

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

MEETING AGENDA
January 11, 2021 – 9:00-10:30 A.M.

[Attendee Meeting Link](#)

- I. **Welcome** (Valerie Hebert) **2 minutes**
- II. **Approval of Meeting Summary** (Minola Clark Manson) **3 minutes**
 - November 9, 2020 Meeting Summary - Handout - **Pages 4-7**
 - Action Items from November 9, 2020 - See meeting summary for completed action items - **Page 5**
- III. **Business Items** (Yael Koenig) 15 minutes

| Information |
|--|
| <ul style="list-style-type: none"> • Panelist meeting link available through meeting email vs Attendee meeting link through Outlook meeting invitation • Medi-Cal Pharmacy Benefit Update - Handout - Page 8 • COVID-19 Vaccination: https://www.sandiegocounty.gov/coronavirus.html - Handout - Page 9 • December 2020 and January 2021 BHS Director's Report to the Behavioral Health Advisory Board-Handouts - Pages 10-22 • Newly elected Board of Supervisors (BOS) – January 4, 2021 official swearing in – Handout - Page 23 • November 17, 2020 BOS Letter Item 01: Transparent Review of Unjust Transfers and Holds (TRUTH) Act Community Forums Regarding Immigration and Customs Enforcement Access to Individuals During 2019 - Handout - Pages 24-32 • November 17, 2020 BOS Letter Item 05: Probation Department-Request for Proposal for Youth Development, Delinquency Prevention and Diversion Services - Handout - Pages 33-36 • November 17, 2020 BOS Letter: Fiscal Year 2019-20 Consolidated Annual Performance and Evaluation Report for Housing and Community Development Services Entitlement Programs: https://www.sandiegocounty.gov/content/dam/sdc/sdhcd/new-docs/Attachment-B-%20Final-CAPER-Narrative-2019-20.pdf-Handouts – Pages 37-49 • December 8, 2020 Board of Supervisors (BOS) Letter: Live Well San Diego 10 Year Impact Report https://www.livewellsd.org/content/livewell/home/about/annual-report.html - Handouts – Pages 50-58 • January 12, 2021 BOS Letter - Agenda Item – Adopt a Resolution of the San Diego County Board of Supervisors Providing Authorization to Participate in the Third Round Notice of Funding Availability for the No Place Like Home Program Competitive Alternative Process Allocation Funds – Handout - Pages 59-70 • Family Urgent Response System (FURS) Update – Handout – Page 71 • CDSS Decertification of Out-of-State Group Homes - https://www.cdss.ca.gov/inforesources/cdss-programs/continuum-of-care-reform/returning-youth-from-out-of-state-programs • Overcoming Isolation: https://mentalhealthrecovery.com/info-center/a-new-wrap-guide-for-overcoming-isolation-during-the-covid-19-crisis/ • LGBTQAI Action Plan (New York City Administration for Children Services) – Handout https://www1.nyc.gov/assets/acs/pdf/about/2020/LGBTQActionPlan.pdf - Pages 72-79 • Senate Bill (SB) 14-Pupil Health: School Employee and Pupil training: excused absences: youth mental and behavioral Health (Bill Stewart) - https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=20210220SB14 – Pages 80 -83 • External Quality Review (EQR) January 5-7, 2021 • Critical Issues in Child and Adolescent Mental Health Conference - March 19, 2021: https://cicamh.com/ (Dr. Anoop Karippot) – Handout – Page 84 |
| Recognition |
| <ul style="list-style-type: none"> • Aidee Angulo-Education Sector member and alternate from 2011-2020 |

- IV. **Mental Health Services Act (MHSA) Community Engagement Update** (Danyte Mockus-Valenzuela) **5 minutes**
 - Family and youth (Saturday December 12, 2020 – 11:00 A.M.)
 - Providers of behavioral health services (December 1, 2020 – 10:00 A.M.)
 - Focus groups (small group conversations)
 - Fentanyl Warning Campaign (SUD)
- V. **Hot Topic: Outreach and Engagement** (Minola Clark Manson) **60 minutes**
 - CYF Pandemic Point in Time Services Overview (Yael Koenig) - Handout – **Page 85**
 - Sharing of Best Practices discussion (Amanda Lance-Sexton and Fran Cooper) - Handout - **Page 86-88**
- VI. **Announcements** (Valerie Hebert) **5 minutes**
 - California Psychological Association: Volunteer System for Psychologists to support children and youth affected by COVID-19 (Dr. Sherry Casper) - Link to register in the pool of volunteers: <https://healthcarevolunteers.ca.gov/agreement.php> Handout - **Pages 89-90**
 - Challenging Us to Create Racial Equity in Early Childhood Conference scheduled for February 23, 2021 - (Steven Jellá) – Handout – **Pages 91-92**
 - 2021 Virtual Youth Leadership Forum (YLF) for students with disabilities is scheduled for July 11-16, 2021- Deadline to apply is January 29, 2021: <https://www.dor.ca.gov/Home/YLF> - Handout - **Page 93**

Next Executive Committee Conference Call:
Date: January 28, 2021
Time: 11:30 A.M. to 12:00 P.M.

Next Council Meeting:
Date: Monday, February 8, 2021
Time: 9:00 to 10:30 A.M.

Sub-Committees/Sectors/Workgroups Meetings Information is located at the end of the meeting summary

For Council materials go to:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSCouncil.html

**County of San Diego
Children, Youth and Families Behavioral Health
System of Care Council
Vision, Mission, and Principles**

Council Vision:

Wellness for children, youth and families throughout their lifespan.

Council Mission:

Advance systems and services to ensure that children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

Council Principles:

1. **Collaboration of four sectors:** Coordination and shared responsibility between child/youth/family, public agencies, private organizations and education.
2. **Integrated:** Services and supports are coordinated, comprehensive, accessible, and efficient.
3. **Child, Youth, and Family Driven:** Child, youth, and family voice, choice, and lived experience are sought, valued and prioritized in service delivery, program design and policy development.
4. **Individualized:** Services and supports are customized to fit the unique strengths and needs of children, youth and families.
5. **Strength-based:** Services and supports identify and utilize knowledge, skills, and assets of children, youth, families and their community.
6. **Community-based:** Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.
7. **Outcome driven:** Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.
8. **Culturally Competent:** Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.
9. **Trauma Informed:** Services and supports recognize the impact of trauma and chronic stress, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care, resiliency, and safety.
10. **Persistence:** Goals are achieved through action, coordination and perseverance regardless of challenges and barriers.

May 1, 2018



LIVEWELLSD.ORG

BEHAVIORAL HEALTH SERVICES CHILDREN, YOUTH & FAMILIES FRAMEWORK

VISION

Children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

PRINCIPLES

Collaborative, Integrated, Child, Youth & Family Driven, Individualized, Strength-based, Community-based, Outcome & Data Driven, Culturally Competent, Trauma Informed, Persistence

PRIORITIES

Ensure a full continuum of care through family-centered and youth-informed services that are compassionate and sensitive to the unique developmental needs of children and youth.

Strengthen partnerships with children/youth's circle of influence to create a supportive environment.

Provide services that empower children and youth to build a healthy sense of self and have confidence to make sound decisions so they thrive in an ever-changing world.

Live Well San Diego

AREAS OF INFLUENCE



Standard of Living

- Economic & Food Security
- Timely Access to Healthcare Inclusive of Behavioral Health Services
- Employment Readiness



Community

- Access to Parks, Playgrounds and Recreation Centers
- Usable Transportation
- Safe Neighborhoods & Schools
- Affordable Stable Housing
- Access to Extracurricular Activities



Health

- Daily Physical Activity
- Limited & Supervised Screen Time
- Affordable Healthy Food
- Zero Sugary Beverages, Drink More Water
- No Substance Use
- No Tobacco Use
- Up to Date Immunizations
- Connection to a Health Home



Social

- Supportive Families
- Nurturing Communities
- Connection to Natural Supports
- Positive Social Interactions



Knowledge

- Quality Education
- Quality Preschool For All
- Good School Attendance
- School Success
- No Suspensions or Expulsions
- Obtain a High School Diploma
- Access to Higher Education & Vocational Programs



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

November 9, 2020 | 9:00-10:30 A.M.
Virtual Meeting

| ITEM | SUMMARY AND ACTION ITEMS |
|---|---|
| <p>I. Welcome/Introductions (Valerie Hebert)</p> | |
| <p>II. Approval of Minutes</p> <ul style="list-style-type: none"> September 14, 2020 minutes-Handout-Pages 4-12 of meeting packet Action Items from September 14, 2020-Page 12 of meeting packet | <ul style="list-style-type: none"> Minutes approved Action items reviewed by Yael Koenig |
| <p>III. Business Items (Yael Koenig) - Information/Watch/Committee/Recognition</p> <ul style="list-style-type: none"> I-BHS Meeting Alignment (New high-level meeting summary format) I-CYF Council meeting is dark in December 2020 I-CYF Council Reporting Schedule-Update-Handout-Page 8 I-October 13, 2020 Board of Supervisor (BOS) Letter-Agenda Item 13: Coronavirus Aid, Relief, and Economic Security (CARES) Act Fund Reallocation in Response to Unspent Apportionments-Handout-Pages 9-10 BHS Highlights: <ul style="list-style-type: none"> Information Technology (IT) Equipment Facilities Improvement Rental Assistance-Handout-Page 11 Out and About Mental and Emotional Health-Flier-Handout-Page 12 I-October 27, 2020 BOS Letter - Agenda Item 06: Receive Update on Advancing the Behavioral Health Continuum of Care and Annual Update on Drug Medi-Cal Organized Delivery System (DMC-ODS)-Handouts-Pages 13-25 I-October 27, 2020 BOS Letter - Agenda Item 07: Approve the Mental Health Services Act Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 Through 2022-23-Handout: BL and Presentation-Pages 26-46 I-San Diego County Probation Department- Youth Development and Community Support Services- Vision, Mission, Values and Principles-Handout-Page 47 I-San Diego County Juvenile Justice System- Core Beliefs-Handout-Page 48-50 W-Legislation highlights: <ul style="list-style-type: none"> Senate Bill (SB) 803 signed by the Governor 9.25.20-Peer Certification-Handouts-Pages 51-57 Senate Bill (SB) 823 signed by the Governor on 9.30.20-Division of Juvenile Justice (DJJ)-Handouts-Pages 58-60 Senate Bill (SB) 98 Education Finance-Mental Health-Handouts-Pages 61-63 I-Prescription Medication Benefits Update- Link: https://www.dhcs.ca.gov/provgovpart/Documents/MRx-Beneficiary-Notice-10-01-2020.pdf-Handout-Pages 64-66 I-Fiscal Year 2020-21 Mental Health External Quality Review (EQR) is scheduled for January 5-7, 2021 I-San Diego County Mental Health Plan (MHP) Triennial Review is scheduled for May 11-13, 2021 R-Public Sector Council Member (Dori Gilbert) and Family Sector Council Member-Alternate (Sue McCoy) https://www.sandiegocounty.gov/coronavirus.html | <ul style="list-style-type: none"> Yael Koenig reviewed the Business Items Valerie Hebert reviewed SB803 and invited all to participate in FYL meetings to provide input. Violeta Mora reviewed SB98 – with emphasis on the mental health components. George Scolari provided a brief overview of the new pharmacy benefits for Medi-Cal beneficiaries and provided the 'HSD Pharmacy Benefit Quick Guide 11.9.20'. Certificates of appreciation and recognition were presented to Dori Gilbert and Sue McCoy. |

| ITEM | SUMMARY AND ACTION ITEMS |
|--|---|
| <p>IV. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela)</p> <ul style="list-style-type: none"> MHSA 3 Year Program and Expenditure Plan Fiscal Year 2020-23-Link: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/NOC/MHSA/MHSA%20Three%20Year%20Program%20and%20Expenditure%20Plan%20FY20-23.pdf | <p>Per Dr. Mockus-Valenzuela, building on input from the community and the Behavioral Health Advisory Board, activities will include community listening sessions for:</p> <ul style="list-style-type: none"> Family and youth - Saturday 12.12.20 – 11am Behavioral health services providers -12.1.20 – 10am Focus groups (small group conversations of up to people) One on one interviews. Conversations will focus on behavioral health and wellbeing impacts of COVID-19, racial and social justice, health disparities and resiliency. The focus groups will include representatives from various communities such as the Black, LatinX and Asian/Pacific Islander communities, family members of individuals receiving services for severe mental health conditions or SUD and with individuals receiving services for severe mental health conditions or SUD. |
| <p>V. Hot Topic: Live Well San Diego Youth Sector</p> <ul style="list-style-type: none"> Panelists: <ul style="list-style-type: none"> Tara M. Beeston, MPH, Community Health Program Specialist, Public Health Services Sharon Hughes, MPH, Administrative Analyst II, Sector Support, EOC Education & Outreach Branch October 27, 2020 BOS Letter - Agenda Item 05: Receive and Approve Proposal For The Development of The Live Well San Diego Youth Sector-BL and PowerPoint Handouts-Pages 67-78 Discussion | <ul style="list-style-type: none"> Tara Beeston and Sharon Hughes presented on development of <i>Live Well San Diego</i> Youth Sector: <ul style="list-style-type: none"> Framework Timeline Discussion of input from CYF SOC Executive Subcommittee specific to cultural responsivities, trauma informed practices, and social justice. |
| <p>VI. Announcements</p> <ul style="list-style-type: none"> 11th Annual Primary Care & Behavioral Health Virtual Integration Summit- November 13, 17, and 20, 2020 Flier-Handout-Page 79 Mother and Baby Substance Explore Initiative Webinar Series: November 13 and 16, 2020-Handout-Page 80 County of San Diego Notice of Transparent Review of Unjust Transfers and Holds (TRUTH) Act Community Forum Scheduled for November. 17, 2020-Handout-Pages 81-82 | <ul style="list-style-type: none"> Announcements provided by Yael Koenig and Valerie Hebert. |
| <p>VII. Action Items</p> | <p>Action Due/Status</p> |
| <p>1. Provide update on the new date for Juvenile Health and Justice Symposium (original date was March 17, 2020)</p> | <ul style="list-style-type: none"> CYF Council will provide update when the information is available |
| <p>2. George Scolari provided a brief overview of the new pharmacy benefits for Medi-Cal beneficiaries at the November 2020 meeting and provide a handout.</p> | <ul style="list-style-type: none"> George Scolari forwarded the 'HSD Pharmacy Benefit Quick Guide 11.9.20' which is included as a Bus Item in the January 2021 Council meeting packet. |
| <p>Next Meeting: Virtual Council Meeting Date: Monday, January 11, 2021 Time: 9:00 to 10:30 A.M.</p> | |

Members/Alternates Attendance

| CONSTITUENCY | | MEMBER | STATUS | ALTERNATE | STATUS |
|--------------------------------|--|-----------------------|--------|------------------------|--------|
| PUBLIC SECTOR | | | | | |
| 1 | Behavioral Health Advisory Board (BHAB) | Bill Stewart | + | Rebecca Hernandez | O |
| 2 | Behavioral Health Services (BHS) | Dr. Laura Vleugels | + | Dr. Charmi Patel | + |
| 3 | Public Safety Group/ Probation | Lisa Sawin | + | Chrystal Sweet | O |
| 4 | Child Welfare Services (CWS) | Steve Wells | O | 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 | O |
| 8 | First 5 Commission | Alethea Arguilez | O | Sharon Qin | O |
| EDUCATION SECTOR | | | | | |
| 9 | Special Education Local Plan Area (SELPA) | Cara Schukoske | O | Jamie Tate - Symons | O |
| 10 | Regular Education Pupil Personnel Services | Violeta Mora | + | Heather Nemour | + |
| 11 | School Board | Barbara Ryan | + | VACANT | |
| 12 | Special Education | Yuka Sakamoto | + | Aidee Angulo | O |
| PRIVATE SECTOR | | | | | |
| 13 | San Diego Regional Center (SDRC) for Developmentally Disabled | Peggie Webb | O | Therese Davis | + |
| 14 | Alcohol and Drug Service Provider Association (ADSPA) | Angela Rowe | + | John Laidlaw | + |
| 15 | Alcohol and Drug Service Provider Association (ADSPA) | Marisa Varond | + | Claudette Allen Butler | |
| 16 | Mental Health Contractors Association | Julie McPherson | + | Minola Clark Manson | + |
| 17 | Mental Health Contractors Association (MHCA) | Laura Beadles | + | 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 | + | VACANT | O |

| | | | | | |
|---|---|--|-----|---------------|---|
| 24 | Youth served by the public health system (up to age 26) | Christine Frey | + | Emma Eldredge | + |
| SUB-COMMITTEES (Non-voting members unless a member of the Council) | | | | | |
| - | Executive Sub-Committee | Valerie Hebert/ Minola Clark Manson | +/+ | | |
| - | Cultural Competence Resource Team (CCRT) | Rosa Ana Lozada | + | | |
| - | CYF CADRE | Julie McPherson/ Marisa Varond | +/+ | | |
| - | Early Childhood Sub-Committee | Aisha Pope/Ginger Bial | +/+ | | |
| - | 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 | O/+ | | |
| - | Training Sub-Committee | Rose Woods | + | | |

Sub-Committees/Sectors/Workgroups Meetings Information:

**Due to COVID-19, most of the sub-committees' meetings are occurring virtually
Please reach out to the sector lead or Executive Subcommittee member to obtain location/link**

Behavioral Health Advisory Board (BHAB) meeting: Meets the first Thursday of the month from 2:30 to 5:00 P.M.

Outcomes: Meets the first Tuesday of every other month from 11:30 A.M. to 12:30 P.M.

Early Childhood: Meets the second Monday of the month- from 11:00 A.M. to 12:00 P.M.

Education Advisory Ad Hoc: Meets as Needed, next meeting will be in September 2020.

TAY Council: Meets the fourth Wednesday of the month 3:00 to 4:30 P.M.

CYF CADRE: Meets quarterly on the second Thursday of the month from 1:30 to 3:00 P.M.

CYF System of Care Training Academy: Meets on the first Wednesday of the month from 9:00 to 10:00 A.M.

CCRT: Meets the first Friday of the month from 10:00 to 11:30 A.M.

Family and Youth as Partners: Meets every third Thursday of the month from 1:30 to 3:00 P.M.

Private Sector: Ad Hoc/Meets as needed.



Medi-Cal Pharmacy Benefit

Med-Cal Rx

Overview

Effective January 1, 2021 all pharmacy benefits for Medi-Cal beneficiaries including those in a Medi-Cal Managed Care Plan will be covered by the Department of Health Care Services (DHCS) stated-wide pharmacy benefit called Medi-Cal Rx. Medi-Cal Managed Care Plans will no longer be responsible to cover pharmacy benefits including Grievance and Appeals.

DHCS has contracted with Magellan Medicaid Administration to provide administrative services and supports relative to the Medi-Cal pharmacy benefit.

Transitioning Pharmacy Benefits from the managed care delivery system to a state-wide FFS delivery system will, among other things:

- Standardized the Medi-Cal pharmacy benefit throughout the State
- Improve access to pharmacy services with a pharmacy network that includes approximately 94 percent of the state’s licensed outpatient pharmacies
- Apply statewide utilization management protocols to all outpatient drugs
- Strengthen California’s ability to negotiate state supplemental drug rebates with drug manufacturers, thereby creating additional cost savings

The change to a state-wide pharmacy benefit does not apply to the following:

- Programs of All-Inclusive Care for the Elderly (PACE) plans
- Senior Care Action Network (SCAN)
- Cal MediConnect health plans
- Major Risk Medical Insurance Program (MRMIP)

Effective January 1, 2021 Medi-Cal Rx will be responsible for managing and resolution of complaints and grievances raised by Managed Care Plan members, their Authorized Representatives, or other interested parties, regarding a Medi-Cal Rx complaint or grievance.

Effective January 1, 2021 Medi-Cal Rx will be responsible for managing member appeals involving disagreement with benefit-related decisions, such as coverage disputes, disagreeing with and seeking reversal of a request involving medical necessity etc...

Resources:

| | |
|---|---------------------|
| DHCS Medi-Cal Rx Customer Service | (800) 977-2273 |
| Consumer Center for Health Education & Advocacy | (877) 734-3258 |
| Medi-Cal Managed Care Plan Customer Service | Health Plan ID Card |
| San Diego County Access & Crisis Line | (888) 724-7240 |



COVID-19 Vaccine



Select Language

Powered by Google Translate

Several COVID-19 vaccines have been developed. Vaccines made by Pfizer-BioNTech and Moderna have been authorized for use in the United States. The first shipment of about 28,000 Pfizer doses has arrived in San Diego. More shipments and vaccines by other manufacturers are expected in coming weeks and months, however, the situation remains fluid. As new details become available regarding COVID-19 vaccines, the County of San Diego will update the information provided on this website.

