



# County of San Diego

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August 25, 2022

TO: Behavioral Health Advisory Board (BHAB)

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

## **BEHAVIORAL HEALTH SERVICES DIRECTOR'S REPORT – SEPTEMBER 2022**

### **Behavioral Health Services Continuum of Care Update**

Under the leadership of the San Diego Board of Supervisors (Board), behavioral health care in San Diego County is in the midst of a profound transformation. In 2018 the Board of Supervisors (Board) initiated actions which introduced the Behavioral Health Continuum of Care (Continuum of Care), a body of work which aims to achieve a transformational shift from a model of care driven by crises to one driven by continuous care and prevention through the deliberate regional distribution and coordination of resources to keep people connected, stable and healthy. Continuum of Care projects began in 2018 and the County of San Diego (County) has continued to take action and make strategic investments guided by data, focused on equity, and designed to engender collaborative work across silos, within and outside of government.

#### *Continuum of Care Project Updates*

In September, Behavioral Health Services (BHS) will provide to the Board a summary of progress on the portfolio of Continuum of Care projects that are bringing this transformation to life reported within the domains of Crisis and Diversionary Services, Inpatient Hubs and Care Coordination, and Residential and Long-Term Care. The update to the Board provides updates on advancing work across the Continuum of Care and outlines efforts currently underway to develop a broad strategy to advance the behavioral needs of children, youth, and transition age youth across the region.

#### *Redefining and Recalibrating Long-Term Care*

Also outlined within the Continuum of Care Update, will be bold new recommendations to further reform the behavioral health system by addressing the underlying challenges and symptoms across the system that continue to hamper the region, specifically within the lack of step-down capacity, including long-term and community-based care, for Medi-Cal eligible individuals who have behavioral health conditions. The County has invested significantly in establishing access to outpatient treatment and crisis response services over the past several years to meet the urgent needs of the community; though they are critical aspects of our Continuum of Care, expansion of these services is just the beginning of a broader effort to shift toward more thoughtful upstream prevention by establishing a broader network of community-based care that addresses the unique needs of individuals on a long-term basis.

To continue the transition from a system of crisis to one driven by upstream prevention and continuous care, the system must shift the focus from primarily mitigating symptoms to solution-based strategies

that include an emphasis on *redefining and recalibrating long-term care* within San Diego County to be more client-centered and support the social, environmental, and physical health needs of individuals in the least restrictive environment. This includes prioritizing the individual needs of clients by offering new pathways within **community-crisis care** to divert individuals from unnecessary utilization of expensive acute care and enhancing **community-based care** opportunities to support individuals with behavioral health needs in receiving care in the least restrictive environment to support their long-term needs as they transition across settings. Achieving the proposed optimal model requires a commitment in addressing the historical inequity and parity, along with the existing financial, capacity, infrastructure, and administrative barriers that have led to disproportionately poor health outcomes for people with behavioral health conditions.

Historically, long-term care within our continuum of care has been narrowly defined referring to beds within locked and secure facilities and institutions. BHS is redefining it to be more comprehensive and include community-based care settings that provide Medi-Cal eligible individuals with care and support through services such as adult residential facilities (ARF), residential care facilities for adults (RCFEs), and recuperative care services, all of which are necessary to ensure individuals have care and housing over their lifetime. It also includes an emphasis on community crisis diversion services, which include both clinical and non-clinical services, to support individuals experiencing a crisis in receiving the services they need outside of an acute care setting. Community crisis diversion services include existing crisis stabilization services, mobile crisis response teams, and crisis residential services, along with crisis respite services, which do not currently exist within the continuum of care. Enhancing these community-based care pathways allow people to step down from higher levels of care and support diversion from unnecessary utilization of acute care, which is far more expensive and not the appropriate level of care for many individuals.

To address this, BHS has been engaged in rigorous efforts, in partnership with Public Consulting Group (PCG), to research and compile national, state, and local data to inform a comprehensive assessment of our local system and develop a model that quantifies the optimal utilization capacity required across each level of care to build a system that meets the unique needs of individuals. BHS assessed utilization, capacity, and need within community crisis diversion, acute care, subacute care, and community-based care in the San Diego region to outline a strategy to recalibrate and shift the system toward a more client-centered model that meets the individual needs of clients at the lowest level and at the right level of care on a long-term basis.

