioral health equity in San Diego County

[Explore the Dashboards](#)

The Community Experience Partnership is an initiative of County of San Diego Behavioral Health Services (BHS) and UC San Diego's Child and Adolescent Services Research Center (CASRC) and Health Services Research Center (HSRC).


OFFICE OF THE COUNTY CLERK

HHSA

HEALTH AND HUMAN SERVICES PUBLIC


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CASRC

Child and Adolescent Services Research Center



HEALTHSERVICES

RESEARCH CENTER

UNIVERSITY OF CALIFORNIA SAN DIEGO

Exploring Equity by Region



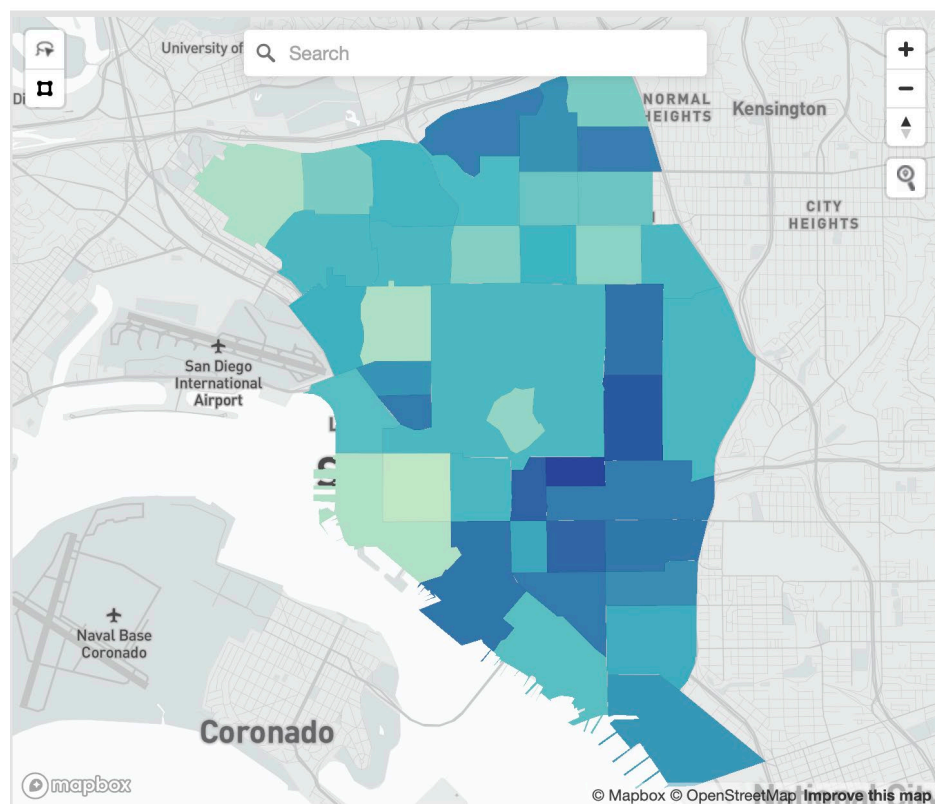
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Percent of adults who report depression by census tract, 2019

Average for San Diego County: 17.5%

Neighborhood Range: 11.7% - 25%

Select a neighborhood from
the map to learn more

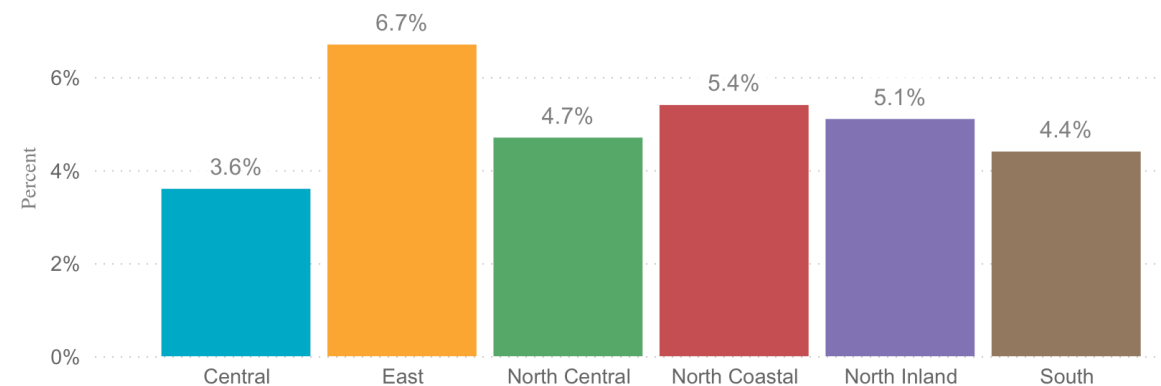


Receipt of inpatient services by HHSA region (%)

Data for all child and youth clients who received services in FY 2020-21

Select Year

FY 2020-21



In fiscal year 2020-21, youth who lived in the East Region were significantly more likely to have received inpatient services compared to youth who did not live in the East Region (6.7% vs. 4.6%, $p\text{-value} = <0.001$).