At first, supply will be very limited. Vaccines will be given in phases according to priority groups. The County is following **federal** and **state** guidelines, as well as working with the community through the County's **COVID-19 Vaccine Clinical Advisory Group**, to determine the groups.

As the vaccine becomes available for the general public, information and details on COVID-19 vaccination sites will be made available.

Recursos en español

معلومات باللغة العربية

中文信息

Impormasyon sa Tagalog

한국어 정보

Macluumaad Af-Soomaali ah

Thông Tin Bằng Tiếng Việt

Other Languages

Español Русский Tiếng Việt
العربية Soomaali Português
한국어 ភាសាខ្មែរ Tagalog Swahili
Українська 中文 Kreyòl
日本語 ភាសាខ្មែរ Français

Phases to Get COVID-19 Vaccine

Clinical Advisory Group

About the COVID-19 Vaccine

Info for Healthcare Professionals

Outside resources

Centers for Disease Control

LINK TO WEBSITE:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/vaccines.html



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES
3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531
SAN DIEGO, CA 92108-3806
(619) 563-2700 • FAX (619) 563-2705

LUKE BERGMANN, Ph.D.
DIRECTOR, BEHAVIORAL HEALTH SERVICES

November 23, 2020

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 3rd 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,



Dr. Luke Bergmann, Ph.D., Director
Behavioral Health Services

cc: Dean Arabatzis, Acting Agency Director
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer
Aurora Kiviat, Assistant Director and Chief Operations Officer



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES
3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531
SAN DIEGO, CA 92108-3806
(619) 563-2700 • FAX (619) 563-2705

LUKE BERGMANN, Ph.D.
DIRECTOR, BEHAVIORAL HEALTH SERVICES

December 31, 2020

TO: The Behavioral Health Advisory Board (BHAB)

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

BEHAVIORAL HEALTH SERVICES DIRECTORS REPORT – JANUARY 2021

ACTION ITEM: PROCUREMENT OMNIBUS BOARD LETTER

The County of San Diego Health and Human Services Agency (HHSA) Behavioral Health Services (BHS) department provides a comprehensive array of community-based mental health and substance use disorder services through contracts with local public and private agencies to vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions. In pursuit of these initiatives, the Board previously approved the procurement of these critical services.

As the County continues to evaluate and address the impact of the novel coronavirus (COVID-19), BHS remains focused on maintaining continuity of critical mental health and substance use disorder services to the most vulnerable individuals and families within the community. Approval of these recommended actions authorizes competitive solicitations and amendments to extend existing behavioral health services contracts, including single source contracts, to sustain critical behavioral health services. This action will also authorize a revenue agreement with the State of California, Department of Rehabilitation for mental health employment services. This action also authorizes the ratification of the Fiscal Year (FY) 2020-21 Performance Contract Agreement with the California Department of Health Care Services to provide public mental health services throughout the county. These recommended actions support the continuation of critical work to advance the Behavioral Health Continuum of Care in alignment with Board direction. These actions for services are as follows:

Competitive Solicitations for:

- a. Clubhouse Services
- b. Housing Support Services
- c. Assisted Outpatient Treatment Outreach and Evaluation Services
- d. Outpatient Mental Health Services for Adults



- e. Outpatient Mental Health Services for Children and Youth
 - i. Behavioral Crisis Center and Mobile Assessment Team Services
 - ii. Mental Health Developmental Evaluation Services
- f. Onsite Care Coordination and Case Management Services
- g. Homeless Outreach Worker Services

Extensions for:

Contracts that will be extended up to June 30, 2022 with a 6-month option to extend if needed, as listed in Attachment A of the Board Letter;

Authorization of a Revenue Agreement with the:

State of California, Department of Rehabilitation for Employment Services Program; and

Ratification of Performance Contract Agreement with the:

California, Department of Health Care Services for public mental health services.

It is THEREFORE, staff's recommendation that your Board vote to support the authorizations and approvals needed to advance the recommendations in this Board Letter.

INFORMATIONAL ITEM: HARM REDUCTION RESPONSE TO THE BOARD OF SUPERVISORS

Only approximately 10 percent of those with substance use disorder (SUD) access care for their addictions and while the County of San Diego (County) Health and Human Services Agency has improved accessibility of traditional treatment through implementation of the Drug Medi-Cal Organized Delivery System, we know that many people are living with untreated SUD today and that this is related to significant social hardship as well as mental and physical health risk. The COVID-19 pandemic has only increased the need, and engaging individuals struggling with SUD through low barrier strategies is more important than ever.

On March 10, 2020 (03), Supervisor Fletcher brought forward a Board Letter that revisited harm reduction strategies, pointed to the benefits of syringe services programs (SSPs), and provided background on the 1997 San Diego County Board of Supervisors (Board) Resolution which opposes SSPs, with a recommendation to update this position. Ultimately, the Board voted to approve a recommendation to establish a subcommittee who were directed to meet with staff, stakeholders, and professionals in the field to conduct a needs assessment prior to the establishment of an SSP; develop evaluation tools; and conduct careful planning of the operational tasks. The BHAB meeting on January 7, 2021, will provide an update on this direction and opportunity for discussion.

LIVE WELL SAN DIEGO UPDATES / SPECIAL EVENTS

2020 Live Well Advance Virtual Conference

The fifth annual Live Well Advance was held for the first time virtually on December 3, 2020. Nearly 2,000 local and national community leaders participated in this year's conference which

hosted nearly 40 breakout sessions, 75 speakers, and over 20 Connection Hub exhibitors. Among the many session topics covered were equity and social justice, climate change, workplace wellness, personal wellness, public health equity, and COVID-19. Session recordings are available on the *Live Well San Diego* YouTube channel: https://www.youtube.com/channel/UC8v-aJkdtO-RbSRUDsHqo_Q.

UPDATE FROM THE CLINICAL DIRECTOR'S OFFICE (CDO)

Primary Care Integration Programs - Updates

The following updates on Primary Care Integration Programs are provided by the BHS Clinical Director's Office and represent updates since the last report out on these programs to BHAB, including updates related to COVID-19.

- The Vista Hill SmartCare Behavioral Health Consultation Service (BHCS) offers psychiatric consultation services to primary care providers via telehealth, as well as behavioral health referral linkages to community-based support services for patient families. At the beginning of the pandemic, which required many providers to transition to telehealth, the SmartCare BHCS team reached out to all their providers to offer support and to inform them that BHCS will remain open without any interruption to services. Related to the pandemic, BHCS clients have been reporting a heightened severity of symptoms and needs. In response, BHCS created a comprehensive resource list for clients and families with COVID-19 related challenges, which includes resources for financial support, health education, shelter, behavioral health support, legal support, and self-care activities. Additionally, BHCS created virtual telehealth forums offered, in separate weekly one-hour sessions, to providers and clients and their families to receive education and support. They continue to gain success and attendance, and at times include special guests to discuss specific topics, such as Dr. Carla Marienfeld, the Medical Director of the UCSD Addiction Recovery and Treatment Program, who presented on excessive alcohol use.
- At the start of the pandemic, the Vista Hill SmartCare Rural Program immediately transitioned to a virtual platform and has been successfully providing telehealth services to all their clients at each of their 5 clinic/community sites. They have been creative and innovative in ways to engage their clients and created a Social Media Committee to grow their online community. As a result, their social media platform has been able to provide health education and wellness resources with amazing educational posts, positive messages, self-care tips, and basic needs resources, such as food distribution sites.
- Health Quality Partners hosted the 11th Annual Primary Care and Behavioral Health Integration Summit in a virtual format for the first time. The Integration Summit was held over the course of three days in November 2020 and had over 300 attendees. The presentations covered a wide range of topics with a focus on the effects of the pandemic in 2020 as well as a keynote address by Rhea Boyd, MD, the Chief Medical Officer of 2-1-1 San Diego, who discussed structural racism, inequity, and behavioral health services.

Workforce, Education and Training (WET)

The Cultural Competency Academy (CCA) contract, a new component of BHS's Workforce, Education and Training program, was awarded in September 2018. Through this academy, BHS and BHS contracted staff received training focused on clinical and recovery interventions for multicultural populations. The CCA completed its first graduation and capstone project presentation in December 2020, with 42 participants completing the five-day foundational series. Project topics included, but not limited to, increasing cultural awareness, inclusion of LGBT clients within private practice, outreach to agencies with diverse populations and development of indigenous mental health policy.

Another key WET component, the Justice Involved Services Training Academy (JISTA) was developed in 2018 in partnership with the County's Public Safety Group to provide training to SUD and mental health treatment providers to address the criminogenic needs and treatment for the BHS justice involved population. JISTA completed its fourth cohort in November 2020; this cohort began in January 2020 and was temporarily halted due to COVID-19 gathering restrictions. The remaining trainings were converted to a virtual format, where 16 participants completed the series and capstone presentation.

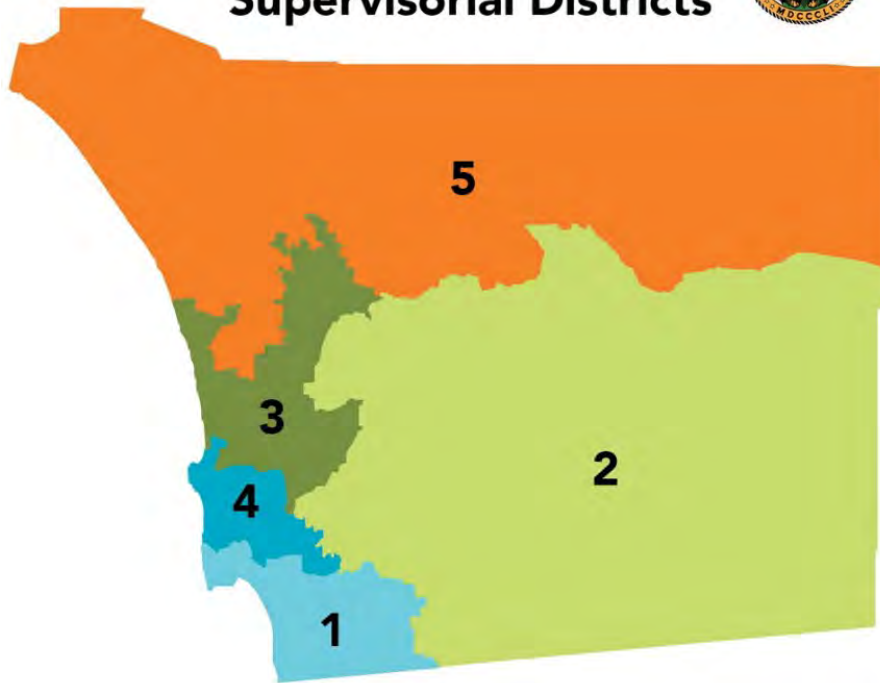
Respectfully submitted,



Luke Bergmann, Ph.D., Director
Behavioral Health Services

cc: Dean Arabatzis, Acting Agency Director
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer
Aurora Kiviat, Assistant Director and Chief Operations Officer

San Diego County Supervisory Districts



Nora Vargas
District 1
Vice Chair



Joel Anderson
District 2



**Terra
Lawson-Remer**
District 3



Nathan Fletcher
District 4
Chair



Jim Desmond
District 5

County Board of Supervisors Webpage:

<https://www.sandiegocounty.gov/content/sdc/general/bos/>



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: November 17, 2020

01

TO: Board of Supervisors

SUBJECT

TRUTH ACT COMMUNITY FORUM REGARDING IMMIGRATION AND CUSTOMS ENFORCEMENT ACCESS TO INDIVIDUALS DURING 2019 (DISTRICTS: ALL)

OVERVIEW

In 2016, the State of California enacted the Transparent Review of Unjust Transfers and Holds Act, also known as the “TRUTH Act.” The TRUTH Act requires, per Government Code Section 7283.1(d), that the governing body of a county shall hold an annual community forum if a local law enforcement agency within that county provided federal Immigration and Customs Enforcement (ICE) access, as defined in the Act, to individuals during the previous year.

This is a request for the Board of Supervisors to hold a TRUTH Act community forum in order to provide information about ICE’s access to individuals, and to receive and consider public comment. This forum was noticed to the public on October 13, 2020.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Hold a community forum on November 17, 2020, in accordance with Government Code Section 7283.1(d).
2. Receive report from the Sheriff’s Department regarding ICE access to individuals during 2019.

FISCAL IMPACT

There is no fiscal impact associated with these recommendations. If approved, there will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

SUBJECT: TRUTH ACT COMMUNITY FORUM REGARDING IMMIGRATION AND CUSTOMS ENFORCEMENT ACCESS TO INDIVIDUALS DURING 2019 (DISTRICTS: ALL)

BACKGROUND

In 2016, the State of California enacted the Transparent Review of Unjust Transfers and Holds Act, also known as the “TRUTH Act.” The TRUTH Act requires, per Government Code Section 7283.1(d), that the governing body of a county hold an annual community forum if a local law enforcement agency within the County provided federal Immigration and Customs Enforcement (ICE) access, as defined in the Act, to individuals during the previous year. This forum shall be open to the public, in an accessible location, and with at least 30 days’ notice, to provide information to the public about ICE’s access to individuals and to receive and consider public comment.

The TRUTH Act defines local law enforcement agencies as those authorized to enforce criminal statutes, regulations or local ordinances, or to operate jails or maintain custody of individuals in jails; or to operate juvenile detention facilities or maintain custody of individuals in juvenile detention facilities; or to monitor compliance with probation or parole conditions. The legislation defines ICE access and describes the conditions under which this access may be provided.

On October 13, 2020, notification of the TRUTH Act community forum to be held on November 17, 2020 during the Board of Supervisors’ meeting, which is open to the public, was issued in compliance with the statute’s requirement for notice 30 days prior to the forum. During the forum, the Sheriff’s Department will report on the Department’s interactions and communication with ICE. The Sheriff’s Department is the only County law enforcement agency that provided access as described in the Act during 2019.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

The TRUTH Act community forum supports the Operational Excellence and Living Safety initiatives in the County of San Diego’s 2020-2025 Strategic Plan by sharing information with the public in compliance with state law.

Respectfully submitted,



FOR

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

N/A



San Diego County Sheriff's Department

Compliance with Senate Bill 54: The California Values Act

The San Diego County Sheriff's Department embraces the rich diversity of the communities we serve. We prioritize community relationships and want all residents to feel safe when reporting crime.

Law Enforcement Services Bureau

- Sheriff's deputies do not investigate or enforce immigration law
- Sheriff's deputies will not ask individuals their immigration status
- The Sheriff's Department does not contract with the federal government to detain individuals for immigration violations
- The Sheriff's Department does not hold individuals based on federal detainer warrants
- The use of department resources for purposes of immigration enforcement is prohibited
- Sheriff's deputies do not use immigration officers for translation services
- The Sheriff's Department does not share personal identifying information for immigration enforcement

Task Force Participation

- Sheriff's personnel assigned to regional task forces do not enforce immigration law
- Sheriff's personnel assigned who participate in regional task forces enforce state and federal law related to narcotics, transnational criminal activity, human trafficking, weapons, terrorism and other violent criminal acts

Jails

- The Sheriff's Department will not transfer an individual to immigration authorities unless authorized by a judicial warrant or based upon a qualifying conviction as per State law
- The Sheriff's Department will not provide information regarding an individual's release date or respond to requests for notification by providing release dates or other information unless that information is available to the public or is a qualifying conviction as stated above
- Outside law enforcement agencies, including Immigration and Customs Enforcement (ICE) agents, do not have free access to any Sheriff's facilities or jails. They are required to check in via the primary entrance point and follow professional visitor guidelines
- The Sheriff's Department does not provide dedicated office space for immigration authorities
- A consent form (available in six languages) must be completed and sent to an inmate in County Jail for all requested interviews by ICE agents. This form advises the individual that ICE requests to interview them. The inmate has the option to be interviewed in the presence of an attorney, without an attorney or to decline the interview. Translation services are provided, and no pressure is placed on the inmate regarding any of their choices

Transparency

- Reports, past presentations and other Values Act related data and information, are posted on the public webpage for the San Diego Sheriff's Department



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

TRUTH Act Community Forum San Diego County

Agenda Item #1 | November 17, 2020



TRUTH ACT REQUIREMENTS

Transparent Review of Unjust Transfer and Holds (TRUTH) Act (AB 2792)

Provide the individual a written consent form explaining the purpose of an ICE interview request, which is voluntary, and that the individual may decline to be interviewed

Require the consent form to be available in specified languages

Require a local law enforcement agency to provide copies of specified documentation received from ICE to the individual and to notify the individual regarding the intent of the agency to comply with ICE requests

Hold a community forum to provide information to the public about ICE's access

POLICIES & PROFESSIONAL EDUCATION

Staff Continually Educated on Department Policy and Procedures

Department Policy & Procedure Section 6.47 – Immigration Law Enforcement

Detentions Policy & Procedure Section Q.4 – Verification of Legal Status Conformance to Immigration Laws

- Continued Use and Distribution of Forms for Notification Purposes to Individuals in Custody

3

JAIL PROTOCOLS AS IT RELATES TO U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE)

Outside law enforcement agencies, including Immigration and Customs Enforcement (ICE) agents, do not have free access to any Sheriff's facilities or jails.

- ICE is required to check in via the primary entrance point and follow professional visitor guidelines.

The Sheriff's Department will not transfer an individual to immigration authorities unless authorized by a judicial warrant or based upon a qualifying conviction as per State law.

ICE is required to complete the following form(s) depending on its interest for release information or interview request:

- I-247A: Immigration Detainer Notice of Action
- J-340: Notice to Inmate of ICE Request and Intent to Notify
- J-330: Consent form for ICE interview of inmate
- J-335: Notice of Intent to comply with ICE request

4

2019 RELEASE NOTIFICATIONS



5

2019 ICE INTERVIEW REQUESTS

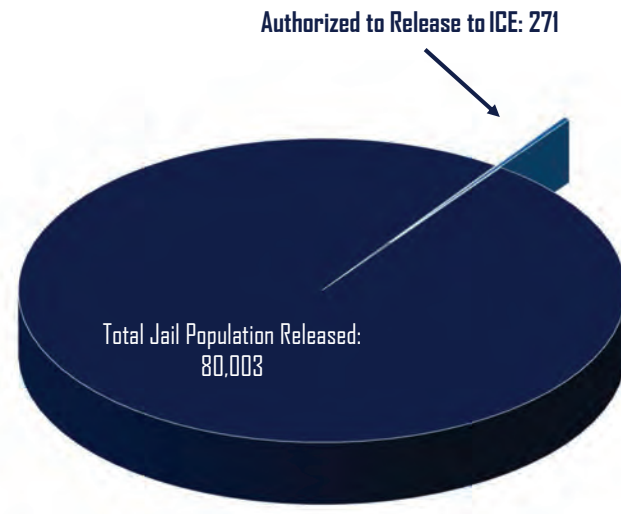


6

2019 RELEASE DATA

Top Offenses:

- Burglary
- Identity Theft
- Sale or Transport of a Controlled Substance
- Possession of Meth for Sale



7

2019 RELEASE DATA

ICE Interview Consent Form

Made Available in:

- English
- Spanish
- Chinese
- Tagalog
- Vietnamese
- Korean
- *Arabic - pending*

| Ethnicity | # of Individuals |
|-----------------------|------------------|
| Hispanic | 190 |
| Other | 48 |
| <i>Other Asian</i> | 9 |
| <i>Cambodian</i> | 1 |
| <i>Middle Eastern</i> | 8 |
| <i>Filipino</i> | 1 |
| <i>Laotian</i> | 4 |
| <i>Other</i> | 8 |
| <i>Hawaiian</i> | 1 |
| <i>Vietnamese</i> | 16 |
| White | 27 |
| Black | 6 |
| Total | 271 |

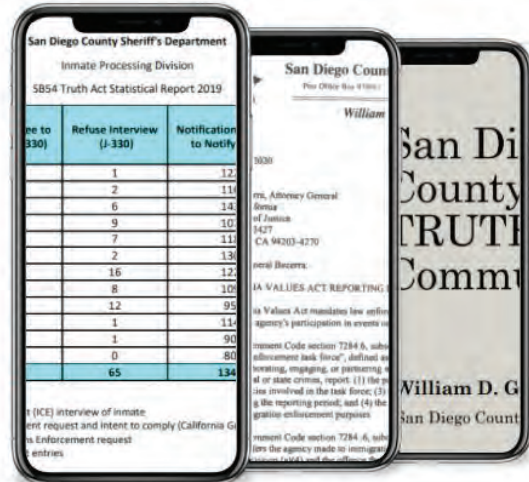
8

TRANSPARENCY & OPEN DATA

Sheriff's Website Hosts Archives of:

- ICE Interview Request Data (2017, 2018, 2019)
- SB 54 Values Act - Transfer Report: Number of Transfers per Offense Code (2018, 2019)
- SB 54 Values Act Report to CA Attorney General
- Past Truth Act Forum Presentations

 www.SDSheriff.net



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OUTREACH

- Community public safety presentations
- Coffee with the Community / Coffee with the Community *en Español*
- Mexican Consulate - Mobile Consulate Services
- Participation and collaboration with Latino/Hispanic, Immigrant, and Refugee non-profit organizations and community-based organizations
- Participation in multicultural community fairs and events
- Increasing department resources in multiple languages



San Diego County Sheriff's Department

Compliance with Senate Bill 54: The California Values Act

The San Diego County Sheriff's Department embraces the rich diversity of the communities we serve. We prioritize community relationships and want all residents to feel safe when reporting crime.

