



# County of San Diego

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TO: The Behavioral Health Advisory Board (BHAB)

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

## **BEHAVIORAL HEALTH SERVICES 2020 YEAR-END DIRECTOR'S REPORT**

### **ACTION ITEM: APPROVAL OF THE REVISED BHAB BYLAWS**

The County of San Diego (County) Board of Supervisors (Board) established the Behavioral Health Advisory Board (BHAB) in 2014, by merging the County Alcohol and Drug Advisory Board with the County Mental Health Board. At that time, bylaws were adopted in accordance with Board Policy A-74, Citizen Participation in County Boards, Commissions and Committees, which oversees special citizen boards which advise the Board and County staff on issues of policy and serve as links to the community.

In 2018, the BHAB bylaws were revised, guided by a workgroup BHAB formed to undertake the process. In 2019, Assembly Bill (AB) 1352 was passed, which further defined the roles of County mental health boards, necessitating further revisions to the BHAB bylaws. The Building a Better BHAB Workgroup was tasked with leading the revision effort and held meetings with members and staff to determine the appropriate changes to produce a final draft of the revised bylaws, which was reviewed at the 2020 BHAB Retreat. The edits reflect changes in BHAB operations, improve internal governance of the group, and ensure conformity with current California Welfare and Institutions Code, as modified by AB1352.

**It is, THEREFORE, staff's recommendation that BHAB approve updates to the bylaws and authorize County staff to move forward with the process of securing Board of Supervisors approval to amend the local ordinance governing BHAB.**

### **BEHAVIORAL HEALTH SERVICES YEAR IN REVIEW**

For the final Director's Report of 2020, I am pleased to share the following updates which represent the major highlights of BHS this year, across all units.

## **ADULT AND OLDER ADULT (AOA) SYSTEM OF CARE**

### **Expansion of Regional Crisis Stabilization Units (CSU)**

#### **Palomar Health CSU**

On August 4, 2015, the Board approved executing a contract with Palomar Health (Palomar) to provide crisis stabilization specialized services, and on July 1, 2020, Palomar moved into their new modular building next to their hospital in Escondido. The modular building is located directly outside the Emergency Room at Palomar Hospital. This two-story building will be able to accommodate 16 total recliners, currently there are 12 recliners in service. The remaining four recliners will be in service in early 2021. Crisis Stabilization services are designed to prevent clients from being admitted to a more intensive inpatient setting that can cause disruption in one's life. In August 2020, Palomar was able to divert 87.5% of their clients from admitting to their inpatient program. The CSU is designed to provide behavioral health assessments, medications, monitoring, peer support and case management services.

#### **Paradise Valley CSU**

On August 4, 2020, the Board approved the execution of a contract with Paradise Valley to provide specialized crisis stabilization services. This newest CSU will be housed at Bay View Hospital and will serve the South Region. This site will accommodate 12 recliners and provide behavioral health assessments, medications, monitoring, peer support and case management services. Services are estimated to start in January 2021. The Paradise Valley CSU is strategically located in the South Bay community that has one of the largest concentrations of Hispanic residents, a population with noted health disparities.

#### **North Coastal Live Well Health Center CSU**

The North Coastal Live Well Health CSU is currently in the build-out phase and is a community-based crisis stabilization unit that will accommodate 12 recliners once completed in October of 2021. A request for proposal (RFP) for services is anticipated early in summer of 2021.

#### **Mobile Crisis Response Teams (MCRT)**

On June 25, 2019, the Board approved a competitive solicitation for a non-law enforcement MCRT in the North Coastal region. The contract was awarded to Exodus and BHS will begin implementation of this program in mid-December 2020. This North Coastal MCRT is a non-law enforcement mobile team that responds to persons in crisis in the community and provides crisis intervention and care coordination to appropriate level of care. On June 23, 2020, the BOS also approved the expansion of MCRTs countywide, and BHS is in process of finalizing an RFP for these services. It is anticipated that the RFP will be released in early 2021.

