Children, Youth and Families (CYF) Council

Agenda

August 12, 2024 | 9 to 10:30 a.m.

Zoom meeting link for registration sent via Outlook meeting invitation:

Meeting Registration - Zoom

I. Welcome Council members, alternates, and meeting attendees - (Celica Garcia-Plascencia) **10 minutes**

Translation available upon prior request/Traduccción simultánea al español disponible cuando se solicita con anticipación.

- Culture Share (Rosa Ana Lozada)
  Handout – **Page 5**

II. Review of Meeting Summary (Yael Koenig) **5 minutes**

- July 8, 2024, Meeting Summary - Handouts - **Pages 6-12**
- **Action Items**
  - Information on the January 14-17, 2025 California Behavioral Health Planning Council Quarterly meeting in San Diego (Bill Stewart)
  - Revised bylaws – Handout - **Pages 63-65**
  - Annual Strategic Planning summary draft - Handout - **Pages 233-234**

III. Business Items (Yael Koenig) **25 minutes**

Public Comment - Inviting all participants to unmute or enter public input in the chat

Board Letters / Board Actions

July 16, 2024:

- **Item 15:** Receive and Accept the Preliminary Report Increasing Medi-Cal Reimbursement Rates to Improve Healthcare for Nearly 1 Million San Diegans – Handouts include presentation - **Pages 13-27**
- **Item 16:** Affirmative Litigation Against Social Media Companies for Their Role in the Youth Mental Health Crisis - Handout – **Pages 28-33**
  (Motion failed due to a tie vote. Pursuant to rule 2(g) of the Board's Rules of Procedure, this item will be placed on the agenda for the next regular meeting)
- **Item 22:** Receive Update on Behavioral Health Capital Facility Projects Recommended for Proposition 1 Infrastructure Bond Funding and Authorize Grant Submissions, and Authorize a Formal Process to Issue Letters of Support
  Handouts include presentation - **Pages 34-62**

Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the meeting packet. However, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) website.
Meeting Agendas, Board Letters, and access to the BOS meetings: https://www.sandiegocounty.gov/cob/bosa/index.html

Council Bylaws Update – Approved – Handout - **Pages 63-65**

The bylaws were updated to align with the current nomenclature and to simplify language including:

- **Title Name**
  - **From:** Children, Youth and Families Behavioral Health System of Care Council Bylaws to:
  - **To:** Behavioral Health Services
    Children, Youth and Families Council – Bylaws
- **Article One: Name**
  - **From:** The name of this organization shall be the Children, Youth and Families Behavioral Health System of Care Council (also known as CYF Council or the Council)
  - **To:** The Children, Youth and Families Council is also known as the CYF Council or the Council.
- **Article Two: Purpose and Duties**
  - **From:** Provide advice and feedback related to the progress and future expansion of the CYF System of Care to:
  - **To:** Provide advice and feedback related to the progress and future expansion of the System of Care as it pertains to Children, Youth and Families
- **Article 3: Membership** - Name shift
  - Public Sector: From CFWB Department – Office of Child and Family Strengthening – First 5 San Diego
    to: First 5 Commission of San Diego – CFWB Department – Office of Child and Family Strengthening – HHSA
    - Approved on 7.19.24 via email Council member/alternate vote
  - Private Sector: From Managed Care Health Plans (MCP) to: Managed Care Plans (MCP)
  - Family Sector: From Consumer Advocacy/Family Education Services to: Family Youth Advocacy/Liaison
- **Article 3: - Removal of last paragraph**
  Council members from the Youth served by the public health system constituency, who complete an application for the annual California Mental Health Advocates for Children and Youth (CMHACY) conference scholarship, shall be given priority status for scholarship award.

Information

- Centers for Disease Control and Prevention (CDC): Youth Risk Behavior Survey - Handout - **Pages 66-67**
- Governor Newson orders state agencies to address encampments in their communities with urgency and dignity - Handout - **Page 68**
- Governor's Statement regarding Senate Bill (SB 43) and local responses - Handouts - **Pages 69-77**
  - Governor Newson Letter to California Chairs of County Board of Supervisors (July 28, 2024)
  - Newsom urges counties to expand conservatorship laws to aid homelessness - Los Angeles Times (latimes.com)
  - California State Association of Counties' Letter to County Board of Supervisors Chairpersons (July 29, 2024)
  - Chairwoman, Nora Vargas' response to Governor Newson (July 29, 2024)
  - Terra Lawson-Remer response to Governor' statement regarding SB 43 (July 28, 2024)
- Children and Youth Behavioral Health Initiative (CYBHI)
  CYBHI July 2024 Newsletter – CYBHI August 2024 Newsletter - Handouts - **Pages 78-79**
- Department of Health Care Services (DHCS) Fee Schedule Cohort 2 – Local Educational Agencies - **Pages 80-84**
- California Mental Health Services Authority (CalMHSA) – Take Action for Mental Health Suicide Prevention Week: **September 8-14-, 2024**
  Love Over Loneliness - Handouts - **Pages 85-91**
- Home - California Peer Certification (capeercertification.org): Medi-Cal Peer Support Specialists Certification Exam now available in eight languages – Handout - **Page 92**
- HHSA Department of Homeless Solutions and Equitable Communities - Office of Immigrant and Refugee Affairs
  New Refugee Welcome Center in Escondido - Handout - **Page 93**
- HHSA Public Health Services – Drug Overdose Quarterly Report - Quarter 2: April-June 2024 - Handout - **Pages 94-111**
  Data and Reports (sandiegocounty.gov)
- Child Welfare Services -Report Abuse or Neglect -Mandated Reporters information - Handout - **Page 112**
- August 2024 Behavioral Health Director's Report - Handout - **Pages 113-119**
  https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html
- BHS Info Notice: Process for entities seeking LOS for Prop 1 BHCIP Funding - Handouts - **Pages 120-131**
  Prop 1 Bond Behavioral Health Continuum Infrastructure Program: Round 1 (Launch Ready) Letter of Support Process (sandiegocounty.gov)
  RFI - BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM (BHCIP) ROUND 1: LAUNCH READY GRANT FUNDING (BPM001097) - Lot : 1 / Round : 1: San Diego County BuyNet
- 11th Annual Mental Health Knowledge Forum 2024-25 -. Optum's MHP Provider Documents page - Handout - **Pages 132-230**
- Request For Information (RFI) #1033 Children's Crisis Residential Mental Health Program (CCRMHP) August 21, 2024 - Handout - **Page 231**
- BHS for Children and Youth Systemwide Annual Report FY 2022-23 - Handout - **Page 232**

CYF Council Electronic Distribution List "Refresh"

E-mail informing of the upcoming CYF Council e-mail distribution list "refresh" will be sent to the current CYF Council electronic distribution lists outside of members and alternates. Council members and alternates will remain on the distribution list. Stakeholders wishing to remain on the distribution list, need to respond to the e-mail. For ease of response, e-mail will have a vote button option.

Strategic Planning Follow Up

- Review draft of CYF Annual Strategic Planning Summary - Handout - **Pages 233-234**
  - Provide additional edits to Edith.Mohler@sdcounty.ca.gov by COB 8.12.24
- Breakout Room notes for reference - Handouts - **Pages 235-240**

V. Hot Topic: Children Youth and Families Services Directory **45 minutes**
Facilitator: Amanda Lance-Sexton

Strategic Planning - Knowledge Exchange recommendation:
Council membership & stakeholders involvement in the design of the Children, Youth and Families directory to ensure that the "end user" has all relevant information readily available.
CYF Services Directory Updated March 2024.pdf (sandiegocounty.gov) – Handout - **Page 241**

V. Announcements (Sten Walker) **5 minutes**

- Poll Question
- **San Diego Collaborative** - Brunch Network - free events on August 15, and October 3, 2024 - Fliers - **Pages 242-243**
- **NAMI San Diego Community Advocacy Training:** Reimagining Crisis Response on August 16, 2024 - Flier - **Page 244**
- **CYF Council Family Sector** - Member/alternate positions open - Handout - **Page 245**
- **National Recovery Month Celebration** - Recovery Day of Service - Flier - **Page 246**
- 15th annual We Can't Wait Early Childhood Conference - September 26-27, 2024 -Handouts - **Page 247-249**
- Live Well Advance Conference and School Summit - November 21, 2024 - Flier - **Page 250**

Next Executive Committee Meeting:
Date: Thursday, September 26, 2024
Time: 11:30 to noon

Next Meeting:
Date: Monday, September 9, 2024
Time: 9 to 10:30 a.m.

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/CYFBHSOCCouncil.html

Behavioral Health Services
Children, Youth and Families 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.

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

HEALTH FACTORS

Standard of Living

- Economic & Nutrition 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

Initiated 12/6/2019 Updated 10/26/2023

Behavioral Health Services
System of Care
for
Children, Youth and Families
Culture Share

WHAT IS CULTURE SHARE?

Culture share is a time to advance and integrate cultural learning, understanding, and practices into our work. Through this sharing we can honor and celebrate family, history, traditions, experiences, and practices that may bring joy and well-being. It can also bring discomfort, curiosity and **bias awareness.** Ultimately, it is an opportunity for self-reflection and enlightenment to enhance our capacity to provide culturally responsive services to the children, youth, and families in our communities.

*(Supports the **Governance, Leadership, and Workforce** National Standard for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care).*

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3 STEPS:

1. Maximum of a **3 Minute** Presentation:
   - Use any medium - slide, poem, music, verbal, etc.
2. Share your experience from a cultural lens
3. Describe how this experience influences your work

Facilitator: Open it up for any group reflection chat or verbal comments

Revised 8/8/2024: Rosa Ana Lozada

Children, Youth and Families (CYF) Council Meeting Summary

July 8, 2024 | 9 to 10:30 a.m.	
ITEM	**SUMMARY AND ACTION ITEMS**
I. Welcome Council members, alternates, and meeting attendees o **Welcome Back** - July 2024 to June 2026 Family Sector Co-Chair: Sten Walker o **Thank you,** Stephanie Escobar - Co-Chair from July 2022 to June 2024 representing the Public Sector o **Health Care Provider alternate:** Jennifer Kennedy o **SELPA** Member/Alternate Rotation: Jaime Tate-Symons shifts to member seat/Russell Coronado shifts to alternate seat • Culture Share in recognition of Asian American, Native Hawaiian, and Pacific Islander month provided by the Education Sector (Darwin Espejo): A Child is a Child: A Snapshot of Children's Health in California - The Children's Partnership (childrenspartnership.org) Handouts – **Pages 6-12**	Celica Garcia-Plascencia welcomed meeting attendees and announced the Council membership updates listed on the left. Culture Share was submitted by the Education Sector and presented by Darwin Espejo.
II. Review of Meeting Summary (Yael Koenig) • May 13, 2024, Meeting Summary - Handout - **Pages 13-17** • No pending action items	Yael Koenig reviewed the meeting summary from May 13, 2024.
III. Business Items (Yael Koenig)	
Public Comment	Bill Stewart announced the upcoming California Behavioral Health Planning Council meeting and recruitment for January 2025 Youth Panel.
Board Letters / Board Actions May 14 and 16, 2024: • **Item 01:** Presentations on the Chief Administrative Officer Recommended Operational Plan for Fiscal Years 2024-25 & 2025-26 - Handouts - **Pages 18-228** May 14, 2024: Board of Supervisors - Group Budget Presentations (granicus.com) May 16, 2024; Board of Supervisors - Group Budget Presentations (granicus.com) May 21, 2024: • **Item 08:** Authorize contract amendments to Support Pre-Release Medi-Cal Enrollment, Behavioral Health Links, and 90-Day Pre-Release Services for Justice-Involved Individuals • **Item 19:** Noticed Public Hearing Truth Act Community Forum Regarding Immigration and Customs Enforcement Access to Individuals During 2023 • **Item 23:** Establishing an Innovative Partnership with University of California, San Diego Health for Essential Behavioral Healthcare at East Medical Campus Handout - **Pages 229-236** • **Item 25:** Resolution of the Board of Supervisors of the County of San Diego Opposing State Farm and Other Insurance Companies Abandoning Homeowners, Renters, and Small Businesses Amid State Efforts to Modernize Regulations • **Item 27:** Authorize Acceptance of Funding from the Federal Emergency Management Agency, Shelter and Services Program Grant, Authorize Competitive Procurement for a Migrant Transition Day Center; and Waive Board Policy B-29 June 4, 2024: • **Item 03:** Authorize a Single Source Contract with Exodus Recovery, Inc. to Provide Behavioral Health Services Within the Tri-City Psychiatric Health Facility Handout - **Pages 237-241** • **Item 15:** Receive and Approve an Amendment the Fiscal Years 2023-2026 Mental Health Services Act Three Year Program and Expenditure Plan and Establish Appropriations Tied to the East Region Crisis Stabilization Unit Handout - **Pages 242-248** • **Item 16:** Receive and Approve the Mental Health Services Act Annual Update for Fiscal Year 2024-25 - Handout - **Pages 249-253** Presentation for items 15 and 16 - **Pages 254-272** MHSA Amendment to Three-Year Plan for FY 2023-24 through 2025-26 (2).pdf (sandiegocounty.gov) FY 2024-25 MHSA Annual Update Report.pdf (sandiegocounty.gov)	Yael Koenig provided an overview of the highlighted Board Letters listed on the left. Board Letters that may be particularly of interest to the CYF Council are listed on the left column. Due to size, only highlighted Board Letters are included in the meeting packet. However, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) website. Meeting Agendas, Board Letters, and access to the BOS meetings: https://www.sandiegocounty.gov/cob/bosa/index.html