Law Enforcement Services Bureau

- Sheriff's deputies do not investigate or enforce immigration law
- Sheriff's deputies will not ask individuals their immigration status
- The Sheriff's Department does not contract with the federal government to detain individuals for immigration violations
- The Sheriff's Department does not hold individuals based on federal detainer warrants
- The use of department resources for purposes of immigration enforcement is prohibited
- Sheriff's deputies do not use immigration officers for translation services
- The Sheriff's Department does not share personal identifying information for immigration enforcement

Task Force Participation

- Sheriff's personnel assigned to regional task forces do not enforce immigration law
- Sheriff's personnel assigned who participate in regional task forces enforce state and federal law related to narcotics, transnational criminal activity, human trafficking, weapons, terrorism and other violent criminal acts

Jails

- The Sheriff's Department will not transfer an individual to immigration authorities unless authorized by a judicial warrant or based upon a qualifying conviction as per State law
- The Sheriff's Department will not provide information regarding an individual's release date or respond to requests for notification by providing release dates or other information unless that information is available to the public or is a qualifying conviction as stated above
- Outside law enforcement agencies, including Immigration and Customs Enforcement (ICE) agents, do not have free access to any Sheriff's facilities or jails. They are required to check in via the primary entrance point and follow professional visitor guidelines
- The Sheriff's Department does not provide dedicated office space for immigration authorities
- A consent form (available in six languages) must be completed and sent to an inmate in County Jail for all requested interviews by ICE agents. This form advises the individual that ICE requests to interview them. The inmate has the option to be interviewed in the presence of an attorney, without an attorney or to decline the interview. Translation services are provided, and no pressure is placed on the inmate regarding any of their choices

Transparency

- Reports, past presentations and other Values Act related data and information, are posted on the public webpage for the San Diego Sheriff's Department

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SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

San Diego County TRUTH Act Community Forum

Agenda Item #XX | November 17, 2020





COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: November 17, 2020

05

TO: Board of Supervisors

SUBJECT

PROBATION DEPARTMENT – REQUEST FOR PROPOSALS FOR YOUTH DEVELOPMENT, DELINQUENCY PREVENTION AND DIVERSION SERVICES (DISTRICTS: ALL)

OVERVIEW

San Diego County's juvenile justice system continues experiencing a steady decline in the number of youth entering the juvenile justice system. This reduction is consistent with state and national trends. Prevention, early intervention, and community-based services focused on treatment and restorative justice are helping to positively impact this change in San Diego County. Over 22 years ago, juvenile justice partners established the Community Assessment Teams (CAT) program to offer prevention and early intervention services delivered by community-based organizations in the regions where youth live and attend school. Youth exhibiting at-risk behaviors such as truancy, substance abuse, or negative home dynamics can be referred by families, schools, faith-based organizations, or caring adults to services. Youth with law enforcement contact can also be referred by the Sheriff and Police Departments for diversion services to safely and effectively reduce the number of youth on probation.

The CAT Program serves all eligible youth countywide, and takes a holistic approach to determining and tailoring the services that best meet the needs of each individual youth. Case management services available to youth include counseling, skill building, behavioral interventions, academic assistance, substance abuse, and community service hours. If approved, this action will authorize the Department of Purchasing and Contracting to issue a Request for Proposals (RFP) to competitively procure the CAT Program. The contracts supporting the current youth development, delinquency prevention, and diversion services are scheduled to expire on June 30, 2021.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

In accordance with Section 401, Article XXIII of the County Administrative Code authorize the Director, Department of Purchasing and Contracting, to issue a Request for Proposals (RFP) for a youth development, delinquency prevention and diversion program, and upon successful negotiations and determination of a fair and reasonable price, award a contract for a term of three (3) years, with two (2) option years and up to an additional six (6) months if needed, subject to the

SUBJECT: PROBATION DEPARTMENT – REQUEST FOR PROPOSALS FOR YOUTH DEVELOPMENT, DELINQUENCY PREVENTION AND DIVERSION SERVICES (DISTRICTS: ALL)

availability of funds and a need for services, and to amend the contract as needed to reflect changes to services and funding that do not materially impact or alter the program, subject to the approval of the Chief Probation Officer.

FISCAL IMPACT

Funds for this request will be included in the Fiscal Year 2021-22 Operational Plan for the Probation Department. If approved, this request will result in estimated costs and revenue of \$7,500,000 in Fiscal Year 2021-22. The funding sources will be Juvenile Justice Crime Prevention Act Funds (\$7,000,000) and General Purpose Revenue (\$500,000) if available. Subsequent year costs and revenue will be included in future year Operational Plans for the Probation Department. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

The Community Assessment Teams (CAT) were implemented in April 1998 to support the County of San Diego’s Comprehensive Strategy for Youth, Family and Community, initiated by the Board of Supervisors (the Board), the Office of Juvenile Justice and Delinquency Prevention, and the National Council on Crime and Delinquency. The goal of the Comprehensive Strategy is to reduce youth crime, prevent youth delinquency, and promote positive youth development while making our communities safer.

The CAT Program is a contracted service designed to keep at-risk youth from entering and/or re-entering the juvenile justice system by providing early intervention, prevention, and diversion services to families with school-age youth (ages 6-18) who have behavior problems or other at-risk behaviors that could lead to juvenile justice system involvement such as negative family dynamics, truancy, or substance abuse. In addition, youth with law enforcement contact can be referred for diversion services as an alternative to charges being filed for alleged misdemeanors. These youth receive the same case management services but have contracts and must satisfy certain conditions before charges are dismissed.

CAT teams are community-based and family-oriented. The teams are composed of case managers, alcohol and drug specialists, parent educators and mental health professionals. After initial screening, the youth and family are referred directly to services outside the program. For case management, assessments are completed and case managers collaborate with the youth and families to develop case plans for increasing strengths and addressing risks.

Contracted providers will offer an array of services to all eligible youth countywide and their families, focused on, but not limited to:

SUBJECT: PROBATION DEPARTMENT – REQUEST FOR PROPOSALS FOR YOUTH DEVELOPMENT, DELINQUENCY PREVENTION AND DIVERSION SERVICES (DISTRICTS: ALL)

- Individualized case management, counseling, skills building, behavioral health, gender specific programming, academic assistance, comprehensive family assessment and community services
- Stronger family engagement component to ensure family involvement and support in youth’s success
- Alcohol and Other Drug (AOD) Prevention and Early Intervention services with linkages to existing AOD prevention and leadership activities/initiatives such as Friday Night Live, as well as linkages to treatment if needed
- Youth leadership development component that fosters strong positive internal values

In Fiscal Year 2018-2019, 2,590 youth completed the CAT program and of these youth, 99% did not have a new probation referral and 99% did not have a new sustained petition.

If approved, today’s request will authorize the Director of the Department of Purchasing and Contracting to issue a Request for Proposals (RFP) for the CAT Program, and award a contract for an initial term of three (3) years, with two (2) one-year option periods, and up to an additional six (6) months if needed. Probation intends to build upon the success of the CAT program and contract with one (1) main contractor with the requirement to subcontract with other community-based organizations in specific communities to allow for specialized services that best meet the needs of each individual youth and their family. Subcontractors with a long history in their communities are able to build more positive relationships with law enforcement agencies, school districts, and families to better support youth.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today’s proposed action supports the Living Safely Initiative of the County of San Diego’s 2020-2025 Strategic Plan by using evidence-based prevention and intervention strategies that prevent youth from entering into the juvenile justice system.

Respectfully submitted,



FOR

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

N/A

SUBJECT: PROBATION DEPARTMENT – REQUEST FOR PROPOSALS FOR YOUTH DEVELOPMENT, DELINQUENCY PREVENTION AND DIVERSION SERVICES (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

 Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

November 5, 2013 (04) Maximizing Juvenile Prevention and Early Intervention Resources Agenda Item

January 8, 2013 (3) Request for Proposals for Juvenile Delinquency Prevention and Development Services Minute Order No. 3.

January 9, 2007 (6) Juvenile Justice Crime Prevention Act.

December 11, 2001 (13) Requests for Proposals and Contract Modifications.

February 27, 2001 (27) Receipt of Schiff-Cardenas Crime Prevention Act 2000 Funds.

December 12, 2000 (20) Application for Schiff-Cardenas Crime Prevention Act 2000 Funds.

May 16, 2000 (25) Community Assessment Teams Sole Source Contract Extension.

February 15, 2000 (33) Extension of the Community Assessment Teams.

February 17, 1998 (17) Expansion of the Community Assessment Teams county wide.

December 16, 1997 (25) Authorization of the Community Assessment Teams concept.

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

Board Policy A-87, Competitive Procurement. The proposed release of Request for Proposals in this Board Letter will meet all requirements of competitive procurement.

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

Oracle Award 100425, *Pending*

ORIGINATING DEPARTMENT: Probation Department

OTHER CONCURRENCE(S): Department of Purchasing and Contracting



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: November 17, 2020

07

TO: Board of Supervisors

SUBJECT

NOTICED PUBLIC HEARING - FISCAL YEAR 2019-20 CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR HOUSING AND COMMUNITY DEVELOPMENT SERVICES ENTITLEMENT PROGRAMS; AND A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING THE APPLICATION, ACCEPTANCE AND ADMINISTRATION OF GRANT FUNDS FROM THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR THE EMERGENCY SOLUTIONS GRANT PROGRAM - CORONAVIRUS ROUND 2 (DISTRICTS: ALL)

OVERVIEW

The County of San Diego (County), as a recipient of the U.S. Department of Housing and Urban Development (HUD) entitlement program funding, is required to prepare a Consolidated Annual Performance and Evaluation Report (CAPER) summarizing Fiscal Year 2019-20 accomplishments. During Fiscal Year 2019-20, the Health and Human Services Agency, Housing and Community Development Services (HCDS) administered a wide variety of housing and community development activities utilizing funds from the three federal entitlement programs: Community Development Block Grant (CDBG), Home Investment Partnerships (HOME), and Emergency Solutions Grant (ESG). The County also administers funding provided by the State of California through the State Emergency Solutions Grant (State ESG) program. The activities, as described in the CAPER, predominately benefited lower income residents.

To provide an opportunity for public input, HUD requires a public comment period and a public hearing to be held before the CAPER is submitted. This hearing provides an opportunity for the Board of Supervisors to receive public comment on the Fiscal Year 2019-20 CAPER. The CAPER has also been posted online and at the HCDS office for public comment since October 30, 2020. The public comment period ends on November 17, 2020. Today's hearing also seeks to obtain an authorizing resolution for authority to apply for, accept, and administer State ESG Coronavirus (ESG-CV) Round 2 funds. ESG provides funding for emergency shelter and rapid re-housing programs which serve persons who are experiencing or at risk of homelessness. The County has been allocated \$2.1 million in ESG-CV funds by the State of California.

SUBJECT: NOTICED PUBLIC HEARING - FISCAL YEAR 2019-20 CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR HOUSING AND COMMUNITY DEVELOPMENT SERVICES ENTITLEMENT PROGRAMS; AND A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING THE APPLICATION, ACCEPTANCE AND ADMINISTRATION OF GRANT FUNDS FROM THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR THE EMERGENCY SOLUTIONS GRANT PROGRAM - CORONAVIRUS ROUND 2 (DISTRICTS: ALL)

Today's action supports the County's *Live Well San Diego* vision by ensuring low-income residents and persons experiencing homelessness have access to suitable living environments and to prevent and end homelessness through accessible housing and supportive services.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Hold this public hearing to receive public comment on the Fiscal Year 2019-20 Consolidated Annual Performance and Evaluation Report (CAPER).
2. Adopt a Resolution entitled A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING THE APPLICATION, ACCEPTANCE AND ADMINISTRATION OF GRANT FUNDS FROM THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR THE EMERGENCY SOLUTIONS GRANT PROGRAM - CORONAVIRUS ROUND 2.
3. Authorize the Agency Director, Health and Human Services Agency or designee, to apply for State of California ESG Coronavirus Round 2 grant funds of up to \$2,100,000.
4. Authorize the Agency Director, Health and Human Services Agency or designee, in consultation with the Department of Purchasing and Contracting, to accept, if awarded, State of California ESG Coronavirus Round 2 grant funds, and issue Notices of Funding Availability; publish notices; award contracts; execute agreements; amend existing contracts as needed to reflect changes to services and funding; execute certification forms; prepare and execute all necessary documents for the submittal, regulatory processing and program implementation; and take any other actions necessary as required by the State of California for projects funded with State of California ESG program funds.

FISCAL IMPACT

Recommendation #1 (Consolidated Annual Performance and Evaluation Report (CAPER))

There is no fiscal impact associated with this action. There will be no change in net General Fund costs and no additional staff years

Recommendations #2, #3 and #4 (Emergency Solutions Grant (ESG))

SUBJECT: NOTICED PUBLIC HEARING - FISCAL YEAR 2019-20 CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR HOUSING AND COMMUNITY DEVELOPMENT SERVICES ENTITLEMENT PROGRAMS; AND A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING THE APPLICATION, ACCEPTANCE AND ADMINISTRATION OF GRANT FUNDS FROM THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR THE EMERGENCY SOLUTIONS GRANT PROGRAM - CORONAVIRUS ROUND 2 (DISTRICTS: ALL)

Funds for the State of California ESG Coronavirus Round 2 grant are not included in the Fiscal Year 2020-22 Operational Plan in the Health and Human Services Agency. If approved, today's recommendation to apply for the grant will result in estimated costs and revenue of \$0.8 million in Fiscal Year 2020-21 and \$1.3 million in Fiscal Year 2021-22. Upon award of the grant, HHSA will request appropriations as needed for Fiscal Year 2020-21, and appropriations for Fiscal Year 2021-22 will be included in the Fiscal Year 2021-22 CAO Recommended Operational Plan. The funding source is the State of California Emergency Solution Grant Coronavirus grant. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

The County of San Diego (County), as a recipient of the U.S. Department of Housing and Urban Development (HUD) entitlement program funding, is required to prepare a Consolidated Annual Performance and Evaluation Report (CAPER) summarizing Fiscal Year 2019-20 accomplishments (Attachment A). This report must be submitted to HUD within 90 days after the end of the fiscal year, enabling HUD to assess overall performance in meeting goals and addressing needs identified in the County's five-year Consolidated Plan, approved April 7, 2015 (8), and the Fiscal Year 2019-20 Annual Plan, approved April 9, 2019 (3). Due to the current Coronavirus pandemic, HUD has extended the submission date of the CAPER until December 28, 2020.

During Fiscal Year 2019-20, the Health and Human Services Agency, Housing and Community Development Services (HCDS) administered a wide variety of housing and community development activities utilizing funds from the three federal entitlement programs: Community Development Block Grant (CDBG), Home Investment Partnerships (HOME), and Emergency Solutions Grant (ESG). The activities, as described in the CAPER (Attachment B), predominately benefited lower income residents. During Fiscal Year 2019-20, CDBG expenditures totaled \$7,555,201, HOME expenditures totaled \$5,528,569, and ESG expenditures totaled \$238,765.

The Consolidated Plan's geographic focus is the jurisdiction within the San Diego County Consortium, which includes the "Urban County" and the "HOME Consortium." The Urban County is composed of the San Diego County unincorporated area and the CDBG and ESG participating cities of Coronado, Del Mar, Imperial Beach, Lemon Grove, Poway, and Solana

SUBJECT: NOTICED PUBLIC HEARING - FISCAL YEAR 2019-20 CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR HOUSING AND COMMUNITY DEVELOPMENT SERVICES ENTITLEMENT PROGRAMS; AND A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING THE APPLICATION, ACCEPTANCE AND ADMINISTRATION OF GRANT FUNDS FROM THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR THE EMERGENCY SOLUTIONS GRANT PROGRAM - CORONAVIRUS ROUND 2 (DISTRICTS: ALL)

Beach. The HOME Consortium is composed of the Urban County and the HOME participating cities of Carlsbad, Encinitas, La Mesa, San Marcos, Santee, and Vista.

CDBG funds were allocated for public facility and infrastructure improvement projects, such as improvements to sidewalks, parks, and fire protection facilities and equipment. HOME and CDBG funds were expended for affordable housing development, residential rehabilitation, first-time homebuyer assistance, and tenant-based rental assistance. ESG funds were used for homeless shelter operations, support services, rapid rehousing, and homelessness prevention programs.

Notable accomplishments for Fiscal Year 2019-20 include:

- Provided funding for the acquisition of a 60-unit multi-family affordable housing development for low-income families in Spring Valley. CDBG funds in the amount of \$2.3 million were awarded for this development.
- Began construction of 81 units of affordable housing to serve low-income households in the city of Vista. \$2.4 million in HOME funds were expended for this development.
- Construction completed on previously allocated \$0.7 million in HOME funds for the rehabilitation of a 28-unit affordable housing development in the city of Carlsbad.
- Provided approximately \$1.0 million in HOME funds for financial assistance as down payment and closing cost assistance to low-income households to purchase a home.
- Provided funding of approximately \$3.0 million for seventeen community development projects that will improve public facilities and provide for ADA improvements.
- Provided approximately \$0.6 million in CDBG funds to 53 low-income homeowners for necessary repairs and/or ADA improvements to their homes.
- Provided homeless assistance/emergency shelter to 1,254 low-income persons.

To provide an opportunity for public input, HUD requires a public comment period and a public hearing to be held before the CAPER is submitted. Today's action satisfies this public hearing requirement. The draft CAPER (Attachment B), which identifies the Fiscal Year 2019-20 accomplishments of the three federal entitlement programs, has been available for public viewing on the HCDS website at www.sdhd.org since October 30, 2020. The CAPER was also available for public viewing at the HCDS office located at 3989 Ruffin Road, San Diego, CA 92123. In addition, to ensure greater accessibility for diverse audiences, notices for the CAPER were published in English, Spanish, Arabic, Vietnamese and Tagalog via newspapers and the HCDS website. Responses to written or oral comments received at this hearing or received by November 17, 2020 will be attached to the CAPER for submission to HUD.

Resolution, Application and Acceptance of Grant Funds from the State of California (Recommendations #2, #3 and #4)

SUBJECT: NOTICED PUBLIC HEARING - FISCAL YEAR 2019-20 CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR HOUSING AND COMMUNITY DEVELOPMENT SERVICES ENTITLEMENT PROGRAMS; AND A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING THE APPLICATION, ACCEPTANCE AND ADMINISTRATION OF GRANT FUNDS FROM THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR THE EMERGENCY SOLUTIONS GRANT PROGRAM - CORONAVIRUS ROUND 2 (DISTRICTS: ALL)

The State of California has announced that a second round of State ESG-CV grant funds will be made available to current HUD ESG entitlement recipients, through an application process. These funds will be targeted to jurisdictions that currently do not receive an ESG entitlement from HUD but may be used regionally to address homelessness through eligible ESG activities. The ESG Program serves persons who are experiencing or at risk of homelessness. Programs that will be funded include emergency housing and rapid re-housing which provide immediate housing relief to vulnerable persons. Eligible program activities must assist in preventing, preparing and responding to the COVID-19 pandemic among those affected by the coronavirus and who are experiencing or at-risk of homelessness.

The State released its ESG notice of funding availability on October 2, 2020. The attached Resolution entitled, RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING THE APPLICATION, ACCEPTANCE AND ADMINISTRATION OF GRANT FUNDS FROM THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR THE EMERGENCY SOLUTIONS GRANT PROGRAM - CORONAVIRUS ROUND 2 (Attachment C) authorizes the application for State ESG-CV funds up to \$2,100,000.