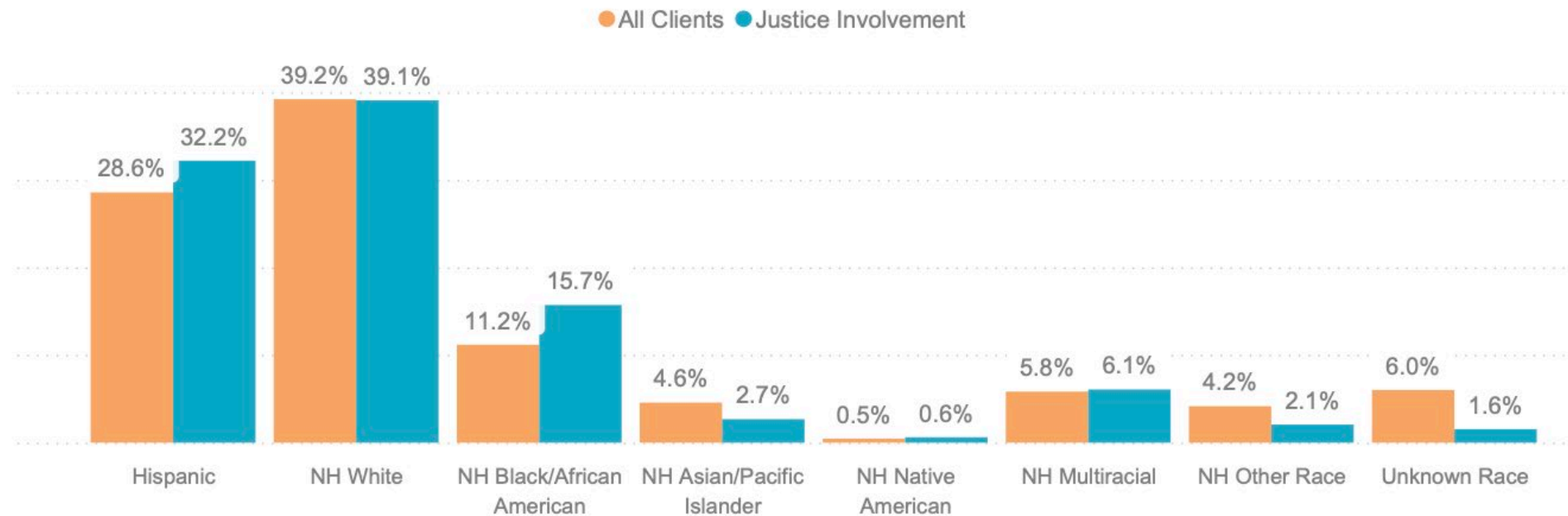
Exploring Equity by Special Population



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Race and ethnicity among clients involved with the justice system vs. all clients (%)

Data for all clients served in FY 2019-20



In fiscal year 2019-20, 15.7% of clients who were involved in the justice system identified as Black/African American. By comparison, 11.2% of all clients identified as Black/African American (15.7% vs. 11.2%, p-value = <0.001).