The comprehensive model assesses the current state of community crisis diversion, acute care, subacute care, and long-term care, including community-based care, and identifies gaps and bottlenecks that have led to an unbalanced system characterized by restricted client flow across key points of transition. It also maps pathways where clients with behavioral health conditions are entering from, which levels of care they are going to, what barriers stand in their way and prevent them from receiving optimal care, and identified common characteristics and specialty needs amongst clients. Finally, it identifies missed opportunities that would have prevented acute admissions, along with excessive lengths of stays in restrictive settings for clients waiting for lower levels of care.

To address the imbalance and barriers across the system, the model quantifies the proposed optimal new utilization capacity needed across the various levels of care, specifically demonstrating the urgent need to develop and expand the dedicated long-term care resources, inclusive of community-based care infrastructure and services, specifically for Medi-Cal eligible clients who have behavioral health needs to facilitate acute and subacute step downs and diversion. The model also outlines the need to potentially shift capacity across specific levels of care as new services and capacity is established in other domains. Advancing toward the optimal model is anticipated to rebalance utilization and capacity across the system to ensure individuals are connected to the right level of care.

### **County-Funded Care Coordination**

Continuity of care is key in the shift from a model of crisis to continuous care and prevention. County-funded Care Coordination services support clients in maintaining the highest possible level of stability and engagement in treatment. Coordination of care between service providers is essential for a client's continuity of care and an efficient behavioral health system. A linchpin to ensuring continuity of care for clients is ensuring that service providers complete a warm hand-off with one another as clients move between different levels of care. The following is a listing of County-funded Care Coordination programs that support the Continuum of Care model.

- **Bio-Psychosocial Rehabilitation (BPSRs) Outpatient Programs:** Bio-Psychosocial Rehabilitation (BPSRs) outpatient programs provide mobile outreach and engagement (O&E) for clients discharged from Behavioral Health Units (BHUs) who have been referred to BHS and are not connected to services post-hospital discharge. Current outpatient programs with O&E components include:
  - Community Research Foundation (CRF) Heartland Center
  - Mental Health Systems (MHS), Inc. Alianza
  - Union of Pan Asian Communities (UPAC) Counseling and Treatment Center
  - Mental Health Systems (MHS), Inc. North Inland Mental Health Center
  - Mental Health Systems (MHS), Inc. North Coastal Mental Health Center
  - Community Research Foundation (CRF) Areta Crowell Center
  - Community Research Foundation (CRF) Douglas Young Center
  - Community Research Foundation (CRF) Maria Sardinias Center
  - Community Research Foundation (CRF) South Bay Wellness Recovery Center
  - Union of Pan Asian Communities (UPAC) Promise Wellness Center
  - Effective July 1, 2022, the mobile outreach component is included in three newly procured BPSR outpatient clinics in Central and South Regions. All BPSR outpatient clinics will have this component as the outpatient clinics are procured.
  
- **Psychiatric Hospitals Under Contract with BHS:** The following hospitals have Behavioral Health Units (BHUs) that serve Medi-Cal clients in San Diego County and can coordinate ongoing care with BHS-contracted programs:
  - Sharp Grossmont Hospital
  - Paradise Valley Hospital
  - Bayview Hospital
  - Alvarado Parkway Institute Behavioral Health System
  - Alvarado Hospital Geriatric Behavioral Health Program
  - Mercy Hospital of Scripps Health
  - Palomar Health – Palomar Medical Center
  - Sharp Mesa Vista Hospital
  - UC San Diego Medical Center
  - Aurora Behavioral Health Care

### **Current Care Coordination/Transition Services**

- **NAMI Peer Links:** The Peer Links program engages with individuals in inpatient or crisis residential programs and continues engagement with these individuals for up to six months post discharge to ensure connection to BHS. The program provides care coordination, linkages, and a warm hand-off to needed mental health, substance use, and social services with the goal of decreasing hospitalization and crisis residential acute care by increasing connections to ongoing behavioral health services. **Partner Hospitals:** Scripps Mercy and University of California San Diego (UCSD) Behavioral Health Units and Emergency Departments.