Today's actions will authorize the Health and Human Services Agency Director or designee to issue Notices of Funding Availability, prepare all required documents and take all necessary actions for the submission and, if awarded, acceptance of State ESG funds, including regulatory processing and implementation of State ESG eligible projects. In addition, where determined appropriate, today's actions will authorize the Director, Department of Purchasing and Contracting to issue competitive solicitations for State of California ESG-CV Round 2 grant funds.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action to hold a public hearing and receive public comment on the Fiscal Year 2019-20 Consolidated Annual Performance and Evaluation Report (CAPER) supports the Operational Excellence strategic initiative of the County of San Diego's 2020-2025 Strategic Plan by openly reporting entitlement program accomplishments. The services provided during the Fiscal Year 2019-20 support the *Live Well San Diego* indicators of increasing the quality of life for residents in the County of San Diego and providing assistance to vulnerable populations.

SUBJECT: NOTICED PUBLIC HEARING - FISCAL YEAR 2019-20 CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR HOUSING AND COMMUNITY DEVELOPMENT SERVICES ENTITLEMENT PROGRAMS; AND A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING THE APPLICATION, ACCEPTANCE AND ADMINISTRATION OF GRANT FUNDS FROM THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR THE EMERGENCY SOLUTIONS GRANT PROGRAM - CORONAVIRUS ROUND 2 (DISTRICTS: ALL)

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – Consolidated Annual Performance and Evaluation Report Guide

Attachment B – FY 2019-20 Consolidated Annual Performance and Evaluation Report

Attachment C – Resolution entitled, RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING THE APPLICATION, ACCEPTANCE AND ADMINISTRATION OF GRANT FUNDS FROM THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR THE EMERGENCY SOLUTIONS GRANT PROGRAM - CORONAVIRUS ROUND 2

SUBJECT: NOTICED PUBLIC HEARING - FISCAL YEAR 2019-20 CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT FOR HOUSING AND COMMUNITY DEVELOPMENT SERVICES ENTITLEMENT PROGRAMS; AND A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING THE APPLICATION, ACCEPTANCE AND ADMINISTRATION OF GRANT FUNDS FROM THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT FOR THE EMERGENCY SOLUTIONS GRANT PROGRAM - CORONAVIRUS ROUND 2 (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

 Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

June 23, 2020 (3), approved FY 2019-20 Second Amended Annual Plan for CDBG, HOME, ESG, and HOPWA Programs; February 11, 2020 (6) approved FY 2019-20 Amended Annual Plan; April 9, 2019 (3) approved FY 2019-20 Annual Plan; April 7, 2015 (8), approved FY 2015-19 Consolidated Plan and Annual Funding Plan for CDBG, HOME, ESG, and HOPWA Programs.

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

24 CFR §91.105(d) Performance Reports

Today's requested actions comply with the HUD requirement to provide citizens with a reasonable notice and an opportunity to comment on the performance report (CAPER) that is to be submitted to HUD. A summary of any comments or views of citizens received in writing, or orally at public hearings in preparation of the CAPER shall be attached to the CAPER before its submission.

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

118260 PWR 45813 CDBG

507061-COFD7499

507241-COFD7513

507476-COFD7546; 506854-OES 45813 AR CDBG GRANT SDCFA

507189 HHS HC 45813 AR CDBG PROG

507190 HHS HC 45814 AR ESG PROG

507195 HHS HC 45812 AR HOME PROG

Consolidated Annual Performance and Evaluation Report (CAPER) Guide

Background

The County of San Diego (County) administers the following federal block grant programs:

Community Development Block Grant (CDBG) - CDBG funds may be used for certain activities, such as public facilities, housing activities, public services and economic development, that serve low and moderate-income residents, as specified by the program regulations.

HOME Investment Partnerships (HOME) - HOME funds may be used for housing activities that serve low and moderate-income residents, as specified by the program regulations.

Emergency Solutions Grant (ESG) - ESG funds may be used for the prevention of homelessness and homeless assistance, as specified by the program regulations.

The U.S. Department of Housing and Urban Development (HUD) requires the County to prepare a five-year Consolidated Plan (Consolidated Plan) describing community development priorities and multiyear goals. The Consolidated Plan is carried out through the County's Annual Plan, which provides a concise summary of the actions, activities, and the specific federal and non-federal resources that will be used each year to address the priority needs and specific goals identified in the Consolidated Plan.

HUD requires that the County prepare and submit a Consolidated Annual Performance and Evaluation Report (CAPER) each year. In the CAPER, the County reports on accomplishments and progress toward meeting Consolidated Plan goals in the prior year.

Fiscal Year (FY) 2019-20 CAPER Overview

This CAPER reports activities that were undertaken during FY 2019-20, using federal funds granted to the County of San Diego Consortium by HUD for the CDBG, HOME, and ESG Programs. This includes areas known as the Urban County and the HOME Consortium. The Urban County is composed of the County unincorporated area and the CDBG participating cities of Coronado, Del Mar, Imperial Beach, Lemon Grove, Poway and Solana Beach. The HOME Consortium includes the Urban County and the participating cities of Carlsbad, Encinitas, La Mesa, San Marcos, Santee and Vista.

The information reported in the CAPER is prescribed by HUD and is standard across all agencies administering these funds throughout the nation. Some tables or charts may contain "0" or "Not Applicable" where the required sections do not apply to the activities undertaken by the County in FY 2018-19.

The CAPER also includes two exhibits:

- Exhibit 1 is the PR26 - CDBG Financial Summary Report. This report shows the County's

CDBG related revenues and expenditures for activities that benefit low- and moderate-income residents.

- Exhibit 2 is the ESG portion of the CAPER. Specifically, for ESG reporting, HUD requires a separate reporting of aggregated data, using the newly developed Sage Homeless Management Information System (HMIS) Reporting Repository. Therefore, some tables within the main CAPER document make reference to the report found in Exhibit 2.

Public Input Process

To provide an opportunity for public input, HUD requires a public comment period and a public hearing to be held before the CAPER is submitted. The County provides the public with the opportunity to comment on the CAPER before its submission to HUD. The County will consider any comments or views of citizens received in writing, or orally at the public hearings in preparing the performance report. A summary of these comments or views shall be attached to the CAPER.

This year's CAPER was posted on the HCDS website at www.sdhcd.org starting October 30, 2020. Advertisements noting the availability of the CAPER for viewing were published in the San Diego Union Tribune, the Voice and Viewpoint of San Diego, El Latino, Asian Journal and Viet News. An Arabic public notice was posted on the HCDS website on October 30, 2020. Comments can be provided in writing to HCDS on or before November 17, 2020 or by attending and speaking at the public hearing on November 17, 2020.

Written comments should be addressed to Housing and Community Development Services, Community Development Division, 3989 Ruffin Road, San Diego, CA 92123, (858) 694-8724, or emailed to: Marco.Delatoba@sdcounty.ca.gov.

Those who are deaf or hard of hearing may contact the department at (866) 945-2207. Those who need assistance to participate in the meeting (non-English speaking, hearing impaired, etc.) should contact staff at least five days prior to the meeting to request special arrangements.

Note on the Housing Opportunities for Persons with AIDS (HOPWA) Program

The City of San Diego is the entitlement jurisdiction for the Housing Opportunities for Persons with AIDS (HOPWA) Program and, by agreement with the City, the County administers the HOPWA Program. The County will become the HOPWA Alternate Grantee effective FY 2020-21. Although reference is made in this CAPER to the HOPWA program, the City of San Diego's 2019-20 CAPER will provide complete relevant information pertaining to the HOPWA Program.

Consolidated Annual Performance and Evaluation Report FY 2019-20

Housing and Community Development Services

David Estrella, Director

November 17, 2020



Fifth Program Year CAPER

The full document can be accessed at:

<https://www.sandiegocounty.gov/content/dam/sdc/sdhcd/new-docs/Attachment-B-%20Final-CAPER-Narrative-2019-20.pdf>

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Executive Summary

San Diego County Region

The San Diego County region (region) is comprised of 18 incorporated cities and 26 unincorporated communities. The region is over 4,200 square miles in area with 70 miles of coastline. The terrain rises from sea level to 6,535 feet on Hot Springs Mountain. In 2018, as reported by the California Department of Finance, the region's population was over 3.34 million.

The County of San Diego

The County of San Diego (County) has over 17,000 employees and an annual operating budget of over \$6 billion. The County's mission is "to efficiently provide public services that build strong and sustainable communities" and its stated core values are "integrity, stewardship, commitment."

The context for all strategic and operational planning is provided by the County's vision of "a region that is Building Better Health, Living Safely and Thriving – *Live Well San Diego*." Strategic Initiatives focus the County's priorities in order to advance the County's vision. The 2020-2025 Strategic Initiatives are Building Better Health, Living Safely, Sustainable Environments/Thriving, and Operational Excellence.

The County of San Diego administers the following federal block grant programs:

Community Development Block Grant (CDBG) - CDBG funds may be used for certain activities that serve low and moderate-income residents, as specified by the program regulations.

HOME Investment Partnerships (HOME) - HOME funds may be used for housing activities that serve low and moderate-income residents, as specified by the program regulations.

Emergency Solutions Grant (ESG) - ESG funds may be used for the prevention of homelessness and homeless assistance, as specified by the program regulations.

The U.S. Department of Housing and Urban Development (HUD) requires cities, counties, and states that receive federal block grant funding to prepare consolidated plans. The County of San Diego Health and Human Services Agency, Housing and Community Development Services (HCDS), is responsible for the preparation of the Consolidated Plan and related Annual Action Plan (hereafter referred to as "Annual Plan") and Consolidated Annual Performance and Evaluation Report (CAPER).

Consolidated Plan

The County of San Diego Consortium 2015-19 Consolidated Plan (Consolidated Plan) covered the jurisdictions within the County of San Diego Consortium. This includes areas known as the Urban County and HOME Consortium:

The Urban County – The Urban County is composed of the County unincorporated area and the CDBG participating cities of Coronado, Del Mar, Imperial Beach, Lemon Grove, Poway and Solana Beach.

The HOME Consortium – The HOME Consortium includes the Urban County and the participating cities of Carlsbad, Encinitas, La Mesa, San Marcos, Santee and Vista.

The Consolidated Plan was prepared in accordance with Title 24, Part 91 of the U.S. Department of Housing and Urban Development (HUD) Code of Federal Regulations (CFR). The main purpose of the Consolidated Plan is:

- To identify the grantee’s housing and community development (including neighborhood and economic development) needs, priorities, goals and strategies and
- To specify funding allocation priorities for housing and community development activities.

Summary of the Objectives and Goals

The Consolidated Plan addressed the needs, priorities, goals, and allocation strategies for CDBG, HOME, and ESG funding for the period between July 1, 2015 and June 30, 2020.

All activities carried out by the County must conform to its mission, values, and the ‘*Live Well San Diego*’ vision. The County has determined to direct its funding to two objectives:

Consolidated Plan Objective 1: **Provide suitable living environments for our region’s residents**

Consolidated Plan Objective 2: **Enhance the quality of life for residents by encouraging decent and affordable housing**

These objectives are to be achieved by the following three strategic goals:

Goal 1 - Housing and Supportive Services - Affordable, Livable, Supportive

Goal 2 - Public Improvements - Quality, Safety, Accessibility, Walkability

Goal 3 - Homeless Shelters and Services - Accessible, Available, Supportive



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: December 8, 2020

07

TO: Board of Supervisors

SUBJECT

RECEIVE 2020 LIVE WELL SAN DIEGO 10-YEAR IMPACT REPORT AND PRESENTATION (DISTRICTS: ALL)

OVERVIEW

The San Diego County Board of Supervisors (Board) adopted the *Live Well San Diego* vision for achieving healthy, safe, and thriving communities throughout the region on July 13, 2010 (10). *Live Well San Diego* helps guide the strategic planning, operations, and annual budget for the County of San Diego (County) government. The vision has become a regional movement with 500 recognized partners representing diverse sectors, including schools and education, business and media, cities and government, and community- and faith-based organizations. The *Live Well San Diego* vision, rooted in a metric-based action framework, includes avenues across the region to share data, advance best practices, increase research, build capacity, leverage support, and improve evaluation. As a result, the health and well-being of all 3.3 million San Diego County residents is being supported in ways that are more innovative, community-driven, equitable, and sustainable than ever before.

As the County, through *Live Well San Diego*, continues to respond to the COVID-19 pandemic, goals and priorities will change in response to emerging information, advances in technologies, and shifting priorities. The aim will be sustainable and equitable solutions that advance the regional capacity to respond to emerging needs that may impact policies and practices across all three areas of *Live Well San Diego*: building better health, living safely, and thriving. Today's action requests that the Board receive the 2020 *Live Well San Diego* 10-Year Impact Report and presentation.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

Receive the 2020 *Live Well San Diego* 10-Year Impact Report and Presentation.

FISCAL IMPACT

There is no fiscal impact associated with the proposed action. There will be no change in net General Fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

SUBJECT: RECEIVE 2020 LIVE WELL SAN DIEGO 10-YEAR IMPACT REPORT AND PRESENTATION (DISTRICTS: ALL)

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

The San Diego County Board of Supervisors (Board) adopted the *Live Well San Diego* vision for achieving healthy, safe and thriving communities throughout the region on July 13, 2010 (10). The vision was a response to a startling statistic that, throughout the nation and locally, three behaviors (poor nutrition, lack of physical activity and tobacco use) were contributing to four diseases (heart disease/stroke, cancer, type-2 diabetes, and respiratory conditions) that resulted in 56% of the deaths in San Diego County. This became known as the “3-4-50”. During this same time period, public health professionals began to recognize how the conditions in which people are born, grow, live and work – called the social determinants of health – contribute to a person’s overall wellness as well as the health of the community.

Live Well San Diego is comprised of three components, Building Better Health, Living Safely and Thriving, and is guided by four strategic approaches:

1. Building a Better Service Delivery System
2. Supporting Positive Choices
3. Pursuing Policy and Environmental Changes
4. Improving the Culture Within

For the County of San Diego (County), *Live Well San Diego* helps guide the strategic planning, operations, and annual budget for the entire County government. Over the past decade, the vision has grown into a regional movement with 500 recognized partners representing diverse sectors, including schools and education, business and media, cities and government, and community- and faith-based organizations. Together, these partners have worked collaboratively with the County to improve the health and well-being of all 3.3 million San Diego County residents in ways that are innovative, community-driven, equitable, and sustainable. These efforts have made a significant impact on the San Diego region, as we have seen a 12% reduction in the percentage of deaths associated with preventable health threats.

Live Well San Diego: Measurable Impacts 2010-2020

The *Live Well San Diego* vision, rooted in a metric-based action framework, includes avenues across the region to share data, advance best practices, increase research, build capacity, leverage support, and improve evaluation. This is a result of the diverse array of *Live Well San Diego* Recognized Partners.

As of December 2020, the 500 *Live Well San Diego* recognized partners include:

- 315 Community- and Faith-Based Organizations;
- 105 Business and Media Organizations;
- 57 Schools and Education partners;
- 23 Cities, Governments, and Government-related organizations,
 - Representing more than 3 million residents; and

SUBJECT: RECEIVE 2020 LIVE WELL SAN DIEGO 10-YEAR IMPACT REPORT AND PRESENTATION (DISTRICTS: ALL)

- 39 school districts, representing more than 494,000 students.

Progress toward the *Live Well San Diego* vision is measured across a person’s lifespan within 5 Areas of Influence and 10 *Live Well San Diego* Indicators that define what it means to live well in San Diego. As more residents improve their health, safety, and economic status, there are more opportunities for people to grow, connect, and thrive. Significant achievements over the past decade include:

- *Heart Attacks*: A 22% reduction in heart attacks across San Diego County, based on the collaborative efforts of the Heart Attack and Stroke Free Zone, the Southeastern San Diego Cardiac Disparities Project, and the Accountable Communities for Health, and Love Your Heart events and other partner achievements.
- *Crime and Security*: A 26% reduction in the overall crime rates resulting from the concerted effort of local law enforcement agencies and community partners.
- *Schools*: A 3% increase in the percentage of people age 25 years and older with a high school degree or GED. There has also been incredible progress as it pertains to childhood obesity; over 10 years of prevention efforts have resulted in a 7.7% reduction in childhood obesity and 4,300 fewer overweight or obese students across San Diego County school districts.
- *Food System Initiative*: Community partners are improving the local food system by increasing access to healthy and affordable food, supporting the local food economy and food supply chain, and protecting our natural resources through the support of small-scale farmers and sustainable farming practices. These efforts have resulted in: 1 dockside fishermen’s market, 17 Community-Supported Agriculture programs, 21 farm stands, and 36 Certified Farmers’ Markets.
- *Opportunity Youth*: A 17% reduction of young adults ages 16-24 who are “disconnected,” or not in school and not working - they are both seeking opportunity in the job market and offering an opportunity for local organizations to invest in them.
- *Sustainability and Climate*: A 21% increase in the miles of available bikeways. A 50% reduction in the percent of days air quality was rated unhealthy for sensitive populations. A 714% increase in the rate of solar installation. A 32% increase in SDG&E’s renewable and zero-carbon electricity supply.

Today’s action requests that the Board receive the 2020 *Live Well San Diego* 10-Year Impact Report and presentation. The achievements listed above are just some of the impacts *Live Well San Diego* has had in the region. Additional information is included in Attachment A – *Live Well San Diego: 10-Year Impact Report Executive Summary*. The detailed 2020 *Live Well San Diego* 10-Year Impact Report digital report can be found here: LiveWellSDAnnualReport.org.

Next Steps

As the County, through *Live Well San Diego*, continues to respond to the COVID-19 pandemic, goals and priorities will change in response to emerging information, advances in technologies, and shifting priorities. The aim will be sustainable and equitable solutions that advance the regional capacity to respond to emerging needs that may impact policies and practices across all three areas of *Live Well San Diego*: building better health, living safely and thriving. There will be new and creative efforts toward honing the ability to leverage cross-sector partnerships

SUBJECT: RECEIVE 2020 LIVE WELL SAN DIEGO 10-YEAR IMPACT REPORT AND PRESENTATION (DISTRICTS: ALL)

through a common agenda, proactive communication, and alignment of common resources, including shared data to improve health equity across the entire county region.

As the County continues to confront the root causes of inequities in practice and organizational structures to strengthen and improve the culture from within, comprehensive regional, specific efforts will include enhancing community partnerships that represent diverse backgrounds. The aim will be to continue to reimagine services and supports, and ensure that county residents are acknowledged and included as co-creators of healthy, safe, and thriving communities.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Building Better Health, Living Safely, and Thriving Initiatives in the County of San Diego's 2020-25 Strategic Plan and the County's *Live Well San Diego* vision by improving the wellness for all 3.3 million County residents.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – 2020 *Live Well San Diego*: 10-Year Impact Report Executive Summary

SUBJECT: RECEIVE 2020 LIVE WELL SAN DIEGO 10-YEAR IMPACT REPORT AND PRESENTATION (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

October 21, 2014 (5), Received the 2013-2014 Live Well San Diego Fourth Year Report and presentation, and Received and approved the County’s Live Well San Diego Thriving Strategy Agenda; October 22, 2013 (7), Received the 2012-2013 Live Well San Diego Annual Report; October 30, 2012 (1), Received the 2011-2012 Live Well San Diego: Building Better Health report and Received a summary of the proposed evaluation framework for Live Well San Diego; October 09, 2012 (3), Received and approved the County’s Safety Strategy Agenda: Living Safely; November 08, 2011 (13), Received 2010-2011 Live Well San Diego Report; March 15, 2011 (4), Received status update on County’s Health Strategy Agenda: Building Better Health; October 19, 2010 (1), Received status update on County’s Health Strategy Agenda: Building Better Health; July 13, 2010 (10), Received and approved the County’s Health Strategy Agenda: Building Better Health; authorized staff to seek and apply for related grants; and directed development of plans for safe and thriving communities.