ITEM	SUMMARY AND ACTION ITEMS
June 25, 2024: • **Item 12:** Authorize Competitive Solicitations, Single Source Contract, Residential Outpatient Children's Mental Health Services Contracts for Short Term Residential Therapeutic Programs, Amendments to Extend Existing Contracts, and Approve the Selection of the Mental Health Systems, Inc. DBA TURN Application for a Driving Under the Influence Program in the North Inland Region and Authorize Submission of the Selected Application to the Department of Health Care Services - Handouts include presentation - **Pages 273-296**	
Council Bylaws Update – Vote – Handouts - **Pages 297-303**	
The bylaws were updated to align with the current nomenclature and to simplify language including: **Title Name** o **From:** Children, Youth and Families Behavioral Health System of Care Council Bylaws to: o **To:** Behavioral Health Services Children, Youth and Families Council – Bylaws **Article One: Name** o **From:** The name of this organization shall be the Children, Youth and Families Behavioral Health System of Care Council (also known as CYF Council or the Council) o **To:** The Children, Youth and Families Council is also known as the CYF Council or the Council. **Article Two: Purpose and Duties** o **From:** Provide advice and feedback related to the progress and future expansion of the CYF System of Care to: o **To:** Provide advice and feedback related to the progress and future expansion of the System of Care as it pertains to Children, Youth and Families **Article 3: Membership** - Name shift o Private Sector: From Managed Care Health Plans (MCP) to: Managed Care Plans (MCP) o Family Sector: From Consumer Advocacy/Family Education Services to: Family Youth Advocacy/Liaison **Article 3: - Removal of last paragraph** Council members from the Youth served by the public health system constituency, who complete an application for the annual California Mental Health Advocates for Children and Youth (CMHACY) conference scholarship, shall be given priority status for scholarship award.	Yael Koenig presented the proposed updates to the CYF Council bylaws and requested vote from members alternates as appropriate. Quorum was reached and proposed bylaws were approved.
Information • Supreme Court passes ruling on allowing cities to enforce bans on individuals sleeping outdoors in public spaces City of Grants Pass v Johnson (23-175) - Handouts – **Pages 304-307** • Children and Youth Behavioral Health Initiative (CYBHI) - CYBHI June 2024 Newsletter - Handout – **Pages 308-309** o Directing Change Program and Film Contest 2024 Winners | (directingchangeca.org) o Social Marketing Association of North America Gold and Silver Awards: You Are Never A Bother! • County Adopts New Budget | News | San Diego County News Center Handout - **Page 310** o Open Budget (sandiegocounty.gov) o Budget Summary (sandiegocounty.gov) • Behavioral Health Director's Report June 2024 - Handout – **Pages 311-317** https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html • 2024 NACo Achievement Award: Screening to Care (S2C) - Handout - **Page 318** • Children & Youth Behavioral Health Services cards available in English and Spanish - Handout - **Page 319** Behavioral Health Services Directories for Children, Youth, and Families (sandiegocounty.gov)	Yael Koenig provided an overview of State and local updates, and informational items.

IV. Hot Topic: Annual Strategic Planning (Yael Koenig
Fiscal Year 2023-24 Accomplishment and Fiscal 2024-25 Year Goals
Handouts - **Pages 320-337**

- CYF Council Systemwide Report (320-322)
- Private Sector: MHCA & ADSPA (323-324)
- Family and Youth Sector (325)
- Education Sector (326-327)
- Executive committee (328)
- Outcomes committee (329-331)
- Infant and Early Childhood committee (332-333)
- Training Academy committee (334)
- Transition Age Youth (TAY) Council (335)
- Managed Care Plans (MCP)
- Cultural Competence Resource Team (CCRT) (336-337)
- CYF Change Agents Developing Recovery Excellence (CADRE) committee

Breakout Discussion
Considering the needs of children and youth in the context of State initiatives -
Facilitator: Jennifer Kennedy

- Anchoring Considerations (Yael Koenig) – Handouts – **Pages 338-341**
  - Behavioral Health Transformation (ca.gov)
  - DHCS BH-Connect
  - DHCS 8.24.23 Section 1115 Public Hearing on BH-Connect - **Pages 342-409**
  - Behavioral Health Transformation State PowerPoint – **Pages 410-448**
  - Modernizing Our Behavioral Health System - California Health and Human Services - **Pages 449-454**
  - Mental health for all (ca.gov)

- Participants selected one of the four available virtual Breakout rooms; each room had a designated scribe and a facilitator who reported out:
  - Knowledge Exchange – Celica Garcia-Plascencia
  - Community Engagement – Jennifer Kennedy
  - Prevention and Early Intervention – Mara Madrigal-Weiss and Fran Cooper
  - Service and Funding Priorities – Heather Nemour and Amanda Lance-Sexton

- Facilitator(s) engaged groups in 30 minutes conversation
- After a 20-minute discussion, each group spent the last 10 minutes establishing one to two statements inclusive of recommendation or actionable request to submit to the BHS Director
- The four breakout sessions returned to the main virtual room and each facilitator shared the final statement (s) and key discussion points
  CYF Council Strategic Priorities document will be drafted and shared at the next Council meeting where next steps will be discussed

Yael Koenig "set the stage" for the annual Strategic planning meeting and Jennifer Kennedy facilitated the discussion.

Yael Koenig provided additional information, including the Department of Health Care Services (DHCS) Behavioral Health Transformation: Implementation timeline (attached below and included at the end of the meeting summary document).

BH-BHT-Prop-1-Timeline-Infographic-V(

New Resources for Behavioral Health Transformation
DHCS released new resources to help local governments and stakeholders navigate California's Behavioral Health Transformation, also known as Proposition 1. Resources include the recording and presentation slides from DHCS' June 3 webinar on Behavioral Health Transformation. The webinar, featuring presentations from DHCS, the California Health & Human Services Agency, the Department of Housing and Community Development, and the California Department of Veterans Affairs, provided an overview of Proposition 1 provisions, major implementation milestones, and additional information. Other new resources available on the Behavioral Health Transformation webpage include a fact sheet and an overview of the Behavioral Health Bond: Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1 and 2.

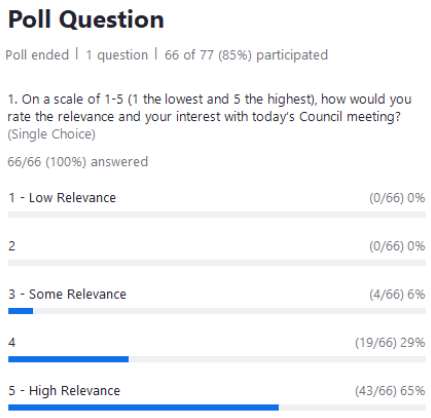
V. Announcements (Celica Garcia-Plascencia)

- Poll Question
- **NAMI San Diego Community Advocacy Trainings via Zoom**
  Fliers - **Pages 455-456**
- 15th annual We Can't Wait Early Childhood Conference - September 26-27, 2024
  Flier - **Page 457**
- Live Well Advance Conference and School Summit - November 21, 2024
  Flier - **Page 458**

Announcements provided via Chat

- NAMI San Diego Telling your Story scheduled for July 12, 2024 (announcement provided in meeting packet)

- Yael Koenig reviewed the announcements included on the agenda (listed on the left column).
- Announcements can be sent in advance to Edith Mohler at: Edith.Mohler@sdcounty.ca.gov



Action Items	Action Due/Status
• Bill Stewart will provide more detailed information on the California Behavioral Health Planning Council quarterly meeting to be held in San Diego in January 2025. A youth panel is being planned and invited CYF Council stakeholders to participate • Revised CYF Council bylaws will be provided and uploaded to the County website • Prepare a CYF Council Strategic Priorities draft document with the recommendations/actionable requests provided at the Strategic Planning sessions	• Tentatively scheduled for January 14-17, 2025 at the Hilton La Jolla Torrey Pines. Please visit California Behavioral Health Planning Council for updates. • Revised bylaws will be provided at the August 12, 2024 CYF Council meeting. • Draft document and notes from breakout rooms will be provided at the August 12, 2024 CYF Council meeting. Final document will be delivered to BHS Director on August 13, 2024.

Next Executive Committee Meeting:
Date: July 25, 2024 -Time: 11:30 a.m. to noon.

Next Meeting:
Date: Monday, August 12, 2024 - Time: 10 to 11:30 a.m.

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/CYFBHSOCCouncil.html

+=Member in Attendance O=Absent E=Excused

	CONSTITUENCY	MEMBER	STATUS	ALTERNATE	STATUS
	PUBLIC SECTOR				
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	+	Joel San Juan	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Patricia Cardenas-Wallenfelt	O
3	Public Safety Group/ Probation	Tabatha Wilburn	O	Delona King	+
4	Child and Family Well Being (CFWB) Department – Office of Child Safety	Steven Wells	O	Norma Rincon	O
5	Homeless Solutions and Equitable Communities	Katie Gordon	+	Rosa Gracian	O
6	Public Health	Dr. Thomas R. Coleman	+	Rhonda Freeman	O
7	Medical Care Services	Dr. Kelly Motadel	+	Heather Summers	O
8	Juvenile Court	H. Judge Ana España	O	Beth Brown	+
9	CFWB Department – Office of Child and Family Strengthening - First 5 San Diego	Alethea Arguilez	O	Alicia Castro	+
	EDUCATION SECTOR				
10	Special Education Local Plan Area (SELPA)	Jaime Tate-Symons	O	Russell Coronado	O
11	Regular Education Pupil Personnel Services	Heather Nemour	+	Mara Madrigal-Weiss	+
12	School Board	Barbara Ryan	+	Debra Schade	O
13	Special Education	Yuka Sakamoto	O	Misty Bonta	O
	PRIVATE SECTOR				
14	San Diego Regional Center (SDRC) for Developmentally Disabled	Zachary Guzik	+	Lori Sorenson	O
15	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	O	Vacant	
16	ADSPA	Marisa Varond	+	Claudette Allen Butler	O
17	Mental Health Contractors Association (MHCA)	Julie McPherson	O	Vanessa Arteaga	+
18	MHCA	Laura Beadles	+	Golby Rahimi	+
19	Fee- For-Service (FFS) Network	Dr. Sherry Casper	O	Marcelo A. Podesta	O
20	Managed Care Health Plans	Vacant		James Trout	O
21	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	O	Jennifer Kennedy	+
	FAMILY AND YOUTH SECTOR				
22	Consumer Advocacy/Family Education Services	Khalif Kelly	O	Sten Walker	+
23	Caregiver of child/youth served by the Public Health System	Vacant		Karilyn "Kari" Perry	O
24	Youth served by the Public Health System (Up to age 26)	Veronica Hernandez	O	Vacant	
25	Youth served by the public health system (Up to age 26)	Caitlynn Hauw	O		
	COMMITTEES (Non-voting members unless a member of the Council)				
-	Executive	Celica Garcia-Plascencia Sten Walker	+/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson Marisa Varond	O/+		
-	Early Childhood	Stephanie Gioia-Beckman Jennifer Kennedy	+/+		
-	Education	Heather Nemour	+		
-	Family and Youth as Partners	Sten Walker	+		
-	Outcomes	Emily Trask Eileen Quinn-O'Malley	O/O		
-	Training	Edith Mohler Jennifer Rusit	+/O		