#### **CARES Act Emergency Rental Assistance**

On October 13, 2020, the Board authorized the reallocation of Coronavirus Aid, Relief, and Economic Security (CARES) Act funds to provide rental assistance to BHS clients who have experienced economic hardship as a result of COVID-19. The resulting program, CARES Act Emergency Rental Assistance for Enrolled BHS Clients, provided rental assistance to cover rent arrears (unpaid back rent) and November/December rent payments for eligible, enrolled BHS clients. The program is administered by County Housing and Community Development Services. The CARES Act Emergency Rental Assistance for Enrolled BHS Clients was designed to prevent these individuals and families from falling into homelessness, while simultaneously providing economic assistance to landlords, to whom the rental assistance funds were paid directly.

## **Psychiatric Emergency Response Team Success Stories**

Psychiatric Emergency Response Teams (PERT) provide emergency assessment and referrals for individuals in a behavioral health crisis, by pairing a law enforcement officer with a clinician in the field. In Fiscal Year 2019-20, PERT performed 11,000 interventions, 50% of which did not result in hospitalization or incarceration. Recent feedback from the program appears below.

Feedback from a PERT contact:

*"Hi this is that girl from the Oceanside beach that you helped get away from the arranged marriage situation and I just wanted to let you know that I was able to get back to the Bay Area and am doing good and am safe now. I just got a job interview as well. I want to say thank you so much I really appreciate the advice and everything you've done to help because I've never been happier now that I'm free."*

Feedback from family of a PERT contact:

*"I want to express our appreciation for the support we received from the officers who came in response to our call for assistance on Sunday, July 27th. Our son, who has a disability, was having issues that we were unable to deal with. There were three officers plus a PERT team member who came to our house to help. Officer Mark Garrett and PERT team officer Daniella Garcia were two of these people who came to help us. They did a great job of listening to us and finding out what was going on. They then went to talk with our son to understand his situation and to offer him support. They returned and provided us with feedback from our son. These are difficult situations for everyone and they handled it in a professional and caring way. We want to thank them for their support, it is much appreciated."*

## **CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEM OF CARE**

### **Continuum of Care Reform (CCR)**

The CCR initiative is a comprehensive framework of legislation and regulations designed to improve the continuum of services that support children, youth and families across child placement settings. The following updates highlight some of the work CYF has completed in 2020 to advance the CCR initiative.

### **Therapeutic Foster Care (TFC)**

On January 1, 2017 the Department of Health Care Services (DHCS) implemented the TFC service model under the Katie A. settlement agreement. The TFC service model allows for the provision of short-term, intensive, highly coordinated, trauma-informed and individualized Specialty Mental Health Services (plan development, rehabilitation and collateral services) for children and youth up to age 21 who have complex emotional and behavioral needs and who are placed with trained, intensely-supervised and supported TFC parents. TFC is intended for children and youth who require intensive and frequent mental health support in a family environment. In accordance with subsequent direction from DHCS, inclusive with the release of the Medi-Cal Manual 3<sup>rd</sup> Edition, the local TFC program was launched on April 1, 2020. The CYF Unit, in collaboration with the Quality Improvement Unit have developed new infrastructure to enable the provision of the service. Through a contract with San Diego Center for Children, new training curriculum has been implemented and to date, three caregivers have completed the comprehensive TFC training protocol, received TFC certification, and have started to provide TFC services.

### **Family Urgent Response System (FURS)**

FURS is a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability, to preserve the relationship of the caregiver and the child or youth. FURS builds upon CCR to provide current and former foster youth and their caregivers with immediate, trauma-informed support when they need it. FURS is intended to have multiple positive effects on the lives of children/youth and caregivers, including:

- Preventing placement disruptions and preserving the relationship between the child/ youth and their caregiver.
- Preventing the need for a 911 call or law enforcement involvement and avoiding the criminalization of traumatized youth.
- Preventing psychiatric hospitalization and placement into congregate care.
- Promoting healing as a family.

CYF has been working in collaboration with Child Welfare Services (CWS) in the local implementation of FURS. This program is expected to be available in early 2021. More information can be found at: <https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/furs>.