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): Land Use and Environment Group
Public Safety Group

CONTACT PERSON(S):

Carey Riccitelli

Name
619-515-6574

Phone

Alexis Avina

Name
619-455-5226

Phone



2020 LIVE WELL SAN DIEGO 10-YEAR IMPACT REPORT EXECUTIVE SUMMARY

A DECADE OF HEALTHY, SAFE, AND THRIVING COMMUNITIES

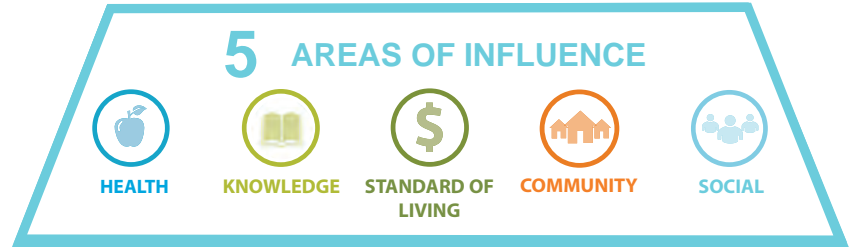
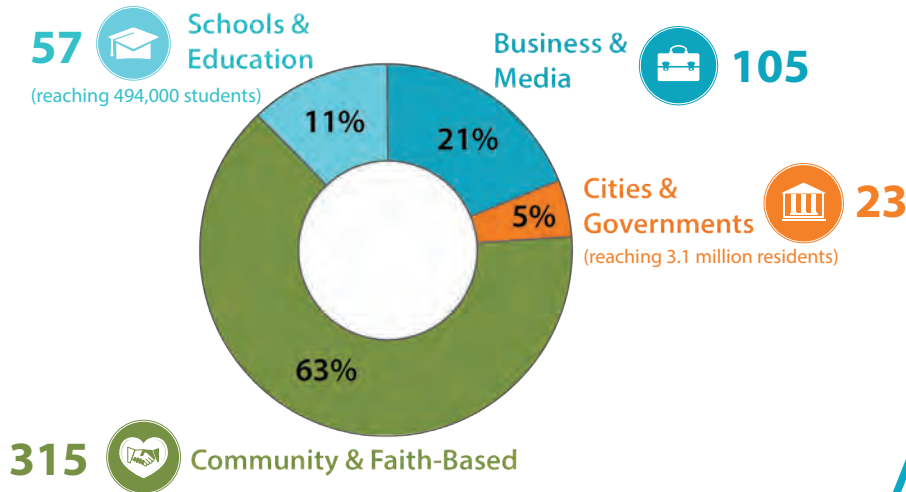
The *Live Well San Diego* vision began ten years ago with the goal of improving wellness for all 3.3 million residents living in San Diego County. Developed over the course of two years, through a robust community and stakeholder engagement process, the vision was a response to a startling statistic that found that throughout the nation and locally three behaviors (poor nutrition, lack of physical activity and tobacco use) were contributing to four diseases (heart disease/stroke, cancer, type-2 diabetes and respiratory conditions) that resulted in over 50% of the deaths in San Diego County (also known as 3-4-50).

Since it was initiated with the approval of the San Diego County Board of Supervisors on July 13, 2010, the vision has grown into a collective impact movement that is creating a better quality of life for all residents. As of December 3, 2020, **500 Recognized Partners have committed to the vision**, so that wherever you live, work, play or pray, an organization or individual is nearby working to improve your well-being and the health of your community.

During the past decade, efforts in support of the vision have driven a 12% reduction in the percentage of deaths associated with preventable health threats (2007-2019).

The full 2020 10-Year Impact Report can be found online and includes success stories and incredible impacts that partners have accomplished together over the past decade. Read the full report at LiveWellSDAnnualReport.org.

PERCENT DISTRIBUTION OF PARTNERS BY SECTOR



Efforts in support of the *Live Well San Diego* vision



3-4-50 Chronic Disease
Over the last ten years, *Live Well San Diego* Partners have **reduced the percentage of deaths associated with preventable health threats by 12%** (2007-2019). By working to decrease preventable disease-related deaths (3-4-50), the *Live Well San Diego* vision has provided the foundation to improve the social and economic conditions that impact health and wellness and increase neighborhood safety while engaging residents in their community.



Heart Attacks
Be There San Diego, a coalition of patients, communities, healthcare systems and organizations, **reduced heart attacks in San Diego County by 22%** (2011-2016) through their Heart Attack & Stroke Free Zone, Southeastern San Diego Cardiac Disparities Project and Accountable Communities for Health workgroups.

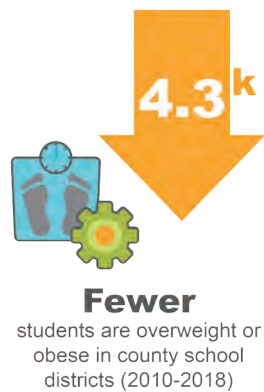
Crime & Security

Neighborhood safety and security have a significant impact on an individual's ability to thrive. Exposure to crime and violence has been shown to have negative impacts on a person's overall quality of life, including their physical and mental health and even how involved they are in their community. Crime rates in San Diego have been declining since 2010 thanks to the concerted effort of local law enforcement agencies and community partners who have **reduced the overall crime rate in San Diego County by 26%** and **the youth arrest rate by 76%**.



Live Well Schools

Live Well Schools is a collaboration of community partners, led by the County of San Diego. A key strategy of Live Well Schools is to build and strengthen the relationships between schools, districts, and community partners so that they can work together to address the impacts that physical and mental health and absenteeism have on academic performance and overall quality of life.

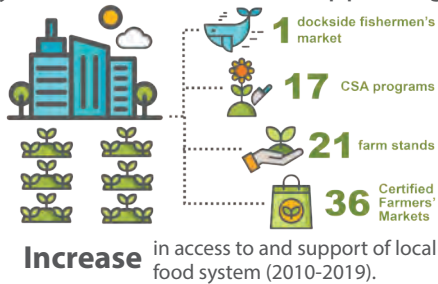


One area where partners have worked to make progress is around childhood obesity. Declining trends over time show **4,300 fewer students across San Diego County school districts are overweight or obese** (2010-2018).

have driven incredible impacts:

Food System Initiative

Community partners are improving the local food system by increasing access to healthy and affordable food, supporting the local food economy and food supply chain, and protecting our natural resources through the support of small-scale farmers and sustainable farming practices.



Homelessness

The Regional Taskforce on the Homeless conducts an annual Point-in-Time Count in January - a physical count of all people experiencing homelessness who are living in emergency shelters, transitional housing, safe havens and on the street, vehicles, encampments or parks on a single night. In 2014, hundreds of community members came together to count 8,506 people experiencing homelessness, while 2020 counts showed 7,658 people, a **reduction of 10% in the number of homeless persons living in San Diego County.**



Opportunity Youth

Workforce development is a method of improving the local economy by removing the barriers that might be in place for particular groups and devising strategies to remove those barriers through policy and systemic changes, as well as skills development and training.

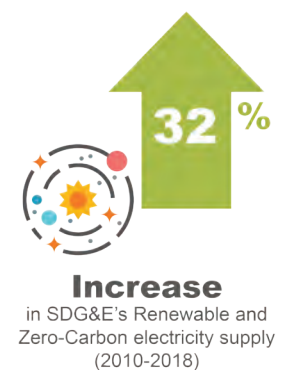
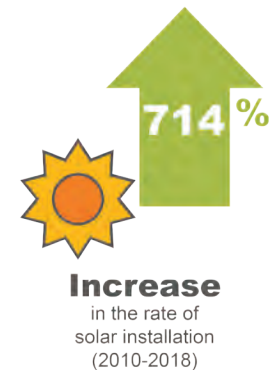
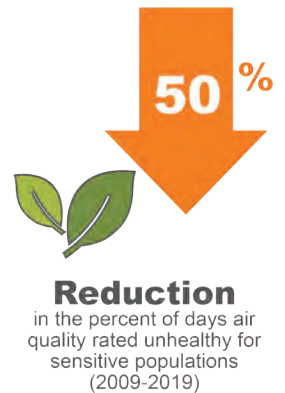
Opportunity Youth are young adults ages 16-24 who are not in school and are not working - they are both seeking opportunity in the job market and offering an opportunity for local organizations to invest in them. Partners have already seen positive outcomes from their efforts to connect these youth to future career paths, including a **17% decrease in the youth disconnection rate** (youth not in school or working).



Sustainability & Climate





















Outdoor environments, from beaches and wetlands to mountains and deserts, play a key role in living well in San Diego County. Keeping these spaces accessible and thriving requires input and action from individuals, organizations, and government agencies throughout the region to address these factors and advance climate resilience and adaptation solutions.



Over the past decade, San Diego County saw a **50% reduction in the percent of days air quality was rated unhealthy**, a **21% increase in miles of available bikeways**, and turned to more sustainable renewable energy to ensure future San Diegans can continue to access and enjoy the environmental diversity throughout our communities.



MEASURING PROGRESS: *Live Well San Diego* Top 10 Indicators

Progress toward the *Live Well San Diego* vision is measured across a person's lifespan within 5 Areas of Influence and 10 *Live Well San Diego* Indicators which define what it means to live well in San Diego County. As more residents improve their health, safety and economic status, there are more opportunities for people to grow, connect and thrive.

| Status | Indicator: Measure | U.S. | CA | SD | Trend Data |
|--|--|--------|--------|--------|---|
| HEALTH - ENJOYING GOOD HEALTH AND EXPECTING TO LIVE A FULL LIFE | | | | | |
|  | Life Expectancy: Length of life expected at birth in years | 78.7 | U | 82.6 |  |
|  | Quality of Life: Percent of the population sufficiently healthy to live independently (not including those who reside in nursing homes or other institutions) | 97.1% | 97.5% | 94.9% |  |
| KNOWLEDGE - LEARNING THROUGHOUT THE LIFESPAN | | | | | |
|  | Education: Percent of population ages 25 and over with at least a High School Diploma or Equivalent | 87.7% | 82.9% | 86.5% |  |
| STANDARD OF LIVING - HAVING ENOUGH RESOURCES FOR A QUALITY LIFE | | | | | |
|  | Unemployment Rate: Percent of the total labor force that is unemployed (2019 ESRI Community Analyst current year, data is not seasonally adjusted) | 13.0% | 15.7% | 15.5% |  |
|  | Income: Percent of population spending less than 1/3 of income on housing | 68.4% | 58.7% | 56.9% |  |
| COMMUNITY - LIVING IN A CLEAN AND SAFE NEIGHBORHOOD | | | | | |
|  | Security-Overall Crime Rate: Number of crimes per 100,000 people (all crimes, including violent and property) | 2745.1 | 2946.0 | 2032.6 |  |
|  | Physical Environment-Air Quality: Percent of days that air quality was rated as unhealthy for sensitive populations | 0.8% | 4.6% | 6.8% |  |
|  | Built Environment-Distance To Park: Percent of population living within a quarter mile of a park or community space | U | U | 61.6% |  |
| SOCIAL - HELPING EACH OTHER TO LIVE WELL | | | | | |
|  | Vulnerable Populations-Food Insecurity: Percent of population with income of 200 percent or less of the federal poverty level, who have experienced food insecurity | U | 39.1% | 37.6% |  |
|  | Community Involvement-Volunteerism: Percent of population who volunteer | 30.3% | 25.4% | 25.5% |  |

-  Moving in the right direction
-  Moving in the wrong direction

Note: The most current local data, that has state and national comparison data is reported. U = unavailable.



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: January 12, 2021

05

TO: Board of Supervisors

SUBJECT

ADOPT A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS PROVIDING AUTHORIZATION TO PARTICIPATE IN THE THIRD ROUND NOTICE OF FUNDING AVAILABILITY FOR THE NO PLACE LIKE HOME PROGRAM COMPETITIVE ALTERNATIVE PROCESS ALLOCATION FUNDS (DISTRICTS: ALL)

OVERVIEW

The County of San Diego Health and Human Services Agency (HHSA), Housing and Community Development Services, administers a variety of housing programs to provide the community with affordable housing options.

One funding source for such housing, is the State of California's No Place Like Home (NPLH) program, that provides funding to local communities for the development of permanent supportive housing for adults with serious mental illness (SMI) and/or seriously emotionally disturbed (SED) children and adolescents and their families, who are experiencing or are at-risk of homelessness. The County of San Diego is eligible for two separate NPLH funding allocation categories: the Noncompetitive Program allocation and the Competitive Alternative Process County allocation. HHSA has already accepted some NPLH funds, and now has the opportunity to apply for additional funds. It is estimated that, all combined, the County of San Diego is eligible to receive approximately \$117.2 million in NPLH grant funds.

To date the County has received a combined \$80.7 million from the Noncompetitive and Competitive Programs, through the First and Second Rounds of funding.

| NPLH Funding Category | County of San Diego Eligible Amount | Status |
|---|--|---|
| Noncompetitive Allocation | \$12.7 million | Acceptance approved by Board 11/13/18 |
| Competitive Alternative Process County Allocation | \$28 million – first round | Acceptance approved by Board 2/12/19 |
| | \$40 million – second round | Acceptance approved by Board 10/15/19 |
| | \$12.3 – third round | Request for Board authority to participate 1/12/21 |
| | \$24.2 – fourth round (estimated) | To be determined |
| Estimated Total: | \$117.2 million | |

SUBJECT: ADOPT A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS PROVIDING AUTHORIZATION TO PARTICIPATE IN THE THIRD ROUND NOTICE OF FUNDING AVAILABILITY FOR THE NO PLACE LIKE HOME PROGRAM COMPETITIVE ALTERNATIVE PROCESS ALLOCATION FUNDS (DISTRICTS: ALL)

Today's actions request the Board adopt a Resolution to authorize the County of San Diego to apply for and accept the Competitive Alternative Process County allocation, under the Third Round Notice of Funding Availability. The Resolution also states that the County of San Diego will make mental health supportive services available to support the NPLH units for a minimum of 20 years.

Additionally, today's actions support the County of San Diego's *Live Well San Diego* vision by ensuring low-income residents have access to suitable living environments, as well as enhancing the quality of life for residents by encouraging decent and affordable housing, which promotes a healthy, safe, and thriving region.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Find that the proposed action is not subject to the California Environmental Quality Act (CEQA) as specified under Section 15060 (c)(3) of the state CEQA Guidelines because the activity in question is administrative in nature and is not a project as defined in CEQA Guidelines Section 15378.
2. Adopt a Resolution entitled:
A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS PROVIDING AUTHORIZATION TO PARTICIPATE IN THE THIRD ROUND NOTICE OF FUNDING AVAILABILITY FOR THE NO PLACE LIKE HOME PROGRAM COMPETITIVE ALTERNATIVE PROCESS ALLOCATION FUNDS.
3. Authorize the Agency Director, Health and Human Services Agency, or designee, to issue Notices of Funding Availability, publish notices, award contracts and execute agreements, amend existing contracts as needed to reflect changes to services and funding, execute certification forms, prepare and execute all necessary documents for the submittal, regulatory processing and implementation, and take any other actions necessary as required by State of California, Department of Housing and Community Development for Recommendation 2, as applicable.
4. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue Competitive Solicitation(s) for the No Place Like Home Program funds; and upon successful negotiations and determination of a fair and reasonable price, award one or more contracts; and to amend the contracts to reflect changes in program, funding, or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.

FISCAL IMPACT

Funds for this request are not included in the Fiscal Year 2020-22 Operational Plan in the Health and Human Services Agency. If approved, today's recommendation to apply for the No Place Like Home (NPLH) Program Alternative Process County allocation will result in no change in costs and revenue in Fiscal Year 2020-21 and anticipated costs and revenue of \$12.3 million in Fiscal Year 2021-22. Upon award of the allocation, appropriations for Fiscal Year 2021-22 will be

SUBJECT: ADOPT A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS PROVIDING AUTHORIZATION TO PARTICIPATE IN THE THIRD ROUND NOTICE OF FUNDING AVAILABILITY FOR THE NO PLACE LIKE HOME PROGRAM COMPETITIVE ALTERNATIVE PROCESS ALLOCATION FUNDS (DISTRICTS: ALL)

requested as part of the Fiscal Year 2021-22 CAO Recommended Operational Plan. The funding source is the State of California, Department of Housing and Community Development NPLH Program funds. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

This proposal will have a positive impact on the business community since the recommended actions will result in construction work to be performed at properties that are awarded funding. Contracts resulting from these recommendations may be executed with private sector firms and will involve a competitive bid process. No Place Like Home program (NPLH) assisted affordable housing units are integrated in developments with other affordable housing units. To date, the County has committed \$53.7 million for 172 NPLH assisted affordable housing units that will be integrated throughout 6 developments with a total 687 affordable housing units region wide. Developments with funding awards are estimated to be completed within the next two to five years.

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

On July 1, 2016, Governor Brown signed legislation creating the No Place Like Home (NPLH) program, dedicating \$2 billion in State bond proceeds for the development of permanent supportive housing for adults with serious mental illness (SMI) and/or seriously emotionally disturbed (SED) children and adolescents and their families, who are experiencing homelessness, chronic homelessness, or are at-risk of chronic homelessness. Eligible NPLH program activities include financing capital costs of assisted units in rental housing developments, such as costs associated with the acquisition, design, construction, rehabilitation, or preservation of assisted units. NPLH funds may also be used to fund Capitalized Operating Subsidy Reserves (COSR) to address project operating deficits attributable to assisted units.

On July 17, 2017, the State of California, Department of Housing and Community Development (State HCD) issued the final program guidelines for the first-round of funding under the NPLH program. The County of San Diego is eligible to receive approximately \$117.2 million from two separate funding allocation categories. The first category is the Noncompetitive Program Allocation. The allocation available under this category is based on the proportionate number of homeless persons residing in San Diego County compared to the State's total homeless population. The County of San Diego was allocated a total of \$12.7 million under the Noncompetitive Allocation. On November 13, 2018 (9), the San Diego County Board of Supervisors (Board) authorized the acceptance of Noncompetitive Allocation funds.

The second category is the Competitive Alternative Process County allocation, which is available to counties with at least five percent of the State's homeless population that can demonstrate capacity to directly administer NPLH program funds. The County of San Diego is eligible to receive approximately \$104.5 million as an Alternative Process County in NPLH program grant funds over the course of four funding rounds. State HCD is making these funds available to

SUBJECT: ADOPT A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS PROVIDING AUTHORIZATION TO PARTICIPATE IN THE THIRD ROUND NOTICE OF FUNDING AVAILABILITY FOR THE NO PLACE LIKE HOME PROGRAM COMPETITIVE ALTERNATIVE PROCESS ALLOCATION FUNDS (DISTRICTS: ALL)

counties through multiple Notices of Funding Availability (NOFA). On February 12, 2019 (01) and October 15, 2019 (5), the Board authorized the acceptance of the First and Second Round Competitive Alternative Process allocations. The focus of today's action is on the Third Round Competitive Alternative Process County allocation.

The State HCD NOFA for the First Round of funds for the Competitive Alternative Process County category was released on October 15, 2018 and amended on October 30, 2018. The State issued a Second Round of funds for the Competitive Alternative Process Counties on September 30, 2019. To date, the County of San Diego received \$12.7 million of Noncompetitive funding and \$28 million of Competitive Alternative Process County funding from the first round NOFA process, and \$40 million through the second round Competitive Alternative Process County NOFA process.

The State HCD Third Round NOFA for the Alternative Process County funding, released on October 23, 2020, makes available \$12.3 million for the County of San Diego. In order to receive the allocation of funds, the County of San Diego must adopt a Resolution provided by State HCD, detailed in Attachment A, which authorizes the Health and Human Services Agency (HHSA) to apply for and accept the Competitive Alternative Process County allocation. The Resolution also authorizes the Agency Director, HHSA to enter into, execute, and deliver any and all other documents necessary or appropriate to be awarded the NPLH Alternative Process County allocation. Additionally, the Resolution states that the County of San Diego will implement the NPLH program in accordance with the agreement with the State and any applicable rules and laws and will make mental health supportive services available to tenants at developments awarded NPLH funding for at least 20 years.

Upon award of funding, HHSA, Housing and Community Development Services will utilize a local NOFA process to make all NPLH Program (Noncompetitive and Alternative Process County) funds available to affordable housing developers, as loans for the development of permanent supportive housing for adults with SMI and/or SED children and adolescents and their families who are experiencing homelessness, chronic homelessness, or are at-risk of chronic homelessness. These loans are then conditionally committed to developments and funds are disbursed at different stages of the development process. Proposed developments will be reviewed for consistency with current State HCD program guidelines, community support, project location, affordability, project readiness, ability to combine other funding sources, and the capability of the affordable housing developer to successfully implement the project.

On November 18, 2018, HHSA issued the first NOFA for funding through the No Place Like Home program. This NOFA closed on July 31, 2019. A second NOFA for funding was issued on October 31, 2019 and remains open for qualified development partners to apply for funding. The County of San Diego has committed to providing services for residents of NPLH assisted units for a period of twenty years. To date six developments have been awarded over \$53 million with the remaining \$27 million currently available through an open NOFA. Awarded developments will integrate 172 No Place Like Home Units throughout 687 affordable housing units regionwide. The

SUBJECT: ADOPT A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS PROVIDING AUTHORIZATION TO PARTICIPATE IN THE THIRD ROUND NOTICE OF FUNDING AVAILABILITY FOR THE NO PLACE LIKE HOME PROGRAM COMPETITIVE ALTERNATIVE PROCESS ALLOCATION FUNDS (DISTRICTS: ALL)

six awarded developments are detailed in Attachment B – Summary of developments awarded funding to date.