Total Attendees: 98			
Alicia Castro	Emily Gaines	Kelly Motadel	Rhonda Crowder
Amanda Lance-Sexton	Eric Camerino	Kenia Urrutia	Rosa Ana Lozada
Annika Manlutac	Erick Mora	Kimberley Saelens	Samantha Aument
Aprille Peña	Erika Hernandez	Kristin Garrett	Samantha Manganaro
Azmin Granados	Erin Murphy	Laura Beadles	Samira Manjarrez
Barbara Ryan	Evan Hodges	Laura Vleugels	Shaun Goff
Beatriz Valencia	Faye Saunders	Leslie LaMay	Shea Profet
Beth Brown	Fran Cooper	Linda Puebla	Simonne Ruff
Bill Stewart	Gabriela Contreras-Misirlioglu	Lisa Klemp	Sol Gomez
Brenda Estrada	Ginger Bial-Cox	Lorie Chen	Sten Walker
Carmen Pat	Gloria King	Mara Madrigal	Stephanie Gioia-Beckman
Caryl Montillano	Golby Rahimi Saylor	Maria Ventura	Susana Antonio
Celeste Hunter	Grisel Ortega-Vaca	Marie Hommel	Tais Millsap
Celica Garcia-Plascencia	Gwen Jajou	Marisa Varond	Tanya Mercado
Cheryl Rhode	Heather Nemour	Mayra Gonzalez-Munoz	Tanya Ramirez
Christine A. Davies	Jamie Pellegrino	Melanie Morones	Teresa Chapa
Christine Maggio	Janet Cacho	Melissa Penaflor	Terri Kang
Darwin Espejo	Jasmine Tavarez	Melizza Welton	Tom Coleman
Delona King	Jennifer Busico	Mina Arthman	TzuTing Lin
Divya Kakaiya	Jennifer Kennedy	Natalie Elms	Vanessa Arteaga
Dora Arnold	Jodi Erickson	Rachel Chiang	Yael Koenig
Dori Gilbert	Jose Villalobos	Rafael-Ortiz Gomez	Yvette Leyva
Edith Mohler	Jullian Lopez	Rebecca Raymond	Zach Guzik
Eliza Reis	Katie Gordon	Reigel Javinal	Unknown Caller
Embrie Tapia	Kelly Bordman		

Committees/Sectors/Workgroups Meetings Information:

Most of the committees' meetings are occurring virtually

Please reach out to the sector lead or Executive committee 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 the month from 11:30 a.m. to 12:30 p.m.
Early Childhood: Meets the second Monday of the month- from 11 a.m. to noon
Education Advisory Ad Hoc: Meets as needed
TAY Council: Meets the fourth Wednesday of the month 3 to 4:30 p.m.
CYF CADRE: Meets quarterly on the second Thursday of the month from 1:30 to 3 p.m.
CYF Council Training Academy: Meets quarterly. Next meeting will be on August 14, 2024.
CCRT: Meets the first Friday of the month from 10 to 11:30 a.m.
Private Sector: Ad Hoc/Meets as needed
2025 Children and Youth Mental Health Well Being Celebration Planning: To be announced
Family Sector: Meets the third Thursday of the month from 2:30 to 3:30 p.m.
Peer Council: Every third Tuesday of each month at 2 p.m. via Zoom

Behavioral Health Transformation: Implementation Timeline

Proposition 1 key milestones to implement the Behavioral Health Services Act (BHSA) (SB 326) and Behavioral Health Infrastructure Bond Act (AB 531).

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

	2024			2025			2026			2027		2028
	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q1 2026	Q2 2026	Q3 2026	Q1 2027	Q2 2027	Q1 2028
BHT COUNTY ACTIVITIES				**JANUARY 1, 2025** **Integrated planning begins** Upon guidance from the state, counties begin to develop three-year (2026-2029) implementation plans. Integrated Plans will include all local, state and federal behavioral health funding, a budget, alignment with statewide and local goals and outcome measures, and workforce strategies. **County stakeholder planning** Each county must involve diverse stakeholders in developing Integrated Plans for mental health and substance use disorder policy and program planning.			**JUNE 30, 2026** **First Integrated Plan due (for FY 26-29)** Counties submit their behavioral health Integrated Plan to DHCS. Each county board of supervisors must approve the plan prior to the fiscal year or years the plan would cover.	**JULY 1, 2026** **Performance Contracts with BHSA requirements begins**		**JUNE 30, 2027** **First annual update (for FY 27-28) to the Integrated Plan due** Each county's board of supervisors must approve the annual update prior to the start of fiscal year or years it covers.	**EARLY 2028** **County Behavioral Health Outcomes, Accountability and Transparency Report due** Each county and Medi-Cal behavioral health delivery system must submit the first County Behavioral Health Outcomes, Accountability, and Transparency Report to DHCS annually.
	Conduct ongoing local stakeholder engagement. →											
BHT STATE ACTIVITIES	**APRIL 19, 2024** **Monthly Public Listening Sessions** Department of Health Care Services (DHCS) hosts the first of many Public Listening Sessions on a broad range of Proposition 1 topics. Public Listening Sessions will continue until fall 2024. **APRIL 1 – MAY 14, 2024** **Establish county administrative costs** DHCS works with County Behavioral Health Directors Association of California and California State Association of Counties to estimate county administrative costs related to Proposition 1 implementation for May Revision. **SPRING 2024** **Behavioral Health Continuum Infrastructure Program (BHCIP) Bond stakeholder engagement** **JUNE 30, 2024 (NO LATER THAN)** **Establish the Behavioral Health Services Act Revenue Stability Workgroup** DHCS to establish the Behavioral Health Services Act Revenue Stability Workgroup to assess BHSA revenue fluctuations and propose to the Legislature and Governor's Office recommendations to reduce revenue volatility and propose reserve levels.	**Monthly Public Listening Sessions continue** **JULY 2024** **Bond BHCIP Round 1: Launch Ready Request for Application (RFA) released**	**Monthly Public Listening Sessions continue** **NOVEMBER 2024** **Bond BHCIP Round 1: Launch Ready RFA due**	**JANUARY 1, 2025** **Mental Health Services and Accountability Oversight Commission (MHSOAC) renamed Behavioral Health Services Oversight and Accountability Commission (BHSOAC)** **EARLY 2025** **Initial BHSA Policy Guidance Issued** DHCS will release policy and guidance in phases. The first set of policy and guidance released will be for the three-year Integrated Plans.	**MAY 2025** **Bond BHCIP Round 1: Launch Ready awards announced** **Bond BHCIP Round 2: Unmet Needs RFA released** **JUNE 30, 2025 (ON OR BEFORE)** **Recommendations from the Behavioral Health Services Act Revenue Stability Workgroup released** DHCS and California Health and Human Services Agency will submit the Behavioral Health Services Act Revenue Stability Workgroup's recommendations to the Legislature and Governor's Office. **SUMMER 2025** **Subsequent BHSA Policy Guidance Issued** DHCS will continue to release policy and guidance in phases.	**SEPTEMBER 2025** **Bond BHCIP Round 2: Unmet Needs RFA due** **FALL AND WINTER 2025** **Subsequent BHSA Policy Guidance Issued** DHCS will continue to release policy and guidance in phases.	**MARCH 2026** **Bond BHCIP Round 2: Unmet Needs awards announced** **SPRING 2026** **Subsequent BHSA Policy Guidance Issued** DHCS will continue to release policy and guidance in phases.	**NO LATER THAN JUNE 30, 2026** **DHCS receives county Integrated Plans**	**JULY 1, 2026** **Evidence-based and community-defined evidence practices lists established** DHCS, in consultation with stakeholders, will create a biennial list of evidence-based and community-defined evidence practices, operative on July 1, 2026. **JULY 1, 2026** **Establish county Behavioral Health Outcomes, Accountability and Transparency Report deliverables** DHCS will establish required reporting elements and a timeline for submission.		
	Conduct ongoing statewide stakeholder engagement. →											

COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS

1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CALIFORNIA 92101-2470

AGENDA ITEM

DATE: **July 16, 2024** **15**

TO: Board of Supervisors

SUBJECT

RECEIVE AND ACCEPT THE PRELIMINARY REPORT INCREASING MEDI-CAL REIMBURSEMENT RATES TO IMPROVE HEALTHCARE FOR NEARLY 1 MILLION SAN DIEGANS (DISTRICTS: ALL)

OVERVIEW

Medicaid, known as Medi-Cal in California, is a vital government program that provides healthcare coverage to low-income individuals and families throughout the state. It is jointly funded by the federal and state governments and plays a crucial role in ensuring access to healthcare services for nearly a million people in San Diego County. Medi-Cal offers a wide range of health and social services, including doctor visits, hospital care, prescription drugs, and preventive care, making it a cornerstone of the state's healthcare system.

Medicaid programs reimburse healthcare providers at rates lower than those of private insurance or Medicare. These lower reimbursement rates might discourage healthcare providers from accepting Medi-Cal insurance, exacerbating the healthcare workforce shortage, and limiting access to care for low-income individuals.

San Diego County has the second highest population of Medi-Cal eligible residents, compared to other counties in the state. Due to its size, San Diego County plays an important part of the interconnected California healthcare system, but its safety net of health and social care providers is underfunded compared to other California counties with large Medi-Cal populations. Unlike many other counties in California, San Diego County historically has relied on community health care providers to create a safety net, such as Federally Qualified Health Centers, since there are no large county-owned public healthcare systems or health plans. However, much of the funding for safety-net health care services comes from State and federal programs, like Medi-Cal and

Medicare. Given significant growth in San Diego County's Medi-Cal population combined with new State Medi-Cal priorities, an opportunity exists to create unique funding solutions for the County, paved by other large Medi-Cal counties in California.

On March 12, 2024 (13), the San Diego County Board of Supervisors (Board) directed the Interim Chief Administrative Officer to conduct a Medicaid Landscape Analysis to assess Medi-Cal reimbursable services and explore opportunities to increase Medicaid reimbursement to providers in the San Diego region.

In addition, the Board established an Ad Hoc Subcommittee to receive, review, and provide input on the report and other activities associated with this Board action.

Today's action requests that the Board receive the 120-day update from the Ad Hoc Subcommittee and receive a staff presentation with progress to date on the Medicaid Landscape Analysis.

RECOMMENDATION(S)
VICE-CHAIR TERRA LAWSON-REMER AND SUPERVISOR MONICA MONTGOMERY STEPPE

1. Receive the 120-day update from the Ad Hoc Subcommittee and accept staff presentation on progress to date on the Medicaid Landscape Analysis.

2. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, Article XXIII , authorize the Director, Department of Purchasing and Contracting, to amend contracts and/or issue competitive solicitations to support the Medicaid Landscape Analysis, and upon successful negotiations and determination of a fair and reasonable price, award contract(s) for an initial term of up to 12 months and up to an additional six months if needed; and to amend the contract(s) 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.

3. Authorize the Agency Director, Health and Human Services Agency, or designee, to apply for and accept funding opportunities, if available, to support the Medicaid Landscape Analysis.

4. Direct the Chief Administrative Officer to return to the Board no later than April 30, 2025, in lieu of the prior approved December 2024 return, with a progress report, findings, and recommendations addressing low Medi-Cal reimbursement rates, after having first met with and received input from the ad hoc subcommittee. Upon presentation of the final report, findings, and recommendations to the Board by the Chief Administrative Officer, the ad hoc subcommittee will be concluded no later than April 30, 2025.

SUBJECT: RECEIVE AND ACCEPT THE PRELIMINARY REPORT INCREASING MEDI-CAL REIMBURSEMENT RATES TO IMPROVE HEALTHCARE FOR NEARLY 1 MILLION SAN DIEGANS (DISTRICTS: ALL)

EQUITY IMPACT STATEMENT

Individuals receiving Medicaid face significant equity challenges that impact their access, quality of care, and health outcomes. The current disparities in Medicaid reimbursement rates contribute to differential access to quality healthcare services, disproportionately affecting BIPOC communities. The impact of low reimbursement rates extends beyond the immediate challenges in accessing quality healthcare. It perpetuates systemic disparities in health outcomes, exacerbating existing inequalities among different demographic groups. Moreover, the racial bias in reimbursement rates has implications for the healthcare workforce. BIPOC healthcare professionals are often concentrated in facilities serving Medicaid beneficiaries, facing challenges of working in under-resourced environments. This not only hampers their ability to provide optimal care but also contributes to workforce disparities, further entrenching racial inequities within the healthcare system. Recognizing the intersectionality of race, socioeconomic status, and health outcomes is essential to fostering a healthcare system that is truly inclusive and just.

SUSTAINABILITY IMPACT STATEMENT

The proposed item contributes to the County of San Diego's Sustainability Goals by prioritizing the long-term health, safety, and well-being for San Diego residents through the support for actions that will get quality healthcare services to those that need it most.