- **Crisis Residential Treatment Programs:** Crisis Residential Treatment Programs (CRTP) are voluntary short-term, intensive, residential programs that provide recovery oriented, intensive, and supportive services to individuals 18 years of age and older, in a safe therapeutic, home-like setting. Services are provided 24 hours per day, 7 days per week. CRTP services are an alternative to hospitalization or step down from acute inpatient care for adults 18 and older with acute and serious mental illness, including those who may have a co-occurring substance use condition.
  - Vista Balboa Crisis Residential (Central)
  - New Vistas Crisis Residential (Central, Downtown San Diego)
  - Jary Barreto Crisis Residential (Central)
  - Halcyon Crisis Residential (East)
  - Del Sur Crisis Residential (South)
  - Turning Point Crisis Residential (North Coastal)
  - Esperanza Crisis Residential (North Inland)
- **County Operated Enhanced Care Coordination (ECC):** County operated ECC phase 1 partners with San Diego County Psychiatric Hospital (SDCPH), all Medi-Cal Health Plans, and BHS to provide care coordination for clients discharged from the SDCPH BHU who are high utilizers with a behavioral health diagnosis and a cooccurring medical diagnosis experiencing barriers with establishing and maintaining necessary services. Clients are connected to necessary services including but not limited to behavioral health needs, health needs, housing, financial, transportation, food, etc. The ECC program is a longitudinal care coordination service line based on stratification with no disenrollment from ECC.
- **NAMI Next Steps:** The Next Steps program engages with clients at the SDCPH and continues engagement with individuals enrolled in the program for up to 90 days post discharge to ensure connection to services in the community. The program also engages with individuals referred from the three County Mental Health Outpatient Clinics, the Jane Westin Center, and the three County DUI Programs. Next Steps provides care coordination, linkages, and a warm hand-off to needed mental health, substance use, primary care, and social service supports with a goal of decreasing or preventing hospitalizations by increasing connections to services in the community.
- **Crisis Stabilization Units (CSUs):** Provide psychiatric emergency services 24/7 with a length of treatment up to 23 hours. Services provided include behavioral health assessment, medication management, care coordination (up to 30 days) and connection to BHS. CSUs serve all clients regardless of where they reside.
  - Locations: *Hospital-based CSUs (Region/City):*
    - Palomar Hospital CSU (North Inland/Escondido)
    - Paradise Valley/Bayview CSU (South/Chula Vista)
    - SDCPH Emergency Psychiatric Unit (North Central/San Diego)
  - *Community-based CSUs, Provider (City):*
    - North Coastal CSU, Exodus Recovery, Inc. (Vista)
    - North Coastal CSU, Exodus Recovery, Inc. (Oceanside)
    - Children's Emergency Screening Unit (ESU), New Alternatives, Inc. (San Diego)
- **Mobile Crisis Response Teams (MCRT):** A non-law enforcement, clinical response for individuals in the community who are experiencing a behavioral health crisis. Services include

screening, behavioral health evaluation, de-escalation, and connection to appropriate level of care. Care coordination may be provided for up to 30 days.

- Exodus Recovery, Inc. provides MCRT services in the North Coastal Region.
- Telecare Corporation provides MCRT services in South, Central, North Central, and North Inland Regions.
- **Safe Connections:** Provides care coordination and short-term case management services for clients with serious mental illness who have had high service use, with a focus on clients who are currently hospitalized for a behavioral health crisis at Sharp Grossmont Behavioral Health Unit and Paradise Valley/Bayview Behavioral Health Unit. The program provides care coordination/case management to ensure client connects with appropriate behavioral health services and short-term housing as needed.
- **In-Home Outreach Team (IHOT):** Countywide IHOT provides in-home outreach to adults and older adults who may have a serious mental illness and who are reluctant to receiving mental health services. Services include behavioral health screening, outreach and engagement, crisis intervention, and short-term care coordination/case management. Services are centered on the provision of extensive support and education to family members and the participant. IHOT also connects eligible clients to the Assisted Outpatient Treatment (AOT) program as appropriate.
- **NAMI Friends in the Lobby (FIL) (BHS Prevention):** Friends in the Lobby's mission is to provide outreach and engage individuals visiting their loved ones in local hospitals. Trained NAMI San Diego FIL Volunteers have a designated space in the lobby area of hospitals during visitation hours where they provide visitors with information on NAMI and other local mental health resources. NAMI San Diego partners with Sharp Mesa Vista Hospital, UCSD Medical Center, Scripps Mercy Hospital, Bayview Behavioral Health Campus, Alvarado Parkway Institute, Palomar Medical Center, Tri-City Hospital, Crestwood Behavioral Health, and the Veteran's Affairs (VA) Medical Center La Jolla.