### **CLINICAL DIRECTOR'S OFFICE (CDO)**

#### **Long-Term Care**

BHS remains committed to increasing the availability of step-down and long-term care capacity to ensure clients are placed in the most appropriate levels of care during and after psychiatric crises. The addition of 49 IMD beds at two locations recently demonstrates efforts to meet this continued need:

- In July 2020, 20 additional Mental Health Rehabilitation Center (MHRC) beds were added at the Fallbrook Healing Center with Crestwood Behavioral Health, Inc. bringing the total number of County-contracted beds at this location to 52.
- In September 2020, 29 additional beds were added at Lakeside Special Treatment Program with GHC of Lakeside LLC, a Skilled Nursing Facility with a Special Treatment Program. The total number of county contracted beds at this location is now 69.

#### **Workforce Strategic Plan**

In 2014, the County entered into a Memorandum of Understanding with the Southern Counties Regional Partnership (SCRIP) to implement Workforce, Education, and Training (WET) strategies. The SCRIP is comprised of the following counties: Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Tri-City (Pomona, Claremont and La Verne) and Ventura. The SCRIP is an important workforce strategy to assist the public mental health system outreach to multicultural communities, increase diversity of the workforce, reduce stigma associated with mental illness and promote the use of web-based technologies and distance learning techniques.

On May 13, 2020, the SCRIP voted to submit an application for a WET Regional Partnership Grant that will result in \$15,340,829 of funding to support public mental health system workforce development in the southern counties, of which \$3,281,356 will be designated for the San Diego region. Collaborating and coordinating with other southern counties through the SCRIP helps enhance local resources for WET programs. This partnership will enable the southern counties to

access Office of Statewide Health Planning and Development (OSHPD) funding for retention and recruitment efforts for the public behavioral health workforce.

### **Drug Medi-Cal Organized Delivery System (DMC-ODS)**

Since the DMC-ODS implementation in San Diego County on July 1, 2018, Medi-Cal admissions to services have far exceeded the County's three-year implementation goal of 12,732. As of October 2020, Medi-Cal admissions to DMC-ODS services was over 33,000. In Fiscal Year 2019-20, over 3,900 individuals receiving outpatient treatment were connected to recovery residences, representing a 178% increase over the number of connections the prior year. Individuals receiving care management services rose by 55% to over 10,400. COVID-19 health emergency notwithstanding, 100% of active DMC-ODS facilities are now DMC certified.

The COVID-19 pandemic required the County and its DMC-ODS providers to rethink how to provide services. While tele-health was not widely utilized prior to the pandemic, it became a critical means of treatment. In August 2020, 42% of adult outpatient services and 18% of youth outpatient services were provided via tele-health. Thirty to 35% of services were provided telephonically and the remainder of services were provided in-person. Encounter data among adolescents showed a more dramatic and ongoing drop in service volume during the health emergency. In San Diego County, there has been a 61% drop in unique adolescent clients served in outpatient care (compared to a 24% drop in unique adult clients) when comparing the period before the pandemic (December 2019 to February 2020) to the most recent three month period (July to September 2020). Additionally, due to physical distancing requirements, the SUD residential bed capacity was reduced by over 30%. Although the COVID-19 pandemic has been a major disruption for DMC just as it has been to the entire health system, had the County not implemented DMC-ODS, the disruption and loss to care likely would have been even more significant.

In the midst of the pandemic, overdose deaths in the County nearly doubled over the months preceding the pandemic, with rates of fentanyl-involved overdose nearly triple the rate of a year ago. These are on top of what has been a steady increase locally in accidental overdose deaths over the past 10 years. This alarming data demonstrates all the more the importance of medication assisted treatment and the role of opioid treatment programs (OTP). The number of unique individuals receiving buprenorphine through the OTPs increased by 84% and the number of buprenorphine dosing increased by 90% over the prior fiscal year. The number of step-downs or patient take-homes increased by 4% over the prior fiscal year to 62%.

DHCS is currently in the process of working with the federal Centers for Medicare and Medicaid Services (CMS) to extend the Medi-Cal 2020 Section 1115 Waiver demonstration through December 31, 2021.