FISCAL IMPACT

There is no fiscal impact for Recommendations 1, 3, and 4. Funds for Recommendation 2 are included in the Fiscal Year (FY) 2024-25 Operational Plan for the Health and Human Services Agency. If approved, this request will result in one-time costs and revenue of $500,000 in FY 2024-25 to amend the contracts or issue competitive solicitations to support the Medicaid Landscape Analysis. The funding source is one-time General Purpose Revenue previously approved in the March 12, 2024 (13) Board action which included approximately $1.5 million in total funding for this initiative. These funds will be carried forward through the year-end process and will be available for use in FY 2024-25 for HHSA. 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

Medicaid, known as Medi-Cal in California, is a vital government program that provides healthcare coverage to low-income individuals and families throughout the state. It is jointly

funded by the federal and State governments and plays a crucial role in ensuring access to healthcare services for nearly a million people in San Diego County. Medi-Cal offers a wide range of health and social services, including doctor visits, oral health, hospital care, prescription drugs, and preventive care, making it a cornerstone of the State's healthcare system.

Medicaid programs reimburse healthcare providers at rates lower than those of private insurance or Medicare. These lower reimbursement rates might discourage healthcare providers from accepting Medi-Cal insurance, exacerbating the healthcare workforce shortage and limiting access to healthcare for low-income individuals.

San Diego County has the second highest population of Medi-Cal eligible residents, compared to other counties in the state. Due to its size, San Diego County plays an important part of the interconnected California healthcare system, but its safety net of health and social care providers is underfunded compared to other California counties with large Medi-Cal populations. Unlike many other counties in California, San Diego County historically has relied on community health care providers to create a safety net, such as Federally Qualified Health Centers, since there are no large county-owned public healthcare systems or health plans. However, much of the funding for safety-net health care services comes from State and federal programs, like Medi-Cal and Medicare. Given significant growth in San Diego County's Medi-Cal population combined with new State Medi-Cal priorities, an opportunity exists to create unique funding solutions for the County, paved by other large Medi-Cal counties in California.

On March 12, 2024 (13), the San Diego County Board of Supervisors (Board) directed the Interim Chief Administrative Officer to conduct a Medicaid Landscape Analysis to assess Medi-Cal reimbursable services provided by the County of San Diego (County) and providers in the region and explore opportunities to increase Medi-Cal reimbursement. This Board action included approximately $1.5 million in funding for consultant agreements to assess strategies and opportunities to optimize Medi-Cal revenue received for services provided by the County and to support the broader regional assessment. These activities will be funded by an existing award of Providing Access and Transforming Health (PATH) Capacity and Infrastructure Transition Expansion and Development (CITED) grant funds for an assessment of Medi-Cal Transformation Enhanced Care Management and Community Supports Readiness and Infrastructure Assessment ($550,000) and one-time General Purpose Revenue ($950,000) for a Medi-Cal billing capacity assessment and consultant services to help support the broader regional assessment.

Recommendations approved by the Board included:

1. Direct the Interim Chief Administrative Officer to conduct an analysis of Medi-Cal reimbursable services provided by the County of San Diego, to increase revenue and reimbursement opportunities for those services, in order to enhance access to and quality of care for residents of San Diego County. This includes but is not limited to:

a. Identifying strategies to leverage existing expenditures/resources through intergovernmental transfers (IGTs) and other mechanisms to obtain Medicaid matching funds; and
b. Assessing what is being done in other California jurisdictions and/or nationally to optimize Medicaid revenue and reimbursement for services provided by counties; and
c. Evaluating new or additional sources of funding that could be available to the County to increase Medi-Cal reimbursement; and
d. Exploring other possible strategies and opportunities to increase Medi-Cal reimbursement to improve access to and quality of healthcare to further these goals.

2. Direct the Interim Chief Administrative Officer to explore opportunities to increase Medi-Cal reimbursement to providers in the San Diego region. This includes but is not limited to:
   a. Convening county staff, healthcare professionals, hospitals, FQHCs, labor organizations, healthcare workers, consumer advocacy organizations, state and local government leaders, and community-based organizations; and
   b. Assessing what is being done in other California jurisdictions to enhance reimbursement rates and incentivize providers to expand access to Medi-Cal services in San Diego County; and
   c. Engaging California Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) to seek partnership and approval on initiatives to increase Medicaid reimbursement rates in San Diego County; and
   d. Exploring other possible strategies and opportunities available through Medi-Cal Transformation to increase Medi-Cal reimbursement rates to further these goals.
3. Direct the Interim Chief Administrative Officer in collaboration with the Behavioral Health Services Director, to offer updates to the ad hoc subcommittee on State and Federal policy germane to integrate behavioral and physical health, along with successful models of value-based purchasing and risk and incentive driven care management under capitation, noting that such updates do not involve County of San Diego mental health plan specific actions. Of note is the fact that Behavioral Health Services (BHS) statutorily operates as the County's Mental Health Plan (MHP). Owing to the fact that County's MHP is in the midst of behavioral health payment reform inclusive of rate setting and provider-specific negotiations, the BHS Director in consultation with county counsel will not share any information to the ad hoc subcommittee that would generate a conflict of interest.
4. Direct the Interim Chief Administrative Officer to return to the Board at the end of the calendar year with a progress report, findings, and recommendations addressing low Medi-Cal reimbursement rates including all the elements enumerated above after having first met with the Board ad hoc subcommittee for input.
5. Direct the Interim Chief Administrative Officer to add to the County's 2024 Legislative Program, Priority Issues, support for legislation and administrative actions that will lead to increased Medicaid reimbursement rates for California, as well as engage in ongoing conversations at the State and Federal level to ensure the Medi-Cal recipients in San Diego County have access to a robust and adequately funded system of care, including but not

limited the bringing down the cost of critical prescription medications, especially those on Medicaid and Medicare.

6. Establish an ad hoc subcommittee of this Board and appoint Supervisor Terra Lawson-Remer and Supervisor Monica Montgomery Steppe for the following purposes, including but not limited to:
    a. Receive and review the information gathered by and provide input to the Interim Chief Administrative Officer on the strategies and opportunities identified through the work outlined in Recommendations 1for increasing Medicaid reimbursement rates and for obtaining new or additional sources of funding to increase Medi-Cal reimbursement; and
    b. Provide input regarding the feedback obtained from those stakeholders contacted in 2(a); and
    c. Provide input regarding the updates received in recommendation 3; and
    d. Provide input to the Interim Chief Administrative Officer on the development of the progress report, findings, and recommendations to be submitted to the Board, and upon presentation of the final report, findings, and recommendations to the Board by the Interim Chief Administrative Officer, the ad hoc subcommittee will be concluded.
    e. The scope of activities of this ad hoc subcommittee pertains only to policy matters and should in no way be construed as including or concerning the negotiations of specific contracts or specific contract terms.
    f. The ad hoc subcommittee will return to the Board in 120 days with an update.

7. Of note is that fact that Behavioral Health Services (BHS) statutorily operates as the County's Mental Health Plan (MHP). Owing to the fact that the County's MHP is in the midst of behavioral health payment reform driven by Medi-Cal Transformation, inclusive of rate setting and provider-specific negotiation, rate setting and reimbursement dynamics within the MHP will not be addressed in this action.

Summary of Ad Hoc Subcommittee Meetings:

Since its formation in March, the Ad Hoc Subcommittee met on the following dates:

- April 11, 2024. Agenda included a recap of the approved board recommendations, setting an ongoing meeting schedule, and discussion of what resources might be needed.
- May 8, 2024. Discussion on Medicaid program at Federal and State Levels.
- May 28, 2024. Provided update on staff engagement and contractor utilization.
- June 12, 2024. Discussion of Medi-Cal funding mechanisms and Intergovernmental Transfer.
- June 27, 2024. Staff presentation of progress to date on the Medicaid Landscape Analysis. The progress report is included in this Board Letter as Attachment A.

SUBJECT: RECEIVE AND ACCEPT THE PRELIMINARY REPORT INCREASING MEDI-CAL REIMBURSEMENT RATES TO IMPROVE HEALTHCARE FOR NEARLY 1 MILLION SAN DIEGANS (DISTRICTS: ALL)

Going forward, Ad Hoc Subcommittee meetings are scheduled to occur monthly from July through December 2024, when staff will return with a report back to the full Board on the status of the Medicaid Landscape Analysis.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed action to adopt the item to work to increase Medi-Cal reimbursement rates to supports the Sustainability, Equity, Empower, and Community Strategic Initiatives within the County of San Diego's 2024-2029 Strategic Plan by working to expand healthcare for nearly one million San Diegans.

Respectfully submitted,

Terra Lawson-Remer
Supervisor, Third District

Monica Montgomery Steppe
Supervisor, Fourth District

ATTACHMENT(S)
Attachment A – MCS Progress Report July 1, 2024.

Item #15: Receive and Accept the Preliminary Report Increasing Medi-Cal Reimbursement Rates to Improve Healthcare for Nearly 1 Million San Diegans

Caroline Smith, Interim Deputy Chief Administrative Officer, Health and Human Services Agency

Jennifer M. Tuteur, MD, FAAFP, Interim Chief Medical Officer, Medical Care Services

July 16, 2024

Medi-Cal Revenue Opportunities for County Services

To identify opportunities, strategies, and new sources of funding to improve Medi-Cal reimbursement/payment for **County provided programs**, staff have initiated the following:

- Medi-Cal Transformation Assessment
- Billing Feasibility Assessment
- Research Medi-Cal Policy and Leading Practices

Medi-Cal Revenue Opportunities for Regional Providers

To explore opportunities for increasing **Medi-Cal reimbursement for providers in the region**, staff will:

- Engage Regional Partners
- Research Medi-Cal Policy and Leading Practices
- Engage California Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid Services (CMS)

Listening Sessions: Preliminary

Providers reported that Medi-Cal rates impact the number of patients they can see

Administrative requirements impact capacity to expand services

Shortage of specialty care providers to refer to including OBGYN

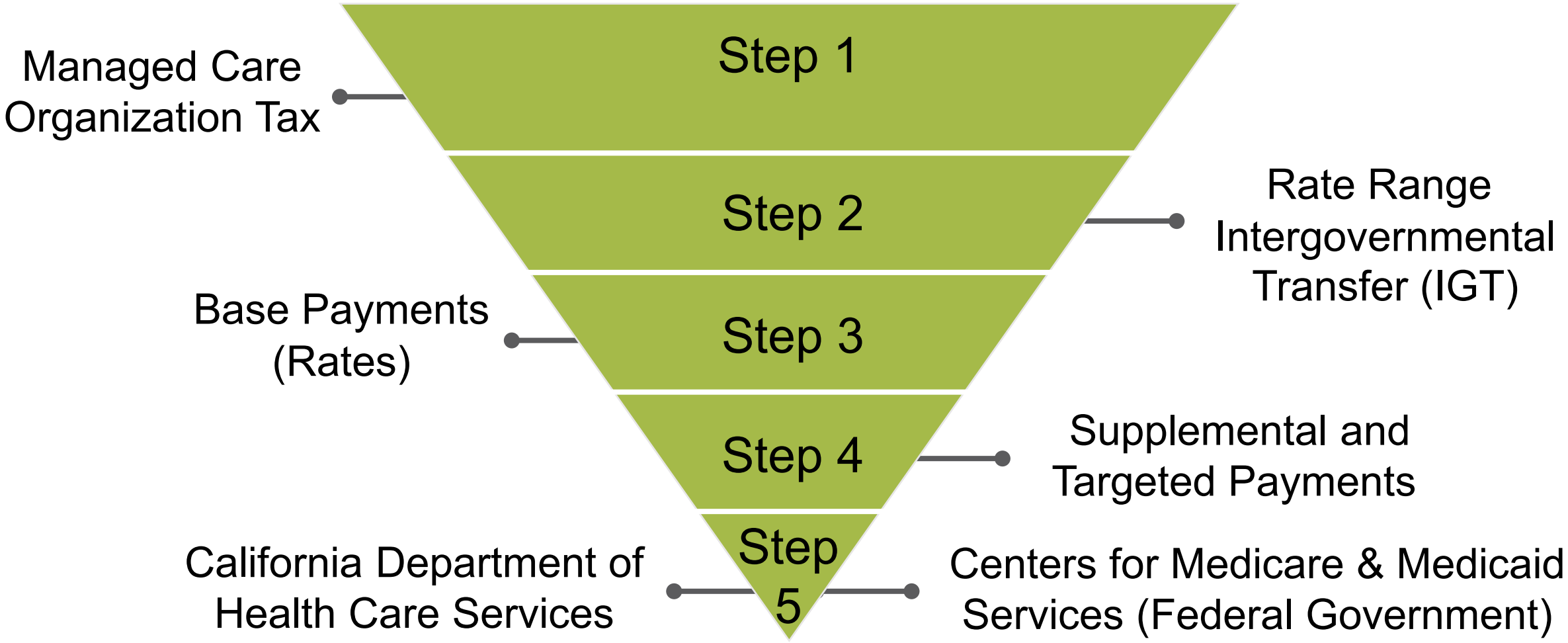
Medi-Cal Financing and Provider Payments