BHS will expand on these and other efforts in its update to the Board on September 27, 2022. For Board meeting agendas and other resources to engage in Board meetings follow the link: <https://www.sandiegocounty.gov/content/sdc/cob/bosa.html>.

### **Mental Health Services Act (MHSA) Community Program Planning (CPP) Process** **New Engagement Strategies**

The MHSA Stakeholder Engagement Activities and CPP process will be facilitated by the UC San Diego team, whose community engagement contract was awarded in May 2022, in partnership with BHS. UCSD is partnering with two community organizations to facilitate ongoing community engagement and outreach. Relying on principles of community organizing and participatory research and evaluation, the team will employ an outreach approach consistent with Community-Based Participatory Research (CBPR) methods used to integrate key constituencies in the development and implementation of the comprehensive community engagement activities. Involving the community and collaborating with its members are cornerstones of efforts to improve public health.

CBPR is the most recognized form of health-focused, community-engaged research, integrating community partners throughout the process, with the goal of promoting equity and reducing health disparities. CBPR approaches are committed to principles of co-learning and health equity actions, with goals to equalize power between the academic institution and community participants. As such, while the UCSD Health Partnership provides a strong foundation from which to start this initiative, to truly accomplish the overall project goals of identifying persons from a wide range of underserved and unserved communities throughout San Diego County and creating safe, accessible, and supportive

opportunities for sharing their behavioral health needs, experiences, and recommendations, it will ultimately require the involvement of many different community members and representatives from large and small behavioral health and non-behavioral health services, advocacy, faith-based organizations, and BHAB.

The partnership brings an extensive network of “first-order” community connections to the engagement process (i.e., organizations whom at least one of the partners has worked with previously and could place a call to talk with a contact). In addition to involving community connections to help with outreach about stakeholder engagement events (e.g., including listening sessions, focus groups, and interviews) to their members and clients to inform the CPP, the team will work with the COR to develop a Community Partnership Council. The Community Partnership Council will expand the efforts of the Community Experience Committee, center equity and community involvement in the CPP. The Community Partnership Council will meet with the UCSD Health Partnership team (four to six times annually) to deliberate outreach plans and identify feasible and appropriate strategies to connect with currently unrepresented groups, centering community voice, and utilizing CBPR principles as the cornerstones of the Community Engagement Process.

Specific community engagement activities to inform the Community Program Planning process and the development of the three-year plan will commence in late Fall 2022 and continue through the fiscal year. Activities will include community listening sessions, focus groups, and key stakeholder interviews. In addition, the UCSD Health Partnership is actively engaging grassroots community events, conducting community-facing outreach efforts in all regions of San Diego to engage stakeholders in the CPP. BHAB will be kept informed and engaged in the ongoing planning of CPP.

## **BHS SPECIAL EVENTS AND ANNOUNCEMENTS**

### **MHSA Annual Update Public Comment Period**

The Mental Health Services Act (MHSA) Fiscal Year 2022-23 Annual Update will be posted to the Behavioral Health Services website for a 30-day public review and comment period. The review period is expected to begin on September 6, 2022, and end on October 6, 2022, when final comments will be heard at the October BHAB meeting. The MHSA Annual Update will then be presented at the October 25, 2022, Board of Supervisor's meeting for review and approval, as required by the Mental Health Services Oversight & Accountability Commission (MHSOAC).

### **Recovery Happens 2022**

Recovery Happens 2022 will be held at Liberty Station on Saturday, September 17, 2022, from 10:00 A.M. to 1:00 P.M. Recovery Happens is a community event celebrating those in recovery and those who support them. This free, in-person event will include speakers sharing recovery journeys, as well as entertainment, a recovery count-down, and family-friendly activities. There will be an opportunity to connect to an array of resources including community resources, financial and legal services, education information, employment support, physical and spiritual wellness opportunities, Veteran's services, health resources and testing, treatment and harm reduction resources.

Participation as an exhibitor at the resource fair is free. Organizations interested in hosting a resource table can provide contact information to Dawn Hull ([dawn.hull@sdcounty.ca.gov](mailto:dawn.hull@sdcounty.ca.gov)), with a cc' to Juan Barajas ([juan.barajas@sdcounty.ca.gov](mailto:juan.barajas@sdcounty.ca.gov)). Please note we are unable to include vendor tables in the resource fair.