Today’s requested actions will also authorize the Agency Director, HHSA, or designee, in consultation with the Department of Purchasing and Contracting, to issue Notices of Funding Availability; publish notices, award contracts; execute agreements; amend existing contracts as needed to reflect changes to services and funding; execute certification forms; prepare and execute all necessary documents for the submittal, regulatory processing and implementation; and take any other actions necessary for projects associated with the NPLH program.

The NPLH program funds spur the production and preservation of affordable housing through enhanced partnerships with regional stakeholders. These efforts align with the County of San Diego’s *Live Well San Diego* vision for a healthy, safe, and thriving region.

ENVIRONMENTAL STATEMENT

Section 15060(c)(3) of the CEQA Guidelines provides that activities identified in Section 15378 of the CEQA Guidelines are not subject to CEQA review. Section 15378 provides that administrative activities of governments that will not result in a direct or indirect physical change in the environment are exempt from CEQA review. The proposed action is administrative in nature as it involves the authorization of HHSA to enter into negotiations on proposals that are responsive to criteria outlined in the State’s No Place Like Home program. CEQA Guidelines, Section 15060(c)(3) also exempts activities from CEQA review such as government funding or fiscal activities that do not involve a commitment to a specific project. Therefore, the proposed action is not subject to CEQA review in accordance with Section 15060(c)(3) of the CEQA Guidelines.

SUBJECT: ADOPT A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS PROVIDING AUTHORIZATION TO PARTICIPATE IN THE THIRD ROUND NOTICE OF FUNDING AVAILABILITY FOR THE NO PLACE LIKE HOME PROGRAM COMPETITIVE ALTERNATIVE PROCESS ALLOCATION FUNDS (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's actions support the Building Better Health, Living Safely, Sustainable Environments/Thriving, and Operational Excellence Strategic Initiatives in the County of San Diego's 2021-2026 Strategic Plan by providing funding for the development of safe, decent, and affordable housing for families in the region. The No Place Like Home program will further the County's efforts to provide affordable and supportive housing to individuals with a serious mental illness who are experiencing homelessness.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS PROVIDING AUTHORIZATION TO PARTICIPATE IN THE THIRD ROUND NOTICE OF FUNDING AVAILABILITY FOR THE NO PLACE LIKE HOME PROGRAM COMPETITIVE ALTERNATIVE PROCESS ALLOCATION FUNDS

Attachment B – Summary of Developments Awarded Funding to Date

SUBJECT: ADOPT A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS PROVIDING AUTHORIZATION TO PARTICIPATE IN THE THIRD ROUND NOTICE OF FUNDING AVAILABILITY FOR THE NO PLACE LIKE HOME PROGRAM COMPETITIVE ALTERNATIVE PROCESS ALLOCATION FUNDS (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED
 Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

October 15, 2019 (5), approved a Resolution authorizing to participate in the Second Round NOFA for the NPLH Program Competitive Alternative Process; February 12, 2019 (1), approved a Resolution authorizing to participate in the First Round NOFA for the NPLH Program Competitive Alternative Process; November 13, 2018 (9), approved a Resolution authorizing the acceptance of the County of San Diego No Place Like Home Program Noncompetitive Allocation funds; October 10, 2017 (3), approved the MHSA Three Year Program and Expenditure Plan: Fiscal Years 2017-18 through 2019-20.

BOARD POLICIES APPLICABLE:

B-29, Fees, Grants, Revenue Contracts – Department’s Responsibility for Cost Recovery; A-87 Competitive Procurement.

BOARD POLICY STATEMENTS:

In accordance with Board Policy B-29, the Health and Human Services Agency certifies that activities funded by the No Place Like Home program grant funds would be worthy of funding with County resources if external financing were unavailable. This program will help to provide permanent supportive housing to persons with a serious mental illness. The program funds administrative expenses anticipated to fully recover staff costs.

MANDATORY COMPLIANCE:

Administration of the No Place Like Home program by the County will comply with the No Place Like Home Program Guidelines, Issued July 17, 2017 and amended on September 30, 2019 and October 23, 2020.

No Place Like Home Program Guidelines, Issued July 17, 2017 and amended on September 30, 2019 and October 23, 2020.

Administration of the No Place Like Home program by the County will comply with Article II of the No Place Like Home Program Guidelines, Issued July 17, 2017 and amended on September 30, 2019 and October 23, 2020 for Noncompetitive and Competitive Program Allocations. The County will incorporate all terms required by the guidelines into the local Notice of Funding Availability and any subsequent loan documents (including, but not limited to, regulatory agreements and development agreements) for developments awarded funds.

SUBJECT: ADOPT A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS PROVIDING AUTHORIZATION TO PARTICIPATE IN THE THIRD ROUND NOTICE OF FUNDING AVAILABILITY FOR THE NO PLACE LIKE HOME PROGRAM COMPETITIVE ALTERNATIVE PROCESS ALLOCATION FUNDS (DISTRICTS: ALL)

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): Department of Purchasing and Contracting

CONTACT PERSON(S):

David Estrella

Name

(858) 694-8750

Phone

David.Estrella@sdcounty.ca.gov

E-mail

Kelly Salmons

Name

(858)694-8750

Phone

Kelly.Salmons@sdcounty.ca.gov

E-mail

Summary of Developments Awarded Funding to Date

No Place Like Home Program

| Development | Organization | Location | NPLH Units | Total Affordable Units | NPLH Funding | Population to be Served | Current Status |
|---|--|------------------------|------------|------------------------|---------------------|---|---|
| Windsor Pointe | Affirmed Housing | Carlsbad | 24 | 50 | \$13,047,252 | Chronically homeless with SMI/SED | January 2023 Estimated Grand Opening (under construction) |
| Jamboree San Ysidro | Jamboree | San Diego – San Ysidro | 25 | 65 | \$5,580,574 | Homeless with SMI/SED | December 2022 Estimated Grand Opening (under construction) |
| 14th & Commercial | Chelsea Investment Corporation & Father Joe's Villages | San Diego – Downtown | 60 | 326 | \$14,000,000 | Homeless with SMI | July 2022 Estimated Grand Opening (under construction) |
| The Iris | National CORE | San Diego – San Ysidro | 15 | 100 | \$5,501,340 | Homeless with SMI | December 2021 Estimated Groundbreaking |
| Anita Street | Wakeland Housing & Development | Chula Vista | 24 | 96 | \$7,439,136 | Homeless with SMI/SED | March 2021 Estimated Groundbreaking |
| Valley Senior Village | National CORE | Escondido | 24 | 50 | \$8,134,920 | Homeless seniors with SMI | December 2021 Estimated Groundbreaking |
| TOTAL | | | 172 | 687 | \$53,703,222 | NPLH units serve homeless, at risk of homelessness, or chronically homeless with SMI/SED. | SMI = serious mental illness SED = seriously emotionally disturbed |



ITEM 5: NO PLACE LIKE HOME PROGRAM ROUND 3 FUNDING

January 12, 2021

David Estrella, Director, Housing and Community Development Services
Health and Human Services Agency



NO PLACE LIKE HOME PROGRAM OVERVIEW



Use of Funds:

Acquisition

Rehabilitation

New Construction | Preservation

Operating Subsidy

Administrative Cost

NO PLACE LIKE HOME PROGRAM OVERVIEW



Behavioral Health Services includes:

- Outpatient Clinic Services
- Strength Based Case Management
- Assertive Community Treatment (ACT)
- The County's 20-year commitment to services

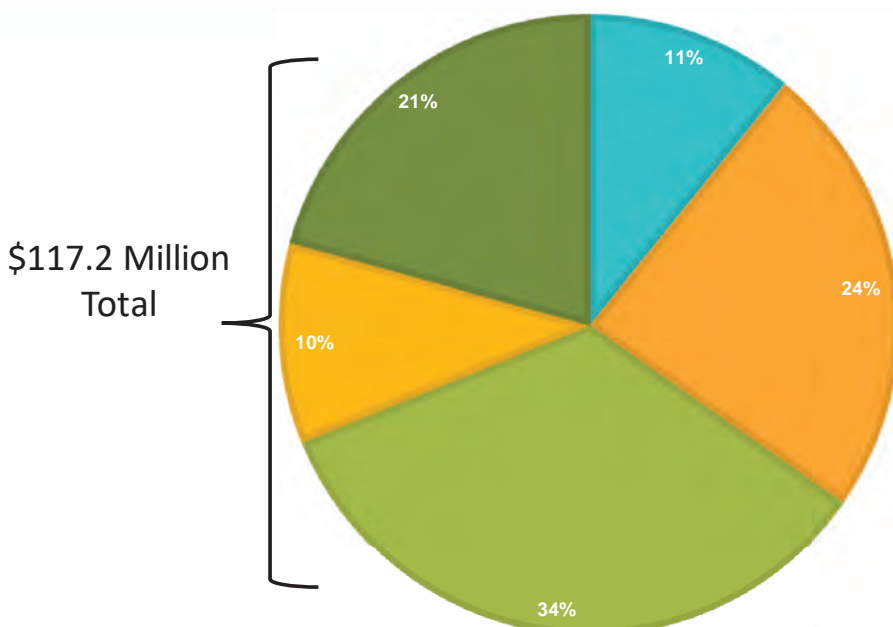
Collaboration and Coordination with Housing Developers

Matching treatment providers with residents

Coordination with Property Management

Support services for residents

NO PLACE LIKE HOME FUNDING



Non-Competitive Allocation

- 1-time allocation of \$12.7 Million

Alternative County Allocation

4 Annual Allocations

- 1st Round NOFA \$28 Million
- 2nd Round NOFA \$40 Million
- 3rd Round NOFA \$12.3 Million
- 4th Round NOFA \$24.2 Million (estimate)

NO PLACE LIKE HOME REGIONAL IMPACT TO DATE



| Developments | Organization | Location | NPLH Units | Total Affordable Units |
|-------------------------------|-------------------------|-------------|------------|------------------------|
| Windsor Pointe | Affirmed Housing | Carlsbad | 24 | 50 |
| Jamboree San Ysidro | Jamboree Housing Corp | San Ysidro | 25 | 65 |
| 14 th & Commercial | Chelsea Investment Corp | San Diego | 60 | 326 |
| Iris Apartments | National CORE | San Ysidro | 15 | 100 |
| Anita St. Apartments | Wakeland | Chula Vista | 24 | 96 |
| Valley Senior Village | National CORE | Escondido | 24 | 50 |
| Total NPLH Units | | | 172 | Total Units |
| | | | | 687 |

NO PLACE LIKE HOME RECOMMENDATIONS



Authorization to:

- Participate in the third round NOFA for NPLH Program Competitive Alternative Process Allocation Funds.
- Authorize HHSa to commit the County to provide mental health supportive services for NPLH funded units.

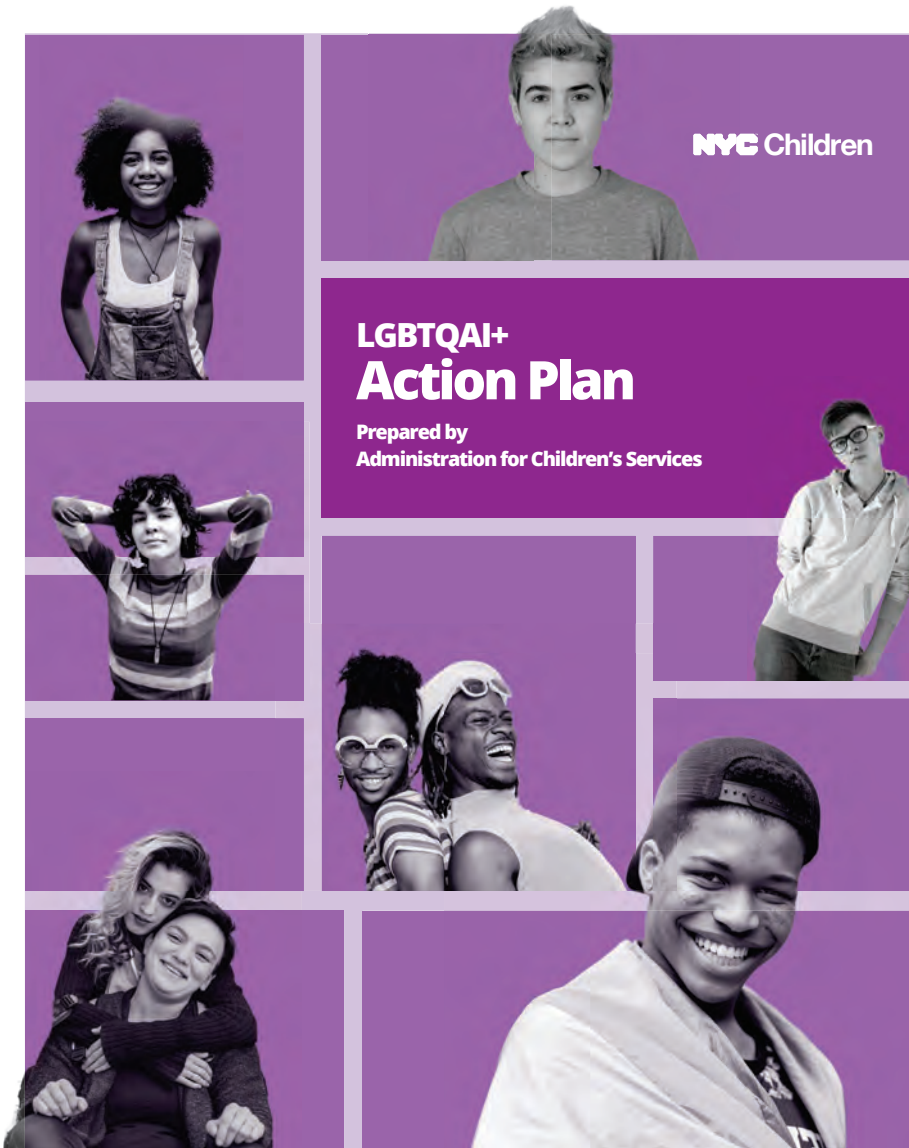
Next Steps:

- Submit Resolution authorizing HHSa to enter, execute and administer the NPLH program
- Receive third round funding estimated at \$12.3 million
- Make available NPLH funds through an open NOFA process

Family Urgent Response System (FURS)

1.7.21

| | |
|-------------------------------|---|
| Overview | <ul style="list-style-type: none"> • The FURS is statewide and county-level system designed to provide collaborative and timely phone-based or in-home, in-person response during situations of instability between current and former youth in foster care and their caregivers. • The purpose of FURS to provide current and former youth in care and their caregivers with immediate trauma-informed support during times of crisis, and link youth and their families to needed services in their communities. This service is available to youth up to the age of 21. • FURS is a coordinated effort among required partners, including Child Welfare Services, Behavioral Health Services, and Probation Department. • The statewide hotline will begin on March 1, 2021 and counties need to have a full or interim plan in place to receive and respond to referrals received by the state hotline. • All counties must have a full FURS mobile response system operational by July 1, 2021. |
| Required Actions Items | <ul style="list-style-type: none"> • By January 15, 2021, a complete county mobile response system plan or request for extension for the submission of this plan through June 30, 2021 shall be submitted to CDSS. • San Diego is currently in the process of procuring for the FURS countywide mobile response services. • The contract is anticipated to begin on March 1, 2021. • On December 29, 2020, San Diego County submitted a letter to CDSS requesting an extension for the submission of our complete plan pending details of a finalized contract. |
| Contract Scope of Work | <ul style="list-style-type: none"> • The contract scope of work requires a live toll-free phone response system to receive calls and respond to referrals from the statewide hotline and a mobile response and stabilization team to provide immediate in-person, face-to-face, in home response and trauma-informed supportive services 24 hours a day, seven days a week, and 365 days a year. • Services shall also include ongoing supportive services to the youth and caregiver beyond the initial mobile response for up to 72 hours. • The mobile response teams shall respond to urgent requests within one hour and not to exceed three hours in extenuating circumstances or on the same day, within 24 hours, when requested and scheduled by the youth and/or caregiver. • The mobile response team shall consist of a combination of diverse professional and paraprofessional staff with experience working with child welfare, probation, and behavioral health populations and include parent and youth peer partners. |



This ACS Action Plan is dedicated to the memory of Lisa Parrish, a dedicated advocate, former ACS Deputy Commissioner, and an inspiration to all who knew and worked with her.

Document can be found at:

<https://www1.nyc.gov/assets/acs/pdf/about/2020/LGBTQActionPlan.pdf>

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The New York City Administration for Children’s Services (ACS), its contracted foster care agencies and other key partners in NYC who specialize in working with LGBTQAI+ youth are committed to providing high quality services and improving outcomes for LGBTQAI+ youth in foster care. Based on this commitment, and with generous support from the Annie E. Casey Foundation, NYC Unity Project, and the Redlich Horwitz Foundation, ACS contracted with Theo G. M. Sandfort, PhD, Professor of Clinical Sociomedical Sciences in the Department of Psychiatry, Columbia University Vagelos College of Physicians and Surgeons to survey youth in foster care in order to understand the proportion of youth in foster care in New York City who are LGBTQAI+ and to compare their experiences in care with youth who are not LGBTQAI+.

ACS has policies and practices intended to protect the safety of these youth, and to support and affirm their self-identity in their relationships with adults and peers. ACS sought to conduct this important survey because we recognized that the field needed more comprehensive information about LGBTQAI+ youth in foster care in New York City in order to be effective. We needed to know what proportion of youth in foster care are LGBTQAI+ and to learn directly from youth in foster care about their experiences and sense of well-being. We also recognize that our current policies were developed almost ten years ago, and we know there are likely gaps between our intentions and the resources available, and what youth describe their experiences to be. Finally, there are changes in the worldview of the next generation of LGBTQAI+ youth in terms of how they understand and describe their sexual and gender identities, and ACS wants to build the field’s capacity to strongly affirm their self-understanding and their hard-won progress in defining themselves in the world.

This work significantly contributes to our understanding of LGBTQAI+ youth in care. The results indicate that LGBTQAI+ youth in foster care are over-represented among the foster care population in New York and identify distinct differences in the experiences and well-being of LGBTQAI+ youth and their non-LGBTQAI+ counterparts. This document provides:

- Key Findings from the Survey
- ACS Work to Date Supporting LGBTQAI+ Youth in Foster Care; and
- The ACS LGBTQAI+ Action Plan moving forward, responding to the study findings.

The full report with all detailed findings from the study is [available here](#). The Executive Summary from the full report is also available here in Appendix A.

A. KEY FINDINGS FROM THE STUDY

This is the first report on the proportion of youth in foster care in New York City who are LGBTQAI+ and their differences in experiences compared to those of youth who are not LGBTQAI+. (The acronym LGBTQAI+ comprises persons who because of their gender and sexuality have specific needs and are treated differently than other persons, which might negatively affect their well-being. The letters stand for lesbian, gay, bisexual, transgender, queer or questioning, agender or asexual, and intersex). According to the results:

- **LGBTQAI+ youth are overrepresented in foster care.** More than one out of three youths (34.1%), ages 13-20, in New York City foster care identify as LGBTQAI+. This is substantially higher than the proportion of LGBTQAI+ youth in the general population.
- **LGBTQAI+ youth in foster care are more frequently youth of color.** With almost three quarters of the sample identifying as African-American/Black and almost a third identifying as Latinx, the sample reflects the population of New York City youth in foster care, in which people of color are disproportionately represented. Within this already racially and ethnically disproportionate group, LGBTQAI+ youth are more likely to be Latinx and slightly more likely to be African-American/ Black.
- **The placements of LGBTQAI+ youth in foster care are often different than that of non-LGBTQAI+ youth in foster care.** Compared to non-LGBTQAI+ youth, LGBTQAI+ youth were more likely to be placed in group homes or residential care and less likely to be placed in family-based care. Also, LGBTQAI+ youth were less satisfied with their current placement. LGBTQAI+ youth were more likely to say that they experienced little to no control over their lives in foster care and to have heard staff or other people refer to them as “hard to place.”
- **The family experiences of LGBTQAI+ youth in foster care can be challenging.** While LGBTQAI+ youth were more likely to be in touch with family members, they saw these family members less frequently. Furthermore, LGBTQAI+ youth experienced family members as less supportive than non-LGBTQAI+ youth did. Fewer LGBTQAI+ youth reported that there were adults in their lives, other than family members, who they could rely on and with whom they felt supported.
- **LGBTQAI+ young people have more struggles with institutional systems and higher risk factors for depression.** LGBTQAI+ youth had been absent without permission from their foster care placements for significantly more days than non-LGBTQAI+ youth; they also were more likely to have been homeless and to have had negative confrontations with the police. In addition, LGBTQAI+ youth were more likely to have been criticized for behaving and for dressing too much like the other sex. These risk factors were associated with differences in well-being: LGBTQAI+ youth reported to experience more depressive symptoms and fewer feelings of optimism compared to non-LGBTQAI+ youth.