Entity	Who sets rates and/or determines funding availability?
Medi-Cal Managed Care Plans	**DHCS actuary (Mercer)**
Hospitals – Base Payments	**Medi-Cal Managed Care Plan**
Hospitals – Supplemental Payments	**DHCS and CMS[1]**
Physicians – Base Payments	**Medi-Cal Managed Care Plan**
Physicians – Targeted Payments	**DHCS and CMS[1]**
Skilled Nursing Facilities – Base Payments	**Medi-Cal Managed Care Plan**
Skilled Nursing Facilities – Supplemental Payments	**DHCS and CMS[1]**
FQHCs	**DHCS and CMS[2]**

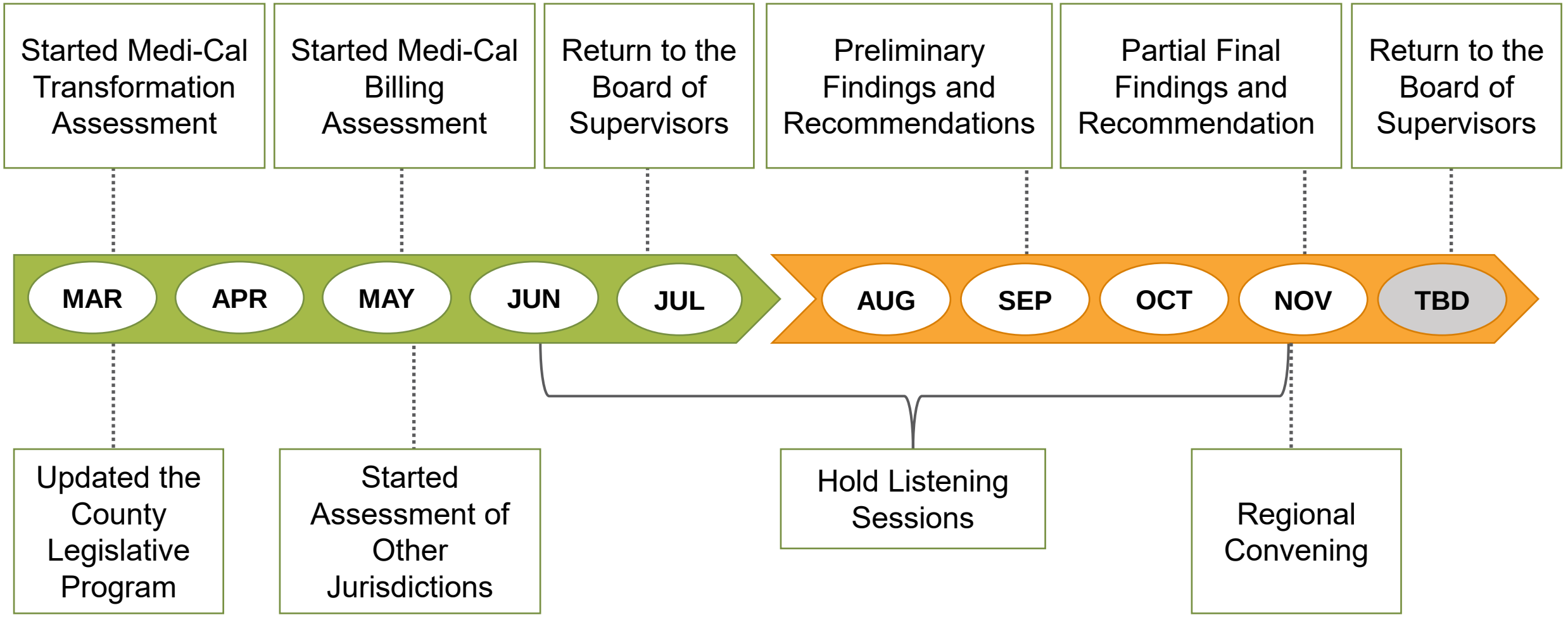
Notes:

1. Generally, set by calculating the difference between what is paid currently and what could be paid under the Medicare (or possibly average commercial).
2. FQHCs have a federally-defined payment model based on per visit cost unique to each entity.

Process


Step 1
Step 2
Step 3
Step 4
Step 5
Managed Care Organization Tax
Rate Range Intergovernmental Transfer (IGT)
Base Payments (Rates)
Supplemental and Targeted Payments
California Department of Health Care Services
Centers for Medicare & Medicaid Services (Federal Government)

Timeline


Started Medi-Cal Transformation Assessment
Started Medi-Cal Billing Assessment
Return to the Board of Supervisors
Preliminary Findings and Recommendations
Partial Final Findings and Recommendation
Return to the Board of Supervisors
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
TBD
Updated the County Legislative Program
Started Assessment of Other Jurisdictions
Hold Listening Sessions
Regional Convening

Item #15: Receive and Accept the Preliminary Report Increasing Medi-Cal Reimbursement Rates to Improve Healthcare for Nearly 1 Million San Diegans

Caroline Smith, Interim Deputy Chief Administrative Officer, Health and Human Services Agency

Jennifer M. Tuteur, MD, FAAFP, Interim Chief Medical Officer, Medical Care Services

July 16, 2024

TERRA LAWSON-REMER

SUPERVISOR, THIRD DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: **July 16, 2024** **16**

TO: Board of Supervisors

SUBJECT

AFFIRMATIVE LITIGATION AGAINST SOCIAL MEDIA COMPANIES FOR THEIR ROLE IN THE YOUTH MENTAL HEALTH CRISIS (DISTRICTS: ALL)

OVERVIEW

In May 2023, the U.S. Surgeon General issued an advisory warning that social media is contributing to our nation's youth mental health crisis. The American Psychological Association (APA) has since also issued a health advisory examining the connections between social media use and reduced well-being and rising mood disorders, chiefly depression, and anxiety among youth ages 10 to 25 years old.

According to the Pew Research Center, in 2010, when smartphones were becoming mainstream, only about half of teens reported using social media. Today, social media usage is ubiquitous with 95% of teens reporting they use some social media and about a third reporting they use it constantly. The APA reports that U.S. teens spend an average of five hours every day using the seven most popular social media apps, with Instagram, TikTok, and YouTube accounting for 87% of their social media time.

Since 2010, nearly every indicator of mental health and psychological well-being among teens and young adults has deteriorated. San Diego County's Health and Human Services Health Equity Report (2022) confirms this alarming trend with youth ages 15 to 24 years of age having the highest burden of depression compared with all other age groups in the County. These youth are also utilizing inpatient treatment services and visiting emergency rooms at a rate two times higher than any other age group for depression and anxiety.

It is in response to these developments that mental health experts are warning habitual social media use is nearing addiction levels and contributing to the youth mental health crisis.

To date, there have been few meaningful changes by the industry and no adoption of federal or state policies curbing the industry's harm to developing minds. As of June 2024, 475 social media lawsuits are pending in multidistrict litigation in the Northern District of California. And, as many as 41 U.S. states, including California's Attorney General Office, have taken direct legal action against one specific company, Meta Platforms, Inc., to hold them accountable for their negligence in ensuring its platforms are safe for minors. With today's item, the County of San Diego would add its voice to underscore the urgent need to enact new, responsible safety standards on all social media platforms in order to mitigate harm to youth and their mental health.

Today's item directs County legal counsel to explore legal actions that would hold social media companies, including but not limited to, Facebook, Instagram, X, TikTok, and YouTube, accountable for their failure to protect youth mental health and for their purposeful creation of an unreasonably dangerous product that incentivizes addictive behaviors among vulnerable youth.

Just as San Diego County has joined other cities and counties in California to successfully hold opioid painkiller manufacturers and distributors accountable for deceptive marketing and for creating an epidemic of opioid abuse and addiction that killed thousands in San Diego alone, the County should hold social media platforms accountable for their failure to protect vulnerable youth.

RECOMMENDATION(S)
SUPERVISOR TERRA LAWSON-REMER

1. Direct the County Counsel, in consultation with the Chief Administrative Officer, to explore options for initiating, pursuing, and/or joining litigation against social media platforms, including but not limited to Facebook, Instagram, X, TikTok, Snapchat, and YouTube for their failure to protect youth mental health and regularly report back to the Board in an appropriate manner until litigation is filed and, thereafter as necessary.

2. Adopt a resolution entitled: **A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO RELATING TO THE SURGEON GENERAL'S CALL FOR WARNING LABELS ON SOCIAL MEDIA PLATFORMS.**

EQUITY IMPACT STATEMENT
Studies show that certain subpopulations of youth, including females, LGBTQ+, Black and Latinx young people, are more likely to use social media platforms to combat loneliness and/or as a tool to locate mental health or well-being resources. Some of these same groups are experiencing disproportionate rates of poor mental health and suicidal thoughts and behaviors. Today's actions will ensure that the operators of social media platforms are further directed to take action to

minimize the harmful aspects of their platforms and to preserve the well-being of young, vulnerable users.

SUSTAINABILITY IMPACT STATEMENT
Today's actions to hold social media platforms accountable helps to further the County of San Diego's Sustainability Goals through its leadership and advocacy to remediate the current online environment in support of youth mental health. It is imperative that the County of San Diego be a pro-active partner in pushing for social media platforms to take seriously the deleterious impacts the current design of their products are having on the mental health of County residents ages 10 to 25 years of age.

FISCAL IMPACT
Funds for the actions requested in Recommendation 1 are included in the Fiscal Year 2024-25 Operational Plan based on existing staff time in County Counsel funded by General Purpose Revenue. There will be no change in net General Fund cost and no additional staff years. There may be fiscal impacts associated with future related recommendations which staff would return to the Board for consideration and approval.

There is no fiscal impact associated with Recommendation 2. 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

In May 2023, the U.S. Surgeon General issued an advisory warning that social media is contributing to our nation's youth mental health crisis. The American Psychological Association (APA) has since also issued a health advisory examining the connections between social media use and reduced well-being and rising mood disorders, chiefly depression, and anxiety among youth ages 10 to 25 years old.

According to the Pew Research Center, around 2010, when smartphones were becoming mainstream, only about half of teens reported using social media. Today, social media usage is ubiquitous with 95% of teens reporting they use some social media and about a third reporting they use it constantly. The APA reports that U.S. teens spend an average of five hours every day using the seven most popular social media apps, with Instagram, TikTok, and YouTube accounting for 87% of their social media time.

Since 2010, nearly every indicator of mental health and psychological well-being has become more negative among teens and young adults. The CDC and San Diego County health data confirm this

alarming trend. In 2021, 42% of high school students in the U.S. reported depressive symptoms versus 28% in 2011. Additionally, one in five students currently report they have seriously considered suicide (20%) versus 15% in 2011 and one in ten have attempted suicide (10%) versus 7.8% in 2011. With females and LGBTQ+ students experiencing disproportionate rates of poor mental health and suicidal thoughts and behaviors.

San Diego County's Health and Human Services 2022 Health Equity Report shows similar developments with youth ages 15 to 24 years of age having the highest burden of depression compared with all other age groups in the County. These youth are also utilizing inpatient treatment services and visiting emergency rooms at a rate two times higher than other age groups for depression and anxiety. Additionally, these youth have the highest overall burden of cannabis-, benzodiazepines-, and opioid-related disorders. These data reinforce the crisis as mental health problems in youth often go hand-in-hand with other health and behavioral risks like increased risk of drug use, experiencing bullying and violence, and higher risk sexual behaviors.

During this tender stage of development, youth are now exposed daily to strategically designed social media algorithms and features that capitalize on their vulnerabilities to drive engagement. Youth are hypersensitive to social feedback and seek social rewards including attention and approval from peers. Social media features, including 'likes' and follower counts, infinite scrolling, push notifications, and personalized ad content offer youth access to unfiltered content and an endless invitation for self-comparisons. And at this same time, the adolescent brain has not physically developed enough to appropriately regulate emotional responses to such stimuli resulting in 41% of teens, with the highest social media usage, rating their overall mental health as poor or very poor compared with 23% of self-described low users.

To date, there have been few meaningful changes by the industry and no adoption of federal or state policies curbing the industry's harm to developing minds. As of June 2024, 475 social media lawsuits are pending in multidistrict litigation in the Northern District of California. And, as many as 41 U.S. states, including California's Attorney General Office, have taken direct legal action against one specific company, Meta Platforms, Inc., to hold them accountable for their negligence in ensuring its platforms are safe for minors. With today's item, the County of San Diego would add its voice to underscore the urgent need to enact new, responsible safety standards on all social media platforms in order to mitigate harm to youth and their mental health.