### **QUALITY IMPROVEMENT (QI) UNIT**

During the past year, the QI Unit consistently monitored information from CMS and DHCS for regulation changes and/or waivers as a result of the pandemic to remain up to date and ensure our direct service providers had accurate information. BHS teams communicated with programs through memos, virtual meetings, newsletters and FAQ documents posted on the BHS public website. During this time, BHS teams were required to be adaptable and new procedures were established to support virtual monitoring activities, skill-building workshops and trainings for providers related to continuous improvement activities, reporting requirements and electronic health record access and use. The QI Unit developed reports to monitor systems of care service utilization data for pandemic impacts and worked to provide data for additional real-time business

intelligence tool reporting. The QI Unit also coordinated virtual quality and compliance reviews with DHCS, or designees, and continued all regulatory data submissions and requirements during the past year.

## **PREVENTION AND COMMUNITY ENGAGEMENT (PCE) UNIT**

### **Mental Health Systems, Inc. Courage to Call**

The Courage to Call program serves all veterans, retirees, active duty military, reservists and National Guard, and their families, by providing peer-to-peer helpline support, clinical navigation and counseling services, justice diversion workshops and parenting classes for incarcerated veterans. In Fiscal Year 2019-20, Courage to Call served 2,056 individuals. An additional 1,755 families were served via specialized family groups and peer support, access to professional clothing for job interviews and monthly food distribution. To continue providing needed outreach services after the Governor's emergency declaration, Courage to Call began *Wellness Wednesdays* on Facebook Live where program staff discuss topics including coping and resilience, owning emotions and the importance of sleep.

### **Prevention Providers Virtual Platform Success**

As the COVID-19 pandemic public health orders limited in-person interaction and events, substance use disorder regional prevention providers took new steps to scale up video conferencing and social media community organizing efforts. With regional prevention staff assigned to telework, they enhanced virtual connections with stakeholders, community leaders and youth advocates. Beginning with increased phone calls, instant messaging and texting, efforts progressed to hosting video conference meetings for planning and implementation of regional prevention projects. Social media platforms were also used to engage youth and increase participation in prevention efforts and activities.

When physical distancing requirements begin to be relaxed, virtual platforms will continue to be employed as a powerful tool to engage communities. Regional prevention providers have noted increased attendance and participation at existing individual and community meetings as video conferencing becomes the new normal.

### **May Is Mental Health Month**

Designating May as Mental Health Month raises awareness about mental illness and reduces the stigma associated with seeking help.

Many local efforts and virtual engagement activities took place during the month, including: a BHS webpage which featured a community calendar along with resource and activity pages; media interviews; a social media presence and many virtual activities organized by BHS and community organizations. This year the County Administration Center was illuminated in green May 11-15, 2020 to increase visual awareness of the month's designation.

BHS is beginning planning for May 2021 and will again host the website and event calendar. We encourage program partners to start thinking ahead of events they may host and send to us for inclusion on our community calendar. We also welcome submission of resource flyers.

### **"Light Our Way" Virtual Celebration**

Youth members of the Advocates for Change Today group from the Central Region Substance Use Disorder (SUD) Prevention Project created the "Light Our Way" virtual celebration campaign

to honor high school graduates, share SUD prevention messages with their classmates, and recruit youth to get involved in substance use prevention work. The virtual social media campaign began June 8, 2020 with a spotlight on graduating seniors and ended on June 10, 2020 with youth posting inspiring messages for high school graduates. The County Administration Center exterior was illuminated in green on June 9, 2020 in support of the Light Our Way campaign.

### **Recovery Happens 2020 Virtual Event**

*Recovery Happens* is held annually to celebrate and encourage those in recovery and connect the individuals who support them to needed resources. This year, on September 12, 2020, the event was held virtually and included local hosts in the recovery field as well as recorded messages and performances from people across the country. More than 150 people and programs logged into the event, including residential treatment programs and sober-living residences. Ms. Carmelia Bell again opened Recovery Happens by singing the National Anthem and the community had the opportunity to connect to an array of resources through a virtual resource fair page on the BHS website.