B. ACS WORK TO DATE SUPPORTING LGBTQAI+ YOUTH IN FOSTER CARE

ACS recognizes the unique needs of LGBTQAI+ youth through specific policies and programmatic requirements, and by providing targeted services designed to achieve positive safety, permanency, and well-being outcomes for these young people and their families. ACS has a demonstrated history of commitment to equity practices and continues to strengthen policies and practices aimed at improving the overall health and well-being of LGBTQAI+ young people in its care. This section describes ACS' work to date supporting LGBTQAI+ youth in foster care.

POLICY

The first ACS full time LGBTQ Coordinator served in the position from 2008-2012 and worked with a committee that promulgated the agency's first policies in this area. In 2012, ACS established the Office of LGBTQ Policy and Practice to support the development and implementation of affirming policies, training curriculum, best practices for LGBTQ youth in care. Also in 2012, ACS adopted an agency wide LGBTQAI+ youth and families in care policy. The policy requires that LGBTQAI+ youth have access to gender appropriate bedrooms/bathrooms and gender appropriate grooming/hygiene products. Contracted provider agencies must recruit and support foster homes that are LGBTQAI+ affirming. The policy provides workers with engagement best practices to family interaction and maintaining youth confidentiality.

Often times, systems- involved LGBTQAI+ young people enter foster care with histories of physical abuse, bullying, conversion therapy, and racial oppression. The resulting traumas can result in youth adopting survival mechanisms that are self-harming. As per ACS policy, LGBTQAI+ identified youth entering New York City's foster care system are educated about their rights in care. This includes the ACS Non-Medicaid Reimbursable Policy which states all youth are entitled to health care that Medicaid will not pay for that includes hormone therapy and gender affirming surgeries. In addition, the ACS Foster Care Sexual Reproductive Health Policy declares that all LGBTQAI+ youth have the right to confidential sexual and reproductive health information and services that include HIV/STI testing, access to PrEP/PEP services, and OB/GYN care. Culturally responsive mental health services are critical to supporting youth in care. As standard practice, ACS and its contracted provider agencies refer youth to culturally responsive mental health providers.

OFFICE OF EQUITY STRATEGIES

In 2017, ACS created an Office of Equity Strategies, which works directly to identify strategies to reduce inequities, implicit bias and other factors that contribute to disparate outcomes for the families and communities served by ACS. Within this office, ACS has a dedicated LGBTQ Equity Strategies Director who is responsible for policy, best practices and guidance for serving LGBTQAI+ children, youth and families engaged with ACS, and helping make sure that the agency treats all youth and families equitably and compassionately regardless of sexual orientation or gender expression. The Office Equity Strategies also investigates allegations of LGBTQAI+ discriminatory practices and implements corrective actions as appropriate.

STAFF TRAINING AND RESOURCES

ACS staff are held to the highest standards for non-discriminatory practices and culturally competent engagement of LGBTQAI+ youth. To support ACS staff and contracted provider agencies, ACS provides trainings and knowledge tools on policies and best practices. ACS requires all ACS staff to take an implicit bias training as well as a one-day LGBTQAI+ training. Staff are also strongly encouraged to take the Transgender and Gender Non-Binary (TGNB) training. ACS staff are expected to have a fundamental knowledge of the ACS LGBTQAI+ youth in care policy. ACS also provides a version of these trainings to new ACS Child Protective Specialists (CPS) who conduct child abuse and neglect investigations and new Youth Development Specialists (YDS) who work in the juvenile justice system as part of their onboarding, in addition to offering refresher trainings to existing CPS and YDS staff.

ACS also requires contracted foster care agencies to provide their staff with a one-day LGBTQAI+ training and offers a one-day TGNB training, which is strongly encouraged. Both trainings use a train-the-trainer model.

Contracted foster care agencies are mandated to submit annual training data on LGBTQAI+/TGNB trainings for staff and foster parents to ACS. All foster care provider agencies are mandated to assign a staff person to be their designated LGBTQAI+/TGNB training liaison. This group informs ACS of emerging training needs and acts as a communication hub for issues LGBTQAI+ youth in care are experiencing.

ACS developed the Safe and Respected Guide, which provides best practices for direct service workers engaging transgender and gender non-binary youth involved in ACS systems. The guide is disseminated to ACS staff and foster care agencies.

ACS funds, in partnership with the NYC Unity Project, [The Center](#) and the [Gender and Family Project](#) at the Ackerman Institute for the Family to provide trainings to clinicians that work with youth and families in ACS systems. Both trainings provide clinicians with tools and techniques for working LGBTQAI+/TGNB youth and their families.

Lastly, ACS is always seeking and exploring ways to improve outcomes for youth and families, as well as opportunities to improve agency policies, practices and procedures. It was in this context that ACS sought this survey to better understand LGBTQAI+ youth experiences in the foster care system and then develop action steps to address the findings.

C. ACS LGBTQAI+ ACTION PLAN

As noted above, ACS sought to conduct this important survey because we recognized that we and the field needed more comprehensive information about LGBTQAI+ youth in foster care in order to be most effective. Youth who shared their experiences demonstrated that systems need to do better and be better for the mental, emotional, physical well-being of LGBTQAI+ youth in care. The survey demonstrates the extent to which LGBTQAI+ youth are disproportionate to LGBTQAI+ youth in New York City overall. It also documents the disparities between LGBTQAI+ youth in care and non-LGBTQAI+ youth in care in their experiences and outcomes. Disparities that African-American and Latinx youth and families experience in the child welfare system are exacerbated when youth do not conform to traditional norms of sexual orientation and gender expression.

ACS is committed to implementing targeted strategies that respond to the survey findings in order to improve the experiences and outcomes of LGBTQAI+ youth in care. This section describes ACS' goals moving forward and identifies our specific action plan.

GOALS

Improving outcomes and increasing equity for LGBTQAI+ youth in foster requires a focus on three systemwide goals:

- Decrease unnecessary entries of LGBTQAI+ youth into foster care with a focus on addressing barriers to inclusion and equity to reduce disproportionate entries based on race and ethnicity.
- Increase placements with relatives and foster families/reduce placements in group homes and institution for LGBTQAI+ youth who must enter foster care.
- Improve well-being of LGBTQAI+ youth in foster care, regardless of race or ethnicity, including, for example, measures of placement stability; positive, supportive connections with parents and family members; reports of depression and permanency outcomes.

ACTION STEPS

ACS is currently taking steps outlined in its agency-wide Equity Action Plan that will support our goals to reduce racial disproportionality in foster care. The Plan includes actions to reduce disproportionate entries based on race and ethnicity, for example, and to increase efforts to place youth with kin. These efforts are intended to limit system involvement for all youth of color, including LGBTQAI+ youth.

To improve the experiences and outcomes for LGBTQAI+ youth in foster care, ACS is implementing additional actions. These actions will be informed by anti-racist, culturally competent, trauma informed, and strengths-based perspectives.

1. **ACS will broadly share the survey findings and leverage this research to inform stakeholders of LGBTQAI+ youth experiences and make systemic changes.** ACS will distribute the findings of this survey both nationally and locally to providers, legal representatives, ACS staff, foundations, systems involved youth, and other stakeholders as a way to educate New Yorkers and collaborate on implementing these recommendations aimed at improving the experiences of LGBTQAI+ youth in our care.
2. **ACS is updating the current LGBTQAI+ Youth in Care Policy.** The Office of Equity Strategies is working with ACS staff, provider agencies, stakeholders, advocates, and youth to ensure the newest version is comprehensive, data informed, intersectional in its lens, and culturally responsive to the needs of youth. The results of the survey will help to inform language, best practices, and protocol stated in the new version of the LGBTQ+ Youth in Care Policy.
3. **ACS is revising and strengthening staff training on LGBTQAI+ issues.** For the past six months, the ACS Office of Training and Workforce Development has been working with the Office of Equity Strategies to enhance our approach to training around LGBTQAI+ issues. We are now developing a combined training merging the LGBTQAI+ and TGNB training into one two-day training. This two-day training will be provided directly to all contracted provider agency staff, Child Protection Specialists, and Youth Development Specialists, instead of a train-the-trainer model, and will be required for all staff. In the meantime, the ACS Workforce Institute has developed a virtual training refresher, currently available to all staff. This training is serving as a placeholder until the combined course noted above is available and ensures that staff receive support in work with LGBTQAI+ youth even while working remotely during the COVID-19 pandemic. The new enhanced trainings will take an intersectional approach also looking at the confluence of race, ethnicity, and culture.
4. **ACS is increasing services and supports for LGBTQAI+ youth in foster care.** ACS recognizes that additional targeted therapeutic capacity is needed to build higher levels of support for youth and families. ACS plans to increase its support with more robust therapeutic services for foster parents/kinship caregivers by expanding work with the Ackerman Institute. Youth, parents, kinship caretakers, and foster parents referred for family therapy will also have access to other services that Ackerman's Gender Family Project (GFP) offers, including support groups for the whole family. GFP has offered virtual groups during the COVID-19 pandemic with separate spaces for youth and caregivers to gather with peers as they navigate the challenges of moving through a cis-normative culture. GFP will also offer an additional group available only to foster care parents so that their unique concerns can be addressed in a communal setting. ACS is also expanding training services for foster parents.
5. **ACS will form a dedicated LGBTQAI+ Committee as part of the ACS Youth Leadership Council.** This group of youth in care will act as representatives for other LGBTQAI+ youth in ACS care as it relates to practices and practices. The Council will meet with ACS staff to discuss emerging needs.
6. **ACS will work with foster care providers to expand recruitment targeting foster parents who would be interested in fostering the LGBTQAI+ youth population and to expand foster parent training for serving these young people.** ACS will utilize best practices for recruitment, training and support, and establish and track measurable goals for placing LGBTQAI+ youth with affirming foster families. ACS will work with Planned Parenthood of New York create and implement a relevant and engaging training program for foster parents to help them gain supportive knowledge, attitudes, and skills that will allow them to build affirming spaces for the LGBTQAI+ youth in their care.

7. **ACS will be conducting further studies moving forward, including adding questions pertaining to Sexual Orientation and Gender Identity and Expression (SOGIE) to its annual Youth Experience Survey** and conducting a needs assessment for LGBTQAI+ youth in foster care that will measure and quantify specific needs, gaps, and resources needed to ensure LGBTQAI+ youth in the ACS systems have better outcomes in placement(s) and in aftercare.
8. **ACS will advocate for, support and protect the implementation of LGBTQAI+ affirming policies and practices.** ACS will create opportunities to share its experiences and practice with other local jurisdictions. ACS will also collaborate with national advocacy organizations to protect and affirm LGBTQAI+ youth in foster care.

APPENDIX A:

Executive Summary¹: A Survey of the Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City

This is the first survey to report on the proportion of youth in foster care in New York City who are LGBTQAI+ and differences in their experiences compared to those of youth who are not LGBTQAI+. The acronym LGBTQAI+ comprises persons who because of their gender and sexuality have specific needs and are treated differently than other persons, which might negatively affect their well-being. The letters stand for lesbian, gay, bisexual, transgender, queer or questioning, agender or asexual, and intersex.

This survey was initiated by the New York City Administration for Children's Services (ACS), which is committed to serving youth in foster care that are LGBTQAI+. The survey was implemented with generous support from the Annie E. Casey Foundation, NYC Unity Project and the Redlich Horwitz Foundation. This report provides the detailed findings from this survey. A separate document [Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City](#) [Disproportionality and Disparities](#) produced by ACS identifies the steps taken to date to provide services and supports to LGBTQAI+ youth and plans to move forward in response to the survey findings.

ACCORDING TO THE SURVEY:

- LGBTQAI+ youth are overrepresented in foster care. More than one out of three youths (34.1%), ages 13-20, in New York City foster care is LGBTQAI+. This is substantially higher than the proportion of LGBTQAI+ youth in the general population.
- LGBTQAI+ youth in foster care are more frequently youth of color. With almost three quarters of the sample identifying as African American and almost a third identifying as Latinx, the sample reflects the population of New York City youth in foster care, in which people of color are disproportionately represented. Within this already racially and ethnically disproportionate group, LGBTQAI+ youth are less likely to be white and more likely to be Latinx.

¹ The full report is available [here](#).

- The placements of LGBTQAI+ youth in foster care differ from those of non-LGBTQAI+ youth in foster care. Compared to non-LGBTQAI+ youth, LGBTQAI+ youth were more likely to be placed in group homes or residential care and less likely to be placed in family-based care. LGBTQAI+ youth were less satisfied with their current placement. LGBTQAI+ youth were more likely to say that they experienced little to no control over their lives in foster care and to have heard staff or other people refer to them as “hard to place.”
- The family experiences of LGBTQAI+ youth in foster care can be challenging. While LGBTQAI+ youth were more likely to be in touch with family members, they saw these family members less frequently. Furthermore, LGBTQAI+ youth experienced family members as less supportive than non-LGBTQAI+ youth did. Fewer LGBTQAI+ youth reported that there were adults in their lives, other than family members, who they could rely on and by whom they felt supported.
- LGBTQAI+ young people have more struggles with institutional systems and higher risk factors for depression. LGBTQAI+ youth had been absent without permission from their foster care placements for significantly more days than non-LGBTQAI+ youth; they also were more likely to have been homeless and to have had negative confrontations with the police. In addition, LGBTQAI+ youth were more likely to have been criticized for behaving and for dressing too much like the other sex. These risk factors were associated with differences in well-being: LGBTQAI+ youth reported to experience more depressive symptoms and fewer feelings of optimism compared to non-LGBTQAI+ youth.

SURVEY METHODOLOGY

The survey aimed to determine the proportion of LGBTQAI+ youth in foster care in New York City and whether the experiences of LGBTQAI+ youth in foster care differ from those of youth who are not LGBTQAI+.

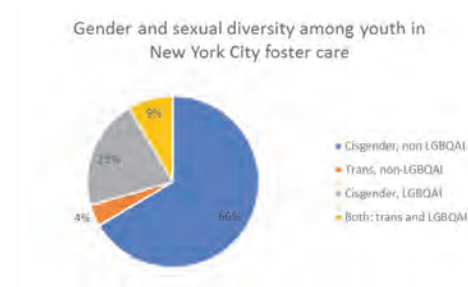
A telephone survey was conducted among youth, 13 to 21 years old, who were in foster care in New York City at the time of the survey (September – November 2019). The survey questionnaire included questions about the sexual and gender status, demographic characteristics, characteristics of the youth’s placement in foster care, the youth’s social connections, and their well-being. Collected data about youths’ sexual and gender status were linked to ACS administrative data, to further explore differences between LGBTQAI+ youth and non-LGBTQAI+ youth in foster care.

The survey had a very successful response rate. Out of 2,397 youths, a total of 659 participated in the survey. The response rate is 69.7% (the number of completed interviews divided by the number of completed interviews plus the number of youth who refused to participate). Considering the total number of (likely) eligible youth who could have participated, the response rate is 38.7%. Among comparable studies, this response rate is high.² In the analyses, data were weighted to ensure that the sample optimally reflects the foster care population.

2 Kennedy & Hartig (2019)

SEXUALITY AND GENDER STATUS

The survey sought information about sexual orientation and gender identity based on self-report. For gender, the majority of the young people in New York City foster care considered themselves cisgender (that is, either male or female and corresponding with the sex they were assigned at birth). About one out of eight young people system was trans or gender nonbinary. This includes trans(gender) youth, and gender non-binary, gender fluid, or gender nonconforming youth, and intersex youth. For sexuality, close to a third of the youth care can be considered LGBTQAI+ (30.1%). This includes youth who reported any same-sex attraction or questioned such attraction, and youth who identified as bi- or pansexual, lesbian, gay, or questioning. Combining the two categories, the proportion of LGBTQAI+ youth is 34.1%. The trans and LGBTQAI categories are not completely overlapping. These categories did not include the two persons who reported to be assigned intersex at birth.



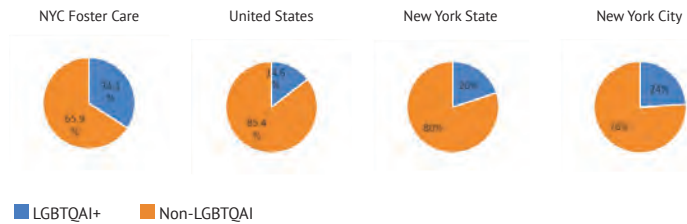
As stated above, LGBTQAI+ youth are overrepresented among the foster care population in New York City. Over a third of the youth (34.1%) could be classified as LGBTQAI+. This includes youth who belong to the trans spectrum (13.2% of the total; including transgender, gender non-binary, gender fluid, or gender nonconforming youth, and intersex youth) and youth who reported any same-sex attraction or questioned such attraction, or who identified as bi- or pansexual, lesbian, gay, or questioning (30.1% of the total group). This proportion is substantially higher than the proportion of LGBTQAI+ youth in the general population. Nationally this proportion is 14.6% and for New York State and New York City these proportions are 20% and 24%, respectively³ (differences in survey design impede absolute comparisons).

This disproportionately high number of LGBTQAI+ youth in foster care is confirmed by findings from similar studies.⁴ However, it should be noted that it is unlikely that being in foster care promotes becoming LGBTQAI+ but rather being LGBTQAI+ plays a role in entering foster care.

3 Kann et al. (2018), Yoon et al. (2019).

4 Baams, Wilson, & Russell (2019), Dettlaff & Washburn (2018), Fish, Baams, Wojciak, & Russell (2019), Mountz (2011), Sulivan (1996), Wilson & Kastanis (2015), and Winter (2013).

The chart below compares the proportion of LGBTQAI+ youth in New York City foster care, with the proportion of youth in New York City, New York State, and the United States of America in general.



PLACEMENT CHARACTERISTICS

LGBTQAI+ youth entered foster care on average at an older age than non-LGBTQAI+ youth (12.0 versus 11.0 years old, respectively; the youths' self-report was confirmed by administrative data). Although the number of spells did not differ between LGBTQAI+ and non-LGBTQAI+ youth, administrative data indicate that in their current spell, LGBTQAI+ youth had on average more placements than non-LGBTQAI+ youth.

LGBTQAI+ youth were more likely to be placed in group homes and residential care and less likely in family-based care compared to non-LGBTQAI+ youth: 29.3% of the LGBTQAI+ youth versus 20.8% of the non-LGBTQAI+ youth were in group homes or residential care and 70.1% of the LGBTQAI+ youth versus 79.2% of the non-LGBTQAI+ youth were in family-based care. Among youth in family-based care, LGBTQAI+ youth were as likely as non-LGBTQAI+ youth to live with a family member or relative (31.0%).

EXPERIENCES OF FOSTER CARE

LGBTQAI+ youth were less satisfied with their current placement than non-LGBTQAI+ youth. LGBTQAI+ youth were more likely to say that they experienced little to no control over their lives in foster care (32.5% versus 21.3% among non-LGBTQAI+ youth). LGBTQAI+ youth more frequently heard staff or other people refer to them as "hard to place" (30.6% versus 23.8% among non-LGBTQAI+ youth). Administrative data showed that the mean number of absent days without permission was significantly higher for LGBTQAI+ youth than for non-LGBTQAI+ youth (these numbers did not differ for hospital-related and other absences).

SOCIAL CONNECTIONS

Although LGBTQAI+ youth were more likely to be in touch with family than non-LGBTQAI+ youth (87.7% versus 82.7%), LGBTQAI+ youth saw their family less frequent and experienced the relationship with family as less supportive than non-LGBTQAI+ youth (both among youth in touch with family members). Furthermore, LGBTQAI+ youth were less likely than non-LGBTQAI+ youth to have adults in their lives, other than family members, who they could rely on and who they felt supported by (78.8% versus 83.5%).

RISK FACTORS FOR WELL-BEING

LGBTQAI+ youth were more likely than non-LGBTQAI+ youth to have experiences that are risk factors for their well-being. These experiences include having been homeless and negative encounters with the police. 23.3% of the LGBTQAI+ youth reported to have been homeless versus 19.5% of the non-LGBTQAI+ youth. 24.1% of the LGBTQAI+ youth reported negative encounters with the police versus 17.5% of the non-LGBTQAI+ youth. Furthermore, LGBTQAI+ youth reported more frequently than non-LGBTQAI+ youth to have been criticized for dressing too feminine/too masculine (20.3% versus 4.9%, respectively) and to behave too much like a person of the other sex (22.0% versus 5.0%, respectively).