Today's item directs County legal counsel to explore legal actions that would hold social media companies, including but not limited to, Facebook, Instagram, X, TikTok, and YouTube, accountable for their failure to protect youth mental health and for their purposeful creation of an unreasonably dangerous product that incentivizes addictive behaviors among vulnerable youth.

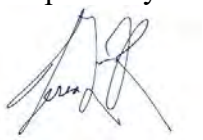
Just as San Diego County has joined other cities and counties in California to successfully hold opioid painkiller manufacturers and distributors accountable for deceptive marketing and for creating an epidemic of opioid abuse and addiction that killed thousands in San Diego alone, the County should hold social media platforms accountable for their failure to protect vulnerable youth.

SUBJECT: AFFIRMATIVE LITIGATION AGAINST SOCIAL MEDIA COMPANIES FOR THEIR ROLE IN THE YOUTH MENTAL HEALTH CRISIS

Today's item further urges the County of San Diego Board of Supervisors to adopt a resolution in support of the U.S. Surgeon General's call for warning labels on social media platforms to initiate awareness among parents and youth who may be unable to fully understand the short- and long-term implications of engaging in these platforms.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed actions support the County of San Diego's 2024-2029 Strategic Plan Initiatives of Community (Safety and Quality of Life) by promoting safety in our online communities to improve the well-being, specifically the mental health, of San Diego County's youth.

Respectfully submitted,



TERRA LAWSON-REMER
Supervisor, Third District

ATTACHMENT(S)
A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO RELATING TO THE SURGEON GENERAL'S CALL FOR WARNING LABELS ON SOCIAL MEDIA PLATFORMS

Resolution No.:
Meeting Date:

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO RELATING TO THE SURGEON GENERAL'S CALL FOR WARNING LABELS ON SOCIAL MEDIA PLATFORMS.

WHEREAS, published studies are suggesting a causal link between social media use and reduced well-being and rising mood disorders, chiefly depression, and anxiety among youth ages 10 to 25 years old; and

WHEREAS, every indicator of mental health and psychological well-being among teens and young adults has deteriorated since the introduction of smartphones and social media in 2010; and

WHEREAS, County health data confirms this alarming trend with youth ages 15 to 24 years of age having the highest burden of depression compared with all other age groups in the County; and

WHEREAS, San Diego youth ages 15 to 24 are also utilizing inpatient treatment services and visiting emergency rooms at a rate two times higher than any other age group for depression and anxiety; and

WHEREAS, social media platforms are facing hundreds of lawsuits for their failure to protect youth mental health and for their purposeful creation of an unreasonably dangerous product that incentivizes addictive behaviors among vulnerable youth; and

WHEREAS, the Surgeon General is pushing for a warning label on social media platforms advising parents that using the platforms may damage adolescents' mental health; and

WHEREAS, similar warning labels required on packages of cigarettes have had significant effects on behavior and initiated a 50-year decline in smoking; and

WHEREAS, to date, there have been few meaningful changes by the industry and no adoption of federal or state policies curbing the industry's harm to developing minds.

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Board of Supervisors of the County of San Diego adopt a resolution in support of the Surgeon General's call for warning labels on social media platforms.

APPROVED AS TO FORM AND LEGALITY
Claudia G. Silva, County Counsel
BY: John P. Cooley, Chief Deputy County Counsel

COUNTY OF SAN DIEGO

AGENDA ITEM

DATE: **July 16, 2024** **22**

TO: Board of Supervisors

SUBJECT

RECEIVE UPDATE ON BEHAVIORAL HEALTH CAPITAL FACILITY PROJECTS RECOMMENDED FOR PROPOSITION 1 INFRASTRUCTURE BOND FUNDING AND AUTHORIZE GRANT SUBMISSIONS, AND AUTHORIZE A FORMAL PROCESS TO ISSUE LETTERS OF SUPPORT (DISTRICTS: ALL)

OVERVIEW

In California, counties are responsible for administering specialty mental health and substance use services for residents eligible for Medi-Cal. In this capacity within San Diego County, the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) serves as the specialty mental health plan for Medi-Cal eligible residents with serious mental illness, and the service delivery system for Medi-Cal eligible residents with substance use disorder care needs. To ensure access to quality care that meets the needs of Medi-Cal beneficiaries in San Diego County, BHS is required to maintain a local network of behavioral health services and providers.

In March 2024, California voters passed Proposition 1 that includes the Behavioral Health Services Act (Senate Bill 326) and the Behavioral Health Infrastructure Bond Act of 2023 (Assembly Bill 531), which authorized $6.38 billion in a general obligation bond to expand behavioral health treatment, residential care settings, and housing to support people with mental health conditions and substance use disorders. Funds from the bond will be allocated to competitive grants for facilities that provide behavioral health treatment and residential settings, including for tribal entities; housing Veterans who are homeless or at risk of homelessness with behavioral health needs; and others who are homeless or at risk of homelessness with behavioral health needs.

To inform the priorities for the Proposition 1 Infrastructure Bond funding, on April 9, 2024 (4), the Board directed the creation of a process for seeking and investing funding, informed by data, community advocates, and stakeholders, and return to the Board within 120 days with a set of priorities to inform County planning efforts for these funds. The Proposition 1 grant funding will be administered by the State in multiple funding rounds through the *Bond Behavioral Health Continuum Infrastructure Program (Bond BHCIP)* and the State preliminary guidance indicates that awards will be prioritized to counties, cities, tribal entities, nonprofit, and for-profit entities demonstrating site control, emphasizing residential treatment, and commencing service delivery

in an expedient manner. Following a review of capital projects within the BHS portfolio, BHS is recommending the prioritization of several behavioral health capital projects for Proposition 1 grant funding through Bond BHCIP. These capital projects are anticipated to be the strongest candidates for grant funding based on the State's criteria and priorities, are high priorities locally, are furthest along in development, and will yield significant impact to clients in need of care in San Diego County.

Today's action requests the Board receive an update on behavioral health capital facility projects prioritized for Proposition 1 Infrastructure Bond funding and authorize the submission of Bond BHCIP grant applications for essential infrastructure projects, including the Substance Use Residential and Treatment Services facility, the new Children's Crisis Residential Care facility, and others including the Central Region Community-Based Care facility, should State and local criteria and priorities for funding align. In addition, today's action requests the Board authorize a formal process to evaluate requests for letters of support submitted by local entities, as required for applications for Proposition 1 Infrastructure Bond funding, and issue letters of support for projects aligned with State and County priorities and criteria.

Today's action supports the County vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished through further strengthening the continuum of behavioral health services in San Diego County.

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. Receive an update on recommended behavioral health capital facility projects prioritized for Proposition 1 Infrastructure Bond grant funding, and authorize the Agency Director, Health and Human Services Agency, or designee, to submit grant fund proposals through the Bond Behavioral Health Continuum Infrastructure Program and Permanent Supportive Housing program for the behavioral health capital projects identified, and additional future applications for these projects or others identified as priority areas of investment, if opportunities arise.
2. Authorize the Behavioral Health Services Director to implement a formal process for the Behavioral Health Services department to evaluate requests for letters of support submitted by local entities, as required for applications for Proposition 1 Infrastructure Bond funding, and issue letters of support only for projects that meet State criteria, align with one or more State priorities, and align with County priorities.

EQUITY IMPACT STATEMENT
The County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) functions as the specialty mental health plan for Medi-Cal eligible residents with serious mental illness, and the service delivery system for Medi-Cal eligible residents with substance use disorder care needs within San Diego County. As a regional steward of public health, BHS must

ensure services address social determinants of health by being accessible, capable of meeting the needs of a diverse population, and equitably distributed to those most in need. BHS utilizes a population health approach, evidence-based practices, robust data analysis, and input from consumers, community-based providers, healthcare organizations, and other stakeholders to identify community needs and design services that are impactful, equitable, and yield meaningful outcomes for clients. BHS conducts ongoing engagement activities, such as community outreach, focus groups, listening sessions, and key informant interviews, to ensure community input remains central to priorities and planning activities.

Establishing additional dedicated behavioral health infrastructure to support people with mental health and substance use needs who are Medi-Cal eligible is expected to yield positive outcomes for some of the most vulnerable residents in San Diego County. This will be accomplished through the development of the new Substance Use Residential and Treatment Services (SURTS), the new Children's Crisis Residential, and the new Central Region Community-Based Care (CBC) facilities. These facilities will enhance access to behavioral health care across the region for adults in need of residential substance use services, children in need of behavioral health crisis services, and adults in need of access to housing and care within a licensed board and care facility. According to the 2021 National Survey on Drug Use and Health, 94% of people aged 12 and older with a substance use disorder do not receive any treatment. The SURTS facility will help meet the unmet and rising need for residential treatment options. In addition, development of the new Children's Crisis Residential facility establishes a new resource for youth care not currently in place within the local behavioral health care continuum. The Central Region CBC will provide a new pathway for individuals in higher levels of care to step down into community-based care within the least restrictive setting.

SUSTAINABILITY IMPACT STATEMENT

Today's proposed action supports the County of San Diego (County) Sustainability Goal #1, to engage the community in meaningful ways and continually seek stakeholder input, and Sustainability Goal #2, to ensure equitable access to County services. BHS has conducted extensive engagement activities to better understand local behavioral health needs and enhance collaboration with local partners. Through these efforts, BHS has solicited community feedback to inform department priorities, inclusive of services and infrastructure planning. Prioritizing the development of the recommended facilities will support increased capacity dedicated for children and adults with behavioral health conditions. These services will support equitable access to essential behavioral health care for Medi-Cal eligible children and adults, enabling them to be connected to the care they need.

FISCAL IMPACT

There is no fiscal impact associated with these recommendations. If awarded grant funding, the County of San Diego Behavioral Health Services department will return to the Board at a future date with additional recommendations. At this time, there will be no change in net County General Fund cost and no additional staff years.

SUBJECT: RECEIVE UPDATE ON BEHAVIORAL HEALTH CAPITAL FACILITY PROJECTS RECOMMENDED FOR PROPOSITION 1 INFRASTRUCTURE BOND FUNDING AND AUTHORIZE GRANT SUBMISSIONS, AND AUTHORIZE A FORMAL PROCESS TO ISSUE LETTERS OF SUPPORT (DISTRICTS: ALL)

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
On June 6, 2024, this item was presented to the Behavioral Health Advisory Board for discussion and comment.

BACKGROUND
In California, counties are responsible for administering specialty mental health and substance use services for residents eligible for Medi-Cal. In this capacity, the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) serves as the specialty mental health plan for Medi-Cal eligible residents with serious mental illness, and the service delivery system for Medi-Cal eligible residents with substance use disorder care needs within San Diego County. To ensure access to quality care that meets the needs of Medi-Cal beneficiaries in San Diego County, BHS is required to maintain a local network of behavioral health services and providers.

To optimize the local behavioral health system of care, the San Diego County Board of Supervisors (Board) has made key investments over the last several years to enhance community-based behavioral health services and develop critical behavioral health infrastructure that is regionally distributed in alignment with population health needs. Recent significant State initiatives have been implemented to accelerate the transformation of the behavioral health continuum of care, complementing the current efforts and offering new opportunities for the County to build on critical work already underway.

In March 2024, California voters passed Proposition 1, which includes the Behavioral Health Services Act (Senate Bill 326) and the Behavioral Health Infrastructure Bond Act of 2023 (Assembly Bill 531), which authorized $6.38 billion in a general obligation bond. Funds aim to expand behavioral health treatment, residential care settings, and housing to support people with mental health conditions and substance use disorders. Funding from the bond will be allocated as follows:

- $4.4 billion in competitive grants for facilities that provide behavioral health treatment and residential settings, which includes $30.0 million reserved for tribal entities,
- $1.065 billion for housing Veterans who are homeless or at risk of homelessness with behavioral health needs, and
- $922 million for others who are homeless or at risk of homeless with behavioral health needs.

To inform the priorities for the Proposition 1 Infrastructure Bond funding, on April 9, 2024 (4), the Board directed a process be created for seeking and investing funding, informed by data, community advocates, and stakeholders, and return to the board within 120 days with a set of priorities to inform County planning efforts for these funds.

SUBJECT: RECEIVE UPDATE ON BEHAVIORAL HEALTH CAPITAL FACILITY PROJECTS RECOMMENDED FOR PROPOSITION 1 INFRASTRUCTURE BOND FUNDING AND AUTHORIZE GRANT SUBMISSIONS, AND AUTHORIZE A FORMAL PROCESS TO ISSUE LETTERS OF SUPPORT (DISTRICTS: ALL)

Behavioral Health Infrastructure Bond Funding
The bond funding will be available via competitive grants administered by the Department of Health Care Services (DHCS) in multiple funding rounds through the *Bond Behavioral Health Continuum Infrastructure Program (Bond BHCIP)*, with the Permanent Supportive Housing (PSH) grant funds administered by the California Department of Housing and Community Development (HCD) in partnership with the California Department of Veterans Affairs.