Exploring Equity by Special Population



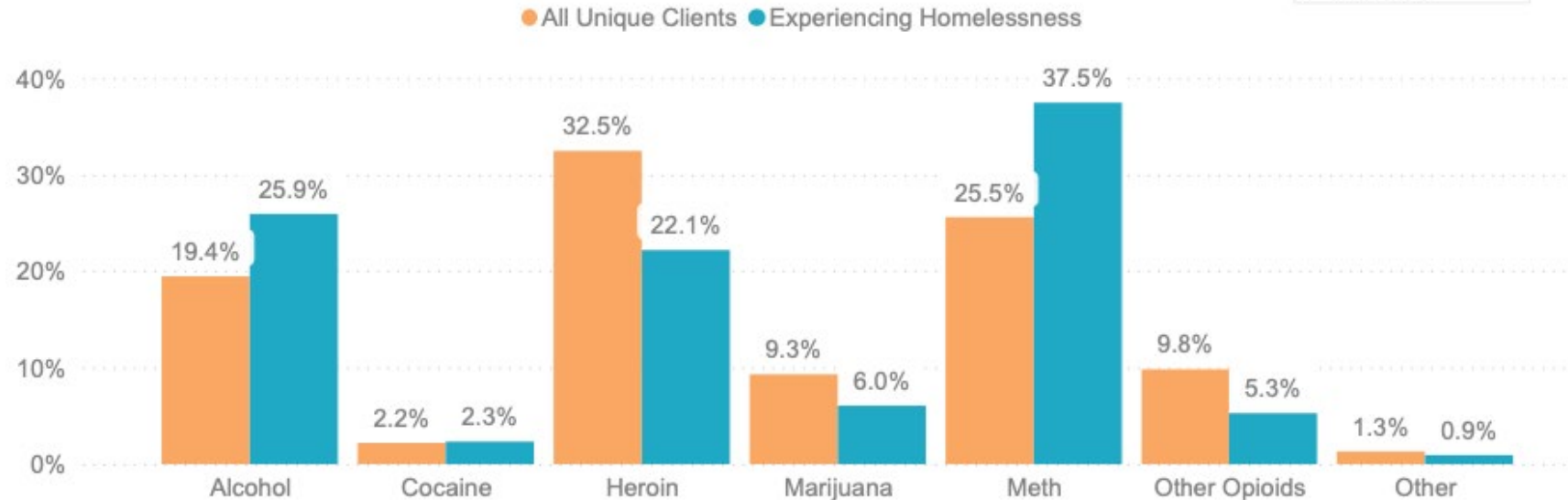
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Self reported primary substance use at admission for clients experiencing homelessness (%)

Data for FY 2020-21 among all DMC-ODS clients

Select Year

FY 2020-21



In fiscal year 2020-21, 37.5% of clients who experienced homelessness self reported meth as the primary substance they used at admission. By comparison, 25.5% of all clients self reported meth as the primary substance they used at admission (37.5% vs. 25.5%, p-value = <0.001; a p-value of <.05 is considered statistically significant).

NOTE: Select bar above to update interpretation



DISCUSSION & QUESTIONS

Please contact UCSD at
CEP.Info@health.ucsd.edu





SUPPLEMENTARY SLIDES



Behavioral Health Dashboards

Client Dashboards: Individuals Served by County of San Diego Behavioral Health Services (BHS)

Mental Health Services for Children

Who is being served by the Children, Youth and Families BHS Mental Health System of Care? Are all children in services getting better? Explore outcomes and trends over time for youth clients by race/ethnicity, gender, sexual orientation, and more.

[Explore the Data](#)

Mental Health Services for Adults

Who is being served by the Adult and Older Adult BHS Mental Health System of Care? Are services promoting recovery for adults and older adults? Explore outcomes and trends over time for adult clients by race/ethnicity, gender, sexual orientation, and more.

[Explore the Data](#)

Substance Use Services

Who is being served by the BHS Drug Medi-Cal Organized Delivery System (DMC-ODS)? Are services promoting recovery? Explore outcomes by age, race/ethnicity, gender, sexual orientation, and more.

[Explore the Data](#)

Youth Risk Behavior Survey (YRBS)

What behavioral health risk factors do students attending San Diego Unified School District experience? Explore behavioral health risk factors, outcomes, and trends over time by race/ethnicity, grade, gender, and sexual orientation using data from the Center for Disease Control's Youth Risk Behavior Survey (YRBS).

[Explore the Data](#)

Emergency Visits, Hospitalizations, and Mortality Rates

Which populations experience higher rates of emergency department visits, hospitalizations, and mortality for behavioral health conditions? Explore data and maps from California Department of Health Care Access and Information.

[Coming Soon](#)

Mapping Social Determinants of Behavioral Health

How do the root causes of behavioral health equity differ across neighborhoods in San Diego County? Explore the [social determinants of behavioral health](#), including poverty, education, physical and behavioral health needs, and more through interactive maps.

[Explore the Data](#)



- **Data-driven**
 - Explore social determinants of health
- **Composite index**
 - Combines multiple sources into a single score
- **Tool to summarize information**
 - Understand where inequities exist
 - Build community consensus

BHEI Interpretation



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Neighborhoods with **higher BHEI scores** are relatively more likely to have access to the resources, opportunities, and conditions that promote behavioral health than neighborhoods with lower BHEI scores.

In this way, a **lower BHEI score** may be an indicator of systemic inequities in policies, resources, and service provision.





ANNOUNCEMENTS





CLOSING REMARKS

Bill Stewart, BHAB Chair



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