WELL-BEING

In terms of their well-being, LGBTQAI+ youth reported more frequently than non-LGBTQAI+ youth that they recently had been bothered by little interest or pleasure in doing things (51.8% versus 31.5%) and by feeling down, depressed, or hopeless (31.5% versus 27.6%). In addition, LGBTQAI+ youth were less hopeful and more pessimistic than non-LGBTQAI+ youth about their future.

IMPLICATIONS

The health disparities in relation to the foster care youth's sexual and gender status confirm and complement findings from other studies among youth in general⁵ as well as among youth in foster care.⁶ Although some observed health disparities were bigger than others, these disparities form a pattern and warrant ongoing policy and programming activities to better accommodate the needs of LGBTQAI+ youth in foster care, and to promote their safety, permanency, and well-being. LGBTQAI+ youth should have access to competent and appropriate support in an environment that validates gender and sexual diversity.

This requires that all parties that interact with foster care youth, including social workers, foster parents, and institutional staff, understand gender and sexual diversity and related issues. They should be enabled to appropriately interact with LGBTQAI+ youth and address their needs.

5 Bouris et al. (2010), D'Augelli, Hershberger, & Pilkington (1998), Eisenberg & Resnick (2006), McLaughlin, Hatzenbuehler, Xuan, & Conron (2012), Needham & Austin (2010), Pearson & Wilkinson (2013), Russell, Seif, & Truong (2001), Ryan, Huebner, Diaz, & Sanchez (2009), Saewyc et al. (2006, 2009), and Ueno (2005).
6 Baams et al. (2019), Jacobs & Freundlich (2006), Wilson and Kastanis (2015), and Winter (2013).

The meaningful differences observed here between LGBTQAI+ and non-LGBTQAI+ youth require further, in-depth exploration of LGBTQAI+ youth's experiences, including their overrepresentation, the way they are treated on an interpersonal level by peers and adults, as well as structurally by the foster care system; the youth's relationships with family and supportive adults; and resources, such as resiliency, that LGBTQAI+ youth employ to negotiate their trajectory through foster care. Understanding of the of LGBTQAI+ youth's experiences could further be strengthened by considering how they are shaped by intersecting factors such as gender, sexuality, race and ethnicity, and socio-economic status.

NYC Children



SB-14 Pupil health: school employee and pupil training: excused absences: youth mental and behavioral health. (2021-2022)

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Date Published: 12/07/2020 09:00 PM

CALIFORNIA LEGISLATURE — 2021-2022 REGULAR SESSION

SENATE BILL

NO. 14

**Introduced by Senator Portantino
(Principal coauthor: Assembly Member Low)**

December 07, 2020

An act to amend Section 48205 of, and to add Sections 49428.1 and 49428.2 to, the Education Code, relating to pupil health.

LEGISLATIVE COUNSEL'S DIGEST

SB 14, as introduced, Portantino. Pupil health: school employee and pupil training: excused absences: youth mental and behavioral health.

(1) Existing law, notwithstanding the requirement that each person between 6 and 18 years of age who is not otherwise exempted is subject to compulsory full-time education, requires a pupil to be excused from school for specified types of absences, including, among others, if the absence was due to the pupil's illness.

This bill would include as another type of required excused absence an absence that is for the benefit of the mental or behavioral health of the pupil. To the extent this bill would impose additional duties on local educational entities, the bill would impose a state-mandated local program.

(2) Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided.

This bill, contingent on an appropriation made for these purposes, would require the State Department of Education to identify an evidence-based training program for a local educational agency to use to train classified and certificated school employees having direct contact with pupils on youth mental and behavioral health, as specified. The bill would define a local educational agency for purposes of these provisions to mean a county office of education, school district, state special school, or charter school that serves pupils in any of grades 7 to 12, inclusive. The bill would require a local educational agency, on or before January 1, 2023, to certify to the department that at least 50% of its certificated employees having direct contact with pupils at each schoolsite, or at least 2 classified and at least 2 certificated employees having direct contact with pupils at each schoolsite,

whichever is greater, have received the youth mental and behavioral health training identified by the department. By requiring local educational agencies to provide training, the bill would impose a state-mandated local program.

This bill, contingent on an appropriation made for these purposes, would require the department to identify an evidence-based mental and behavioral health training program with a curriculum tailored for pupils in grades 10 to 12, inclusive, for use by a local educational agency, as defined, that meets certain requirements. The bill would require a local educational agency, on or before January 1, 2023, to report to the department the number of pupils who have voluntarily completed the mental and behavioral health training program. By requiring local educational agencies to prepare this report, the bill would impose a state-mandated local program.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 48205 of the Education Code is amended to read:

48205. (a) Notwithstanding Section 48200, a pupil shall be excused from school when the absence is:

- (1) Due to the pupil's illness.
- (2) Due to quarantine under the direction of a county or city health officer.
- (3) For the purpose of having medical, dental, optometrical, or chiropractic services rendered.
- (4) For the purpose of attending the funeral services of a member of the pupil's immediate family, so long as the absence is not more than one day if the service is conducted in California and not more than three days if the service is conducted outside California.
- (5) For the purpose of jury duty in the manner provided for by law.
- (6) Due to the illness or medical appointment during school hours of a child of whom the pupil is the custodial parent, including absences to care for a sick child for which the school shall not require a note from a doctor.
- (7) For justifiable personal reasons, including, but not limited to, an appearance in court, attendance at a funeral service, observance of a holiday or ceremony of the pupil's religion, attendance at religious retreats, attendance at an employment conference, or attendance at an educational conference on the legislative or judicial process offered by a nonprofit organization when the pupil's absence is requested in writing by the parent or guardian and approved by the principal or a designated representative pursuant to uniform standards established by the governing ~~board~~ *board of the school district*.
- (8) For the purpose of serving as a member of a precinct board for an election pursuant to Section 12302 of the Elections Code.
- (9) For the purpose of spending time with a member of the pupil's immediate family who is an active duty member of the uniformed services, as defined in Section 49701, and has been called to duty for, is on leave from, or has immediately returned from, deployment to a combat zone or combat support position. Absences granted pursuant to this paragraph shall be granted for a period of time to be determined at the discretion of the superintendent of the school district.
- (10) For the purpose of attending the pupil's naturalization ceremony to become a United States citizen.
- (11) For the benefit of the mental or behavioral health of the pupil.*
- ~~(11)~~
- (12) Authorized at the discretion of a school administrator, as described in subdivision (c) of Section 48260.*

(b) A pupil absent from school under this section shall be allowed to complete all assignments and tests missed during the absence that can be reasonably provided and, upon satisfactory completion within a reasonable period of time, shall be given full credit therefor. The teacher of the class from which a pupil is absent shall determine

which tests and assignments shall be reasonably equivalent to, but not necessarily identical to, the tests and assignments that the pupil missed during the absence.

(c) For purposes of this section, attendance at religious retreats shall not exceed four hours per semester.

(d) Absences pursuant to this section are deemed to be absences in computing average daily attendance and shall not generate state apportionment payments.

(e) "Immediate family," as used in this section, means the parent or guardian, brother or sister, grandparent, or any other relative living in the household of the pupil.

SEC. 2. Section 49428.1 is added to the Education Code, to read:

49428.1. (a) The department shall identify an evidence-based training program for a local educational agency to use to train classified and certificated school employees having direct contact with pupils in youth mental and behavioral health.

(b) In identifying an evidence-based training program pursuant to subdivision (a), the department shall ensure that the training program meets all of the following requirements:

(1) Is a peer-reviewed evidence-based training program.

(2) Provides instruction on recognizing the signs and symptoms of mental illness and substance use disorders, including common psychiatric conditions such as schizophrenia, bipolar disorder, major clinical depression, anxiety disorders, and common substance use disorders such as opioid and alcohol abuse.

(3) Provides instruction on how school staff can best provide referrals to mental health services, substance use disorder services, or other support to individuals in the early stages of developing a mental illness or substance use disorder.

(4) Provides instruction on how to maintain pupil privacy and confidentiality in a manner consistent with federal and state privacy laws.

(5) Provides instruction on the safe deescalation of crisis situations involving individuals with a mental illness.

(6) Is capable of assessing trainee knowledge before and after training is provided in order to measure training outcomes.

(7) Is administered by a nationally recognized nonprofit training authority in mental illness and substance use disorders.

(8) (A) Includes in-person and virtual training with certified instructors who can recommend resources available in the community for individuals with a mental illness or substance use disorder.

(B) For purposes of this paragraph, "certified instructors" means individuals who obtain or have obtained a certification to provide the selected training in mental illness and substance use disorders by a nationally recognized authority in behavioral health training programs.

(c) (1) A local educational agency shall provide the youth mental and behavioral health training identified pursuant to subdivision (a) to certificated and classified employees during regularly scheduled work hours.

(2) If a certificated or classified employee receives the youth mental and behavioral health training in a manner other than through an in-service training program provided by the local educational agency, the employee may present a certificate of successful completion of the training to the local educational agency for purposes of satisfying the requirements of subdivision (d).

(3) Training in youth mental and behavioral health shall not be a condition of employment or hiring for classified or certificated employees.

(d) On or before January 1, 2023, a local educational agency shall certify to the department that at least 50 percent of its certificated employees having direct contact with pupils at each school, or at least two classified and at least two certificated employees having direct contact with pupils at each school, whichever is greater, have received the youth mental and behavioral health training identified pursuant to subdivision (a).

(e) For purposes of this section, "local educational agency" means a county office of education, school district, state special school, or charter school that serves pupils in any of grades 7 to 12, inclusive.

(f) This section shall be implemented only to the extent an appropriation is made in the annual Budget Act or another statute for these purposes.

SEC. 3. Section 49428.2 is added to the Education Code, to read:

49428.2. (a) The department shall identify an evidence-based mental and behavioral health training program with a curriculum tailored for pupils in grades 10 to 12, inclusive, for use by local educational agencies, that meets all of the following requirements:

- (1) Is peer-reviewed and evidence-based.
 - (2) Provides developmentally appropriate instruction and skill building on the signs and symptoms of mental health disorders, the prevention of mental health disorders, and mental health awareness and assistance.
 - (3) Provides instruction on how to reduce the stigma around mental health disorders and available resources, including local school and community resources, and the process for accessing treatment.
 - (4) Provides instruction on strategies to develop healthy coping techniques and to support a peer, friend, or family member with a mental health disorder.
 - (5) Seeks to prevent suicide and the abuse of and addiction to alcohol, nicotine, and drugs.
 - (6) Adheres to a curriculum developed by a nationally recognized nonprofit training authority in mental illness and substance use disorders that is structured to train all pupils in grades 10 to 12, inclusive, ensuring every pupil in each grade level is equipped with the essential skills needed to seek help for themselves and to direct others seeking help to the appropriate avenues for support.
 - (7) Includes training with certified instructors who can recommend resources available in the community for individuals with a mental illness or substance use disorder.
- (b) On or before January 1, 2023, a local educational agency shall report to the department the number of pupils who have voluntarily completed the mental and behavioral health training program.
- (c) For purposes of this section, "local educational agency" means a county office of education, school district, state special school, or charter school that serves pupils in any of grades 10 to 12, inclusive.
- (d) This section shall be implemented only to the extent an appropriation is made in the annual Budget Act or another statute for these purposes.

SEC. 4. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

SAVE THE DATE

MARCH 19TH, 2021 (Virtual Event)



6th Annual **CICAMH**

Critical Issues in Child and Adolescent
Mental Health Conference



more information at:

CICAMH.COM

CYF Services Overview
Point in Time - Pre and Post Pandemic
 November 2019 and November 2020
 CYF Council Meeting 1.11.21

| PROGRAM | UNDUPLICATED CLIENTS SERVED | | | SERVICE MINUTES | | | COMMENT |
|-----------------|-----------------------------|----------|----------|-----------------|-----------|----------|--|
| | NOV 2019 | NOV 2020 | VARIANCE | NOV 2019 | NOV 2020 | VARIANCE | |
| MH Outpatient | 5,167 | 4,823 | -7% | 1,314,213 | 1,133,581 | -14% | Billable & non-billable services excluding documentation and travel time |
| MH STRTPS | 113 | 98 | -13% | 256,247 | 368,631 | 44% | Billable & non-billable Outpatient & Day Services Minutes |
| TRC | 300 | 137 | -54% | 78,930 | 67,575 | -14% | DMC Billable |
| Peri OP | 364 | 374 | 3% | 104,931 | 94,855 | -10% | DMC Billable |
| SUD Residential | 279 | 240 | -14% | 5,601 | 3,020 | -46% | DMC Bed Days |



Outreach and Engagement During the Pandemic – Sharing Best Practices

CYF Council Discussion – 1.11.21

| Special Population | Outreach <i>Bringing New Clients into Care New Clients</i> | Engagement <i>Ensuring the right level of service provision Existing Clients</i> |
|--|--|--|
| | Traditional Practices and New Innovations | |
| Substance Use | • | • |
| Mental Health | • | • |
| 0-5 | • | • |
| 6-12 | • | • |
| Teens | • | • |
| Special Population such as CSEC, Homeless, LGBTQ... | • | • |
| Families | • | • |

| | | |
|---------------------------------|--|--|
| Residential (SUD) | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • |
| Residential (MH) | <ul style="list-style-type: none"> • Not applicable | <ul style="list-style-type: none"> • |
| Education | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • |
| Health Plans / PC / FQHC | <ul style="list-style-type: none"> • Partnerships with PCP for referrals • | <ul style="list-style-type: none"> • |
| Cultural Considerations | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • |
| Foster Youth | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • |
| Justice Involved | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • |
| General Brainstorming | <ul style="list-style-type: none"> • virtual consultations and follow-ups through texting, phone and video calls, e-mails, social media, Skype, or Zoom | <ul style="list-style-type: none"> • Wellness Calls for screening and informing of resources, when indicated • Drive-Thru Check-ins for face to face contacts • Appointment reminders- virtual touchpoints throughout care • Mobile Applications for tracking wellness changes |

| | | |
|---------------------------------|---|---|
| Systemic Recommendations | • | • |
|---------------------------------|---|---|

**Action Items: Communication and Operationalization of Best Practices
Call to Action**

- Consider cross disciplinary solutions and connections
- Leverage Council discussion to advance best practices and identify opportunities in today's changing environment
- Continue dialog through MHCA, ADSPA, and Council



News from CPA

Message from Dr. Chip Schreiber, CPA Disaster Resource Network Coordinator

Urgent Need Now for Services for Children and Adolescents Affected by COVID-19

Dear Colleagues,

Based on new information reported by the CDC in the last few weeks, there is a large increase (~31%) in child mental health emergencies across the US and in California. We are asking your help as a volunteer to support California's impacted children and adolescents with provision of time limited tele-mental health services to address this very urgent need.

If you have a valid unencumbered license in California and routinely treat children and or adolescents, we are asking you to [register](#) on the State of California's Health Volunteer System immediately.

CPA is not providing or coordinating any care, this is to encourage you to consider registering on the State of CA volunteer system for psychologists.

This registration does not require you to commit to providing care, but will permit a sense of the potential pool of child mental health providers. Thank you for your help in the midst of this disaster and its impact on children and adolescents. Of course, if you can provide care to adults, please follow the same process without the reference to being a child/adolescent psychologist.

[Click here](#) for a FAQ on the State of CA DHV system for further information on that program.

Merritt D. Schreiber, PhD

Professor of Clinical Pediatrics

Department of Pediatrics

Lundquist Institute

Harbor-UCLA Medical Center |

David Geffen School of Medicine at UCLA |

m.schreiber@ucla.edu

(949) 424-9178



California Governor
 Gavin Newsom
 Visit Governor's Website

EMSA Director
 Dave Duncan MD
 Visit His Website

- Quick Links**
- EMSA Home
 - Healthcare Volunteer Resources Page
 - DHV Journal

Welcome to the
Disaster Healthcare Volunteers Site



Username:

Password:

>> [Forgot Username or Password?](#)
 >> [Not Registered?](#)
 >> If you have already completed the registration process or wish to return to a registration which you've started but not completed, you can log in and update your profile.

Here you'll find the online registration system for medical and healthcare volunteers.

If you're a healthcare provider with an active license, a public health professional, or a member of a medical disaster response team in California who would like to volunteer for disaster service, you've come to the right place!

- What does it take to register for disaster service?**
1. During the on-line registration process, you will be asked to enter information regarding your license (if applicable).
 2. Enter information about the best way to contact you, and other relevant background information.
 3. Once you've registered, your credentials will be validated - before an emergency - so that you can be deployed quickly and efficiently. Your information will only be viewed by authorized system managers.

- Once I'm registered, what happens next?**
1. During a State or national disaster, (e.g., an earthquake severe weather event, or public health emergency), this system will be accessed by authorized medical/health officials at the State Emergency Operations Center or your county.
 2. If a decision is made to request your service, you will be contacted using the information you enter on the site. If you agree to deploy, your information will be forwarded to the appropriate field operational officials.

Thank you for Volunteering!

REGISTER NOW



WHO CAN VOLUNTEER?



FAQ'S



VIRTUAL CONFERENCE

CHALLENGING US TO CREATE RACIAL
EQUITY IN EARLY CHILDHOOD

SAVE THE DATE!

FEB. 25, 2021 | 8:30 AM-4:30 PM

\$80 | [REGISTRATION OPENS 1/11](#)

For more information, contact Ludy:

lbaclig-passons@sdyouthservices.org

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Conference supported by the San Diego Early Childhood Mental Health Leaders Collaborative & San Diego Youth Services.

ABOUT THE EVENT

ALL CHILDREN ARE BORN WITH BRILLIANCE, WHICH ACCORDING TO WEBSTERS DICTIONARY MEANS: INTENSE BRIGHTNESS OF LIGHT; VIVIDNESS OF COLOR; AND EXCEPTIONAL TALENT OR INTELLIGENCE.

Imagine a world where every child's brilliance is acknowledged and nurtured from birth.

Racial inequity flies in the face of this brilliance and it is our responsibility to rewrite the narrative.

Event features Dr. Jessica Pryce, Assistant Professor at Florida State University and Executive Director of the Florida Institute for Child Welfare, and Akiea Gross, founder of Woke Kindergarten and Early Childhood Education Assembly's 2020 Social Justice Award Recipient.

Also featuring breakout groups from San Diego local experts in Early Childhood, this virtual one-day conference was conceived to raise the collective consciousness around the effects of racial disparities and implicit bias in mental health, social services, developmental services, early childhood education, and medical care.

This is a can't miss event!





CALIFORNIA YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES (YLF)

Tentative dates: July 11 – July 16, 2021

The 2021 Delegate Application is now available in [English](#) and [Spanish](#).

THE DEADLINE TO APPLY HAS BEEN EXTENDED TO FRIDAY, JANUARY 29, 2021.

The YLF is a six-day leadership program for students with disabilities, held virtually using the Zoom platform. Additional post-YLF sessions will be held in the months after the weeklong event as scheduled. These monthly workshops will focus on topics such as post-secondary education and careers.

Delegates will learn advocacy and leadership skills from alumni and professionals with disabilities and create a “Personal & Career Leadership Plan” to help reach their future education, independent living, and career goals.

Delegates interact with state and national leaders with disabilities, which may include celebrities, politicians, entertainers, and other adult role models with disabilities. Participants also make lifelong friendships with other statewide delegates and have mentorship opportunities with alumni.

NO COST TO DELEGATES

There is no cost for students who are selected to attend. If needed YLF can help acquire and provide the technology needed to attend online sessions, including any related reasonable accommodations.

WHO CAN ATTEND?

California residents with a disability who are high school sophomores, juniors, or seniors during the 2020-2021 school year, ending in June 2021 are eligible to attend.

Only the most highly qualified applicants are students who have demonstrated leadership potential in school and in the community. All students with disabilities are encouraged to apply.

To complete and submit an application and for more information, read the delegate information guide on the delegate information page.

If you have questions or need additional information about the application process, please call the California Committee on Employment of People with Disabilities at 855-894-3436 or email us at yfl@dor.ca.gov.

2019 YLF VIDEO CLIPS

View videos of the week-long activities to see what happens at YLF!

- [YLF 2019 Day 1](#)
- [YLF 2019 Day 2](#)
- [YLF 2019 Day 3](#)
- [YLF 2019 Day 4](#)
- [YLF 2019 Day 5](#)

Related Links

[Delegate Information](#), [Documents](#), [Parents](#), [Staff](#), [CCEPD](#), [YLF Home](#)