Please plan to join this event to celebrate individuals in recovery, family and friends who support those on their recovery journey and connect individuals to needed resources because *Together We Are Stronger!*

### **13<sup>th</sup> Annual Early Childhood Mental Health Conference-We Can't Wait!**

CYF in partnership with early childhood stakeholders, will host the 13th Annual Early Childhood Mental Health Conference: *We Can't Wait! - How are the Children? The Path from Healing to Well-Being*. The virtual conference will be held from September 15-16, 2022. Conference presenters will focus on early childhood development, epigenetics, resilience and protective factors in children and families, and will address the unique and complex needs of families living in very challenging circumstances. Distinguished speakers will provide updates on evidence-based practices, trauma-informed care, child welfare services, and advances in early education programs that address improving social-emotional development

Registration is open: <https://www.earlychildhoodmentalhealth-sandiego.com/>

### **Monkeypox Public Health Announcement:**

On July 23, 2022, the World Health Organization (WHO) declared the spread of monkeypox to be a "public health emergency of international concern," which is its highest alert level. Nationwide, as of August 15, 2022 there have been [11,890 confirmed cases in the United States](#) (U.S.), including [1945 in California](#) and [134 cases in San Diego](#), with numbers changing frequently. Additionally, 89 countries have reported monkeypox infections.

Globally, monkeypox cases have been detected among gay, bisexual, and other men who have sex with men but not exclusively. The County is dedicated to reducing stigma among the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community. No single individual or community is to blame for the spread of any virus. This disease can impact various populations, as Monkeypox spreads through prolonged skin to skin contact. [Those who may be at greater risk during this outbreak](#) includes those who reported having contact with a person or people either with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox.

The County would like the following information shared with the community. As additional guidance is developed, this information will be posted on the [County website](#), as well as found on the [CDC website](#).

- [Clinical Considerations for Monkeypox in Children and Adolescents | Monkeypox | Poxvirus | CDC](#)
- [Prevention | Monkeypox | Poxvirus | CDC](#)
- [Considerations for Monkeypox Vaccination | Monkeypox | Poxvirus | CDC](#)
- [Treatment | Monkeypox | Poxvirus | CDC](#)
- [Monkeypox Facts for People Who are Sexually Active | Monkeypox | Poxvirus | CDC](#)
- [Congregate Living Settings | Monkeypox | Poxvirus | CDC](#)

At this time, the County is encouraging the community to:

- Sign up to get County News Center stories emailed directly to you [here](#), and encourage your community to do the same;
- Sign up for the County's Monkeypox Text Messaging Alert System to receive real-time information about monkeypox in the region. To sign up to receive the messages, text COSD MONKEYPOX to 468-311;
- Review and disseminate the County Monkeypox [Fact Sheets](#) in your community;
- Encourage community members to use [Tell Your Partner](#) to anonymously notify partners about sexually transmitted diseases in a safe and secure way through text message or email; and
- Encourage community members to call 2-1-1 San Diego for any questions.

The County has an established preparedness and response system to monitor, evaluate, and test persons suspected of monkeypox infection, provide education, and vaccinate those who are at risk of acquiring this infection. At this time, the Federal vaccine supply for Monkeypox is limited. Doses are being distributed to hospital systems, community clinics, and County clinics as well as used for County mass vaccination events. Until vaccine supply increases, eligibility for the vaccine is priority based. The County encourages all San Diegans to practice the following health and harm reduction strategies:

- **Limit** close skin to skin contact with multiple partners
- **Know** the Signs: Check yourself and ask your partner(s) about recent rashes and illnesses
- **See** your Healthcare Provider if you are experiencing symptoms

In addition to vaccine for prevention is treatment with the [antiviral Tecovirimat \(TPOXX\)](#). As of July 29, 2022, TPOXX is prescribed for more severe infections or ones that could progress. The County has already distributed 110 treatment courses to hospital systems, community clinics, and County clinics. The central pharmacies of these facilities are alerting their providers to the availability of TPOXX for prescribing treatment.

We are all in this together with one singular mission, to protect the public and prevent the spread of this virus in a respectful, equitable, and transparent manner.

For additional information and guidance about the outbreak and associated resources, please reference the links mentioned above. If you have any questions or concerns, please contact [MOC.PHO.HHSA@sdcounty.ca.gov](mailto:MOC.PHO.HHSA@sdcounty.ca.gov).

Respectfully submitted,



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