## **EDGEMOOR DISTINCT PART SKILLED NURSING FACILITY**

### **Edgemoor Rated #1 Nursing Home in Newsweek's America's Best Nursing Homes 2021**

The Edgemoor Distinct Part Skilled Nursing Facility in Santee is, for the second year in a row, rated as a #1 nursing home in Newsweek's ranking of America's Best Nursing Homes 2021. The list highlights top nursing homes, compared to others in the same state, based on performance data, peer recommendations, and the facility's handling of the COVID-19 threat.

Edgemoor Skilled Nursing Facility provides 24-hour, long-term care for individuals having complex medical needs who require specialized interventions from highly trained staff. This recognition is a reflection of the dedication and skill of the Edgemoor staff—including doctors, nurses, nursing assistants, pharmacists, kitchen and custodial crews, special activities leaders, and administration—in providing excellent care to our most vulnerable clients while making incredible shifts and adaptations in the wake of the COVID-19 pandemic to ensure continued client and staff safety.

### **Edgemoor Solar Project Nears Completion**

In November 2019, Edgemoor began installing solar panels throughout the campus. In late 2020, all arrays and infrastructure were completed and the panels were connected to the facility. Edgemoor should start seeing a reduction in energy costs this month.

This project was guided by the County's sustainability goal that seeks to reduce greenhouse gas emissions. One goal of the County is to increase the amount of renewable, clean energy generated at County facilities in order to increase energy independence and reduce electricity costs. The Edgemoor solar panel array is the latest County-owned photovoltaic system to go online, joining those at the North County Regional Center, the Fallbrook Community Center, the County Operations Center, the East Mesa Detention Facility and the Ramona Library.

### **COVID-19 Protocols**

The COVID-19 pandemic has been and continues to be at the forefront of operations at Edgemoor. Edgemoor continues to follow and implement the guidance of various local, state, and federal health organizations. Some of the precautions implemented included visitor restrictions, residents being quarantined to the facility and connecting patios, entrance screenings which

included temperature checks, face covering/masking requirements, on-going staff education, communication with resident and families/responsible representatives, and testing of residents, staff, and other health care personnel. In 2020, Edgemoor also completed two focused Infection Control Survey's conducted by the California Department of Public Health (CDPH) related to COVID-19 protocols, with no deficient practices identified in either survey.

### **Edgemoor Pharmacy Transition**

Oversight of the Edgemoor Pharmacy transitioned to the County Medical Care Services Division on July 1, 2020 and is now supervised by Chief Pharmacy Officer Dr. Emily Do.

## **SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL (SDCPH)**

### **Integrated Care Model at SDCPH**

In August 2020, SDCPH departed from its long standing practice of separating crisis stabilization from inpatient services (by assigning each service separate staff members) and began a *new integrated care model* whereby integrated treatment teams became responsible for both crisis stabilization and inpatient level care. Such a model has allowed for more efficient and seamless care by relying on the same team of clinicians (led by licensed social workers and psychiatrists) to manage a patient's care from entry until discharge – no matter how long the stay – as opposed to individual psychiatrists doing "shift work". Metrics show that since making this switch, SDCPH has seen a reduction in average length of stay, with improved "through-put" and a lowering of overall hospital census, despite the same or greater volume of patients. In addition, outcomes improved: greater care coordination (led by licensed social workers) and less recidivism. As envisioned, this new model has been a shining example of working smarter, not harder.

### **COVID-19**

As a County-operated acute psychiatric hospital setting, the safety net services and staff of SDCPH are considered essential. The vulnerable nature of our patients and the congregate living in our healthcare setting require strategic efforts to limit COVID-19 exposure and prevent the spread of COVID-19 within the facility. A plan was developed for baseline surveillance, and response-driven testing of our patients and staff. It was designed to protect our patients and staff and to identify cases early for appropriate isolation, cohorting, facility transfer to higher levels of care and work restrictions. SDCPH implemented protocols that reflect best practices per county, state, national standards as well as local Public Health Officer orders. Input from the SDCPH's medical and nursing leadership and Infection Control Preventionist were considered in the creation of a flexible patient flow plan and utilization of the hospital surge plan for staffing and coverage. SDCPH continues to review operations as related to COVID-19 to allow for immediate adjustments to patient management if needed.

Respectfully submitted,



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