The *Bond BHCIP Round 1: Launch Ready* grant funds will total up to $3.3 billion. The Request for Applications (RFA) for Bond BHCIP Round 1 is expected to be released in July 2024, with applications due in Fall 2024, and funding awarded in mid-2025, including:

- Up to $1.5 billion open only to counties, cities, and tribal entities through competitive awards, no regional funding cap, and a minimum of $30 million awarded to tribal entities; and
- Up to $1.8 billion open to counties, cities, tribal entities, nonprofit, and for-profit entities through competitive award and with a regional funding cap that allocates $263.7 million for Southern California Counties, along with 20% of funding set aside for use at the State discretion.

The *Bond BHCIP Round 2: Unmet Needs* grant funds will include total funding of up to $1.1 billion available to counties, cities, tribal entities, nonprofit, and for-profit entities through competitive award, and will be subject to a regional funding cap that allocates $161.1 million for Southern California counties, along with 20 percent set aside for use at the State discretion. The RFA is expected to be open to all applicants and released in May 2025.

Guidance for the PSH grant funds of up to $2.0 billion to build permanent supportive housing for Veterans and others with behavioral health conditions who are experiencing or at risk of homelessness will be made available through separate Notices of Funding Availability (NOFAs) in late 2024 from HCD.

State Criteria and Priorities for Bond BHCIP Funds
Infrastructure projects proposed for Bond BHCIP grant funds must expand community-based behavioral health facility capacity for Medi-Cal beneficiaries through regional models and collaborative partnerships that advance equity and increase services within areas that do not have adequate mental health and substance use treatment facilities. The facility types eligible for Bond BHCIP grant funds include a wide array of mental health and substance use facilities across the continuum of care, including but not limited to peer respite, crisis care, residential treatment, subacute care, inpatient care, and community-based care. Projects submitted for Bond BHCIP grant funds must be in one of the phases outlined below to be considered for a grant award. Those adding new residential capacity will be prioritized for funding per State criteria:

- Phase 1: Planning and Pre-development
- Phase 2: Design Development
- Phase 3: Shovel Ready

In addition, projects must align with State priorities to be eligible for funding. Projects must:

- Address urgent needs for people with mental health or substance use conditions, including unhoused people, Veterans, older adults, adults with disabilities, and children and youth;
- Invest in behavioral health care options that advance health equity;
- Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization;
- Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing unsheltered homelessness and justice involvement;
- Ensure care is provided in the least restrictive settings;
- Leverage County and Medi-Cal investments to support ongoing sustainability; and
- Leverage the historic State investments in housing and homelessness.

The State will prioritize Bond BHCIP grant awards for projects that demonstrate site control, project readiness, add new capacity, have a sustainable business plan, a conceptual schematic site plan, and stakeholder support. Entities applying for funds are required to identify match funding, which varies depending on the type of entity:

- 10% match for local government or non-profits;
- 25% match for-profit organizations; and
- 5% match for tribal entities.

The match requirement may be in the form of cash or in-kind contributions, such as land. If awarded funding, entities must execute contracts within 90 days of receipt of conditional award notice.

County Priorities for Bond BHCIP Grant Funds

In anticipation of the release of the RFA for the Bond BHCIP grant funds, BHS has been reviewing the array of County capital projects in various stages of the planning and development process. In addition to the criteria put forth by the State, BHS developed additional criteria to identify capital projects to prioritize for Bond BHCIP grant funds. Based on these criteria, projects must:

- Support regional distribution, including density of need and Medi-Cal enrollment density, to ensure access to care;
- Align with recommendations outlined in the Optimal Care Pathways (OCP) Model or other critical service priorities within the department;
- Leverage other grants, including but not limited to Behavioral Health Bridge Housing funds, Incompetent to Stand Trial Infrastructure funds;
- Establish an innovative partnership with another entity such as a developer or operator, healthcare organization;
- Support revenue optimization through cost savings and/or cost avoidance;
- Have ongoing services that are sustainable through State/federal revenue; and
- Support health equity to improve access to care across diverse communities within San Diego County.

Projects Recommended for Bond BHCIP Grant Funds
To ensure BHS grant proposals are best situated to receive Bond BHCIP grant funds, BHS utilized an approach to prioritize and uplift capital projects that most align with the State priorities and criteria as well as those of the County. BHS reviewed capital projects within its capital portfolio and is recommending the prioritization of several behavioral health capital projects for Bond BHCIP funds. These projects are anticipated to be the strongest candidates for funding based on the State criteria and priorities, are highest priorities locally, are furthest along in development, and will yield the highest impact across our continuum of care. Additionally, prioritized projects have funding identified or are situated on County-owned land to meet the State 10% local match requirement for local government or non-profits. Based on all of these criteria and priorities, BHS recommends moving forward with Bond BHCIP applications for the Substance Use Residential and Treatment Services (SURTS) facility and the Children's Crisis Residential Care (CCRC) facility, and potentially with an application for the Central Region Community Based Care (CBC) facility if State criteria is expanded to include licensed board and care facilities as an eligibility type.

Substance Use Residential & Treatment Services
The SURTS facility will establish new substance use residential and treatment services in the South Region to enhance access to care locally for people with substance use conditions who are Medi-Cal eligible. Located on a County-owned parcel, the SURTS facility will require renovations, including mechanical, electrical, and plumbing systems, modernization of residential rooms and office spaces, and the building-out of the Annex, which will include a kitchen and laundry facility. Extensive planning has already occurred and the total estimated cost for this renovation is $26.8 million. It is anticipated that the SURTS facility will establish between 72 and 96 new substance use residential treatment and recuperative care beds, depending on the most optimal model determined. This project is in Phase 1: Planning and Pre-development, with architectural plans at 50%. The County awarded a contract for architectural and engineering services in February 2023, and the design phase, including construction planning, is nearing completion.

The SURTS facility is strongly positioned to receive Bond BHCIP grant funds, meeting State criteria, aligning with State priorities, and aligning with County priorities, including enhancing residential substance use capacity. Expanding substance use residential treatment care beds is crucial to ensuring people in need of substance use treatment have access to care. Senate Bill 43 highlights the urgent need for increased residential treatment options to combat rising rates of substance use locally and ensure comprehensive care. According to the 2021 National Survey on Drug Use and Health, 94% of people with a substance use disorder do not receive any treatment. Expanding capacity through the SURTS facility provides the opportunity to build a space that anticipates future need and encourages people to seek treatment while enhancing our ability to provide timely access to residential level care and significantly improve patient outcomes.

The substance use services provided within this facility will be sustainable through Medi-Cal funding. Additionally, BHS has submitted an application for Behavioral Health Bridge Housing

Round 3 grant funding to support the development and operations of the recuperative care beds within the SURTS facility, which is pending notice of award from the State. Bond BHCIP grant funds would be requested specifically for the new substance use residential treatment beds within this facility.

Children's Crisis Residential Care Facility
Crisis residential care, often an alternative to hospitalization, is an essential level of care for the treatment of children and youth with serious emotional disturbance in mental health crisis. Currently, crisis treatment is unavailable to many children and youth in regions throughout California. To address this challenge, in 2021, Assembly Bill (AB) 153 was passed establishing the Children's Crisis Continuum Pilot Program (CCCPP), a five-year program to be jointly implemented by California Department of Social Services (CDSS) and DHCS.

CCCPP will integrate the system of care for foster youth, enabling a seamless transition between service settings and to provide stabilization and treatment to foster youth with high acuity needs in the least restrictive setting possible. On July 18, 2023 (13) the Board authorized the acceptance of $8.5 million of CCCPP funds from CDSS and DHCS for children's crisis residential services for the anticipated funding period of Fiscal Year (FY) 2023-24 through FY 2027-28.

Complementing the grant funds for crisis residential services, dedicated infrastructure for the CCRC facility will be established within an existing County-owned facility, repurposing an area previously utilized as administrative space. The facility is sited on a County-owned parcel in the North Central Region of San Diego County. Renovations required for the new CCRC facility include reconfiguring the existing internal layout to establish a new layout, overhauling the HVAC system, adding a new fire suppression system, extensive plumbing, and other improvement activities. The total estimated cost for this renovation is $6.0 to $10.0 million, depending on the final design, and will establish 16 new children's crisis residential beds, which do not currently exist within the local behavioral health continuum of care. Based on the State criteria, this project is in Phase 1: Planning and Pre-development.

This CCRC facility is strongly situated to submit for Bond BHCIP grant funds, meeting the State criteria, and aligning with State and County priorities, including adding new capacity to support vulnerable children and youth experiencing a mental health crisis. There are currently no children's crisis residential facilities for children and youth in acute behavioral health distress in San Diego County. The lack of availability of this level of cares results in youth accessing care in available settings such as crisis stabilization units, emergency departments, or psychiatric hospitals. Utilization at this level can incur additional costs and is often not most appropriate for the child's needs. With the national recognition that children and youth are requiring behavioral health supports, it is imperative that access to timely screening and quality care is readily available. Establishing these services will address this unmet need for children's crisis services locally. The services provided within this facility would leverage Medi-Cal funding.

Central Region Community-Based Care
Although the Central Region CBC facility currently does not meet the existing criteria for priority services outlined by the State, the project would be strongly situated to submit for Bond BHCIP grant funds if the State guidance were to shift to include licensed board and cares. The Central Region CBC project is of high priority and aligns with County priorities. The County will pursue advocacy with the State around establishing licensed board and care services as an eligible service for Bond BHCIP grant funds.

The CBC facility will be sited on a County-owned parcel in the Central Region and will establish new board and care slots dedicated for people with behavioral health conditions who are Medi-Cal eligible. Locally, we have prioritized the need to establish new board and care capacity, as outlined in the OCP model, as approved by the Board of Supervisors on September 27, 2022 (23) and April 9, 2024 (20). Specifically, the OCP model outlines the need for approximately 400 new licensed board and care beds across our region to support people with behavioral health needs. Upon completion of construction, the Central Region CBC is anticipated to establish up to approximately 148 new beds, making progress toward the 400 new board and care slots needed.

To date, extensive collaborative planning has occurred between BHS the County Department of General Services (DGS) on the Central Region CBC project. This includes program planning, facility design, and engagement of experts. A Request for Information (RFI) was released to gather feedback from local experts, including board and care operators and developers, to inform the most optimal path to developing, constructing, and operating the Central Region CBC. Based on this feedback, the County will pursue a developer/County partnership model for this facility and recently onboarded a consultant with subject matter expertise to guide efforts in establishing an innovative developer/operator model. The Central Region CBC facility will address unmet needs for adults experiencing serious mental illness and requiring housing within a licensed board and care facility. The total estimated cost for the development and construction of this facility is anticipated to range from $55.0 to $65.0 million. This project is included in the County Capital Improvement Needs Assessment and the County is in Phase 2: Design Development for this project. The services provided within this facility are anticipated to be sustainable through Behavioral Health Services Act funds and patient care revenue received through behavioral health payment reform.

Other BHS capital infrastructure projects were also evaluated for Bond BHCIP grant funds; however, they were all determined not to meet one of more of the State mandatory criteria, although all did align with the County priorities for areas of investment. If projects are not awarded Bond *BHCIP Round 1: Launch Ready* grant funds, BHS would resubmit grant applications for *Round 2: Unmet Need* grant funds, based on alignment with the State grant requirements. Additionally, in alignment with the recommendations from the OCP model and other County priorities, BHS may pursue Bond BHCIP grant funds for other facilities, if opportunities arise that meet the State mandatory criteria and the County priorities for areas of investment. BHS will provide an update to the Board in the future if this occurs.

Other Entities Seeking Letters of Support for Grant Funds
Letters of support will be required to be submitted with Bond BHCIP grant applications from local entities. Local entities may request a letter of support by submitting general information to BHS about the capital project for which Bond BHCIP grant funds are being requested. Pending release of the Bond BHCIP RFA from the State, which is anticipated for release in July 2024, BHS will develop and establish a formal process using State criteria and priorities as outlined within the State guidance and the RFA, and local priorities for the continuum of care (outlined in today's item on pages 5 and 6). This process will yield standard parameters against which potential behavioral health infrastructure projects will be assessed for alignment, enabling the Director of BHS to review and issue letters of support requested by local entities applying for Bond BHCIP grant funds. Information about the letter of support request process, criteria, and priorities will be made available on the BHS website and shared through public meetings and community engagement activities, as well as through the County BuyNet.

Projects Recommended for PSH Grant Funds
Guidelines outlining the priorities, criteria, and timelines for the Proposition 1 PSH grant funds have not yet been released; however, NOFAs are anticipated to be released in late 2024 from HCD, in partnership with the California Department of Veterans Affairs. PSH grant funds are intended to build PSH for Veterans and others with behavioral health conditions who are experiencing homelessness. Housing remains difficult to obtain across San Diego County, and it is even more difficult for people experiencing mental health or substance use conditions. Housing helps create a stable living environment which supports people to stay connected to care. Locally, a need has been identified for additional capacity across an array of different types of housing within the behavioral health continuum of care, including bridge housing, recovery residence housing, independent living homes, board and cares, PSH, and others.

The County Housing and Community Development Services (HCDS) is leading local efforts to establish affordable housing and permanent supportive housing through various funding opportunities. This includes collaborations with DGS to repurpose County-owned excess property for the development of affordable and permanent supportive housing. Despite these efforts, the need for additional housing capacity continues to grow. These grant funds will provide an opportunity to build additional new permanent supportive housing on existing County-owned excess property for Veterans and others with behavioral health conditions who are at risk of or experiencing homelessness.

Although detailed grant funds requirements have not yet been released, the following have been identified as potential opportunities for PSH funding under Proposition 1 within the existing portfolio of County-owned surplus property:

- 73rd Street in San Diego
- Mission Gorge Road in San Diego
- Market Street in San Diego
- East Valley Parkway in Escondido
- 12th Street in Ramona

- Other opportunities as identified

HCDS will commence planning discussions with DGS and property developers partnering with the County to develop these properties to determine the viability and potential eligibility for PSH grant funds. Additionally, BHS in partnership with HCDS, may also pursue PSH grant funds for other projects that meet the State mandatory criteria and the County priorities for areas of investment, and convene future planning and engagement sessions with community stakeholders to identify additional housing infrastructure development opportunities eligible for PSH grant funds. HCD is expected to release the NOFA later in 2024, to include guidance on eligibility.

Over the last several years, BHS has conducted presentations and community engagement activities to educate members across various community sectors on behavioral health topics and resources and solicit their feedback to help inform department priorities for the continuum of care, including its services and infrastructure. Engagement activities have included community outreach, focus groups, listening sessions, key informant interviews, online input forms, and panel/Q&A-style workshops. Through these efforts, BHS is increasing its understanding of local behavioral health needs, has identified opportunities to collaborate with local partners, and is implementing tailored health promotion programming to augment broader initiatives and behavioral health public messaging. Should any projects be awarded funding, additional community outreach will take place prior to construct.

Today's action requests the Board receive an update on behavioral health capital facility projects prioritized for Proposition 1 Infrastructure Bond funding, including the SURTS facility, Children's Crisis Residential Care facility, and the Central Region CBC facility, should it become eligible for Bond BHCIP grant funds, and authorize grant submissions. If awarded, staff will return to the Board at a future date to seek authority to accept grant funds. Today's action also requests the Board authorize a formal process for evaluation of requests for letters of support submitted by local entities, as required for applications for Proposition 1 Infrastructure Bond funding, and issue letters of support only for projects aligned with State and County priorities and criteria.

SUBJECT: RECEIVE UPDATE ON BEHAVIORAL HEALTH CAPITAL FACILITY PROJECTS RECOMMENDED FOR PROPOSITION 1 INFRASTRUCTURE BOND FUNDING AND AUTHORIZE GRANT SUBMISSIONS, AND AUTHORIZE A FORMAL PROCESS TO ISSUE LETTERS OF SUPPORT (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed actions support the County of San Diego 2024-2029 Strategic Plan initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision. This is accomplished by reducing disparities and disproportionality of individuals with mental illness and substance use disorders and ensuring access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

Respectfully submitted,

EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)
N/A

Item #22: Receive Update on Behavioral Health Capital Facility Projects Recommended for Proposition 1 Infrastructure Bond Funding and Authorize Grant Submissions, and Authorize a Formal Process to Issue Letters of Support

Caroline Smith, Interim Deputy Chief Administrative Officer, Health and Human Services Agency
Luke Bergmann, PhD, Director, Behavioral Health Services

July 16, 2024

Proposition 1: Behavioral Health Transformation

Behavioral Health Services Act

- Shifts funding to support people with most serious mental illness
- Flexibility to utilize funds for substance use services
- Emphasis on housing
- Shifts prevention to the State

Behavioral Health Infrastructure Bond Act

Supports building more behavioral health infrastructure dedicated for new:

- **Behavioral health treatment** capacity
- **Housing** for veterans and other people at risk of or experiencing homelessness who have behavioral health conditions

Behavioral Health Infrastructure Bond Act

$6.38 billion in general obligation bonds

- **$4.4 billion** — **Behavioral health treatment and residential settings**, including $30M for tribal entities
- **$1.065 billion** — **Permanent Supportive Housing for veterans** at risk or experiencing homelessness with behavioral health needs
- **$922 million** — **Permanent Supportive Housing for people** at risk of or experiencing homelessness with behavioral health needs

Infrastructure for Behavioral Health Treatment and Residential Settings

$4.4 Billion of Grant Funding

- Issued via competitive grants administered by Department of Health Care Services
- Multiple rounds via the *Bond Behavioral Health Continuum Infrastructure Program* (Bond BHCIP)
- Must add **new** community-based mental health and substance use treatment for Medi-Cal beneficiaries

Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Funds

State Criteria

- Establishes **new** treatment capacity for Medi-Cal beneficiaries
- Demonstrates project readiness, including site control
- Has required match funding identified
  - 25% match for-profit organizations
  - 10% match for local government and non-profits
  - 5% match for tribal entities
- Demonstrates county and Medi-Cal investments to support ongoing sustainability
- Aligns with one of the following phases:
  1. Planning and Pre-Development
  2. Design Development
  3. Shovel Ready
- Aligns with State priorities

Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Funds

County Priorities

- Supports regional distribution to ensure access to care
- Supports health equity to improve access to care across diverse communities
- Aligns with Optimal Care Pathways Model and other critical service priorities
- Leverages other funding or grants
- Supports revenue optimization
- Ongoing services are sustainable through State or federal revenue
- Establishes an innovative partnership with another entity

Bond Behavioral Health Continuum Infrastructure (BHCIP): Round One

Launch Ready Grant – Up to $3.3 billion

- **$1.5 billion** for counties, cities, and tribal entities
- **$1.8 billion** for counties, cities, tribal entities, nonprofit, and for-profit entities
  - Southern California Counties Regional Funding Cap: **$263.7 million**
  - State Set Aside: 20%
- Request for Applications to Release: July 2024
- Application Due: Fall 2024
- Grant Awards: Early 2025

Bond Behavioral Health Continuum Infrastructure (BHCIP): Round Two

Unmet Needs Grant – Up to $1.1 billion

- Open to counties, cities, tribal entities, nonprofit, and for-profit entities
- Southern California Counties Regional Funding Cap: **$161.1 million**
- State Set Aside: 20%
- Request for Applications (RFA) to Release: May 2025

Bond Behavioral Health Continuum Infrastructure (BHCIP): Recommended Capital Projects

#1: Substance Use Residential & Treatment Services (SURTS)

- Meets all of State and County criteria
- County-owned facility located in South Region
- Establishes new substance use treatment capacity
- Adds 72 - 96 new treatment beds, depending on most optimal design
- Project Status: Phase 1: Planning and Pre-Development
- Estimated Cost: **$26.8 million**

Bond Behavioral Health Continuum Infrastructure (BHCIP): Recommended Capital Projects

#2: Children's Crisis Residential Care Facility

- Meets all of State and County criteria
- County-owned facility located in North Central Region
- Establishes new crisis services for children and youth
- Adds approximately 16 new treatment beds
- Project Status: Phase 1: Planning and Pre-Development
- Estimated Cost: **$6-10 million**

Bond Behavioral Health Continuum Infrastructure (BHCIP): Recommended Capital Projects

- Licensed board and cares not eligible
- County efforts are underway to advocate for inclusion

If State Guidance Expands Eligibility

#3: Central Region Community-Based Care (CBC)

- County-owned property located in Central Region
- Establishes new board and care capacity for adults with serious mental illness
- Adds approximately 148 new licensed board and care beds
- Project Status: Phase 2: Design Development
- Estimated Development and Construction Cost: **$55-65 million**

Letters of Support for Bond Behavioral Health Continuum Infrastructure (BHCIP) Grants

- Applications require letters of support from County Behavioral Health Director
- Requesting authority to establish formal process for entities seeking letters of support
  - Must meet all State criteria
  - Must align with State and County priorities
- Ensures all projects support and advance local Continuum of Care

Permanent Supportive Housing (PSH) Grant

Pending State Guidance

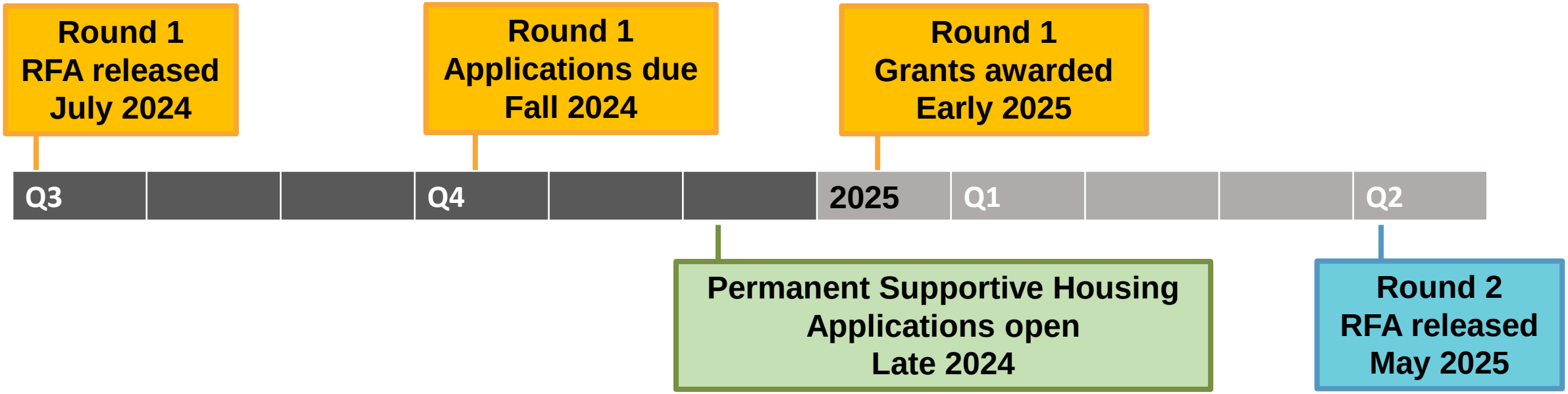
- **Up to $2 billion**
- For construction of permanent supportive housing for veterans and others with behavioral health needs experiencing homelessness
- Notice of Funding Availability Anticipated: Late 2024

Permanent Supportive Housing Grant (PSH): Potential Capital Projects

Pending State Guidance

- 5 potential County surplus properties planned for housing
- Planning discussions to determine project viability and eligibility for grant
- Future community engagement to identify additional housing infrastructure development opportunities

Behavioral Health Infrastructure Bond: Funding Timeline



Round 1: Launch Ready Grant
Up to $3.3B

Round 2: Unmet Needs Grant
Up to $1.1B

Permanent Supportive Housing Grant
Up to $2B

Recommendations

1. Receive update on recommended behavioral health capital facility projects for Proposition 1 Infrastructure Bond grant funding and authorize the Agency Director or designee to submit grant fund proposals to the State.

2. Authorize the implementation of a formal process for the Behavioral Health Services department to evaluate requests for letters of support submitted by local entities and issue letters of support only for projects that meet State criteria, align with one or more State priorities, and align with County priorities.

Item #22: Receive Update on Behavioral Health Capital Facility Projects Recommended for Proposition 1 Infrastructure Bond Funding and Authorize Grant Submissions, and Authorize a Formal Process to Issue Letters of Support

Caroline Smith, Interim Deputy Chief Administrative Officer, Health and Human Services Agency
Luke Bergmann, PhD, Director, Behavioral Health Services

July 16, 2024

Behavioral Health Services
Children, Youth and Families - Bylaws

Article One: Name

The Children, Youth and Families Council is also known as the CYF Council or the Council.

Article Two: Purpose and Duties

On December 12, 1995, the County Board of Supervisors supported recommendations to transform the Children's Mental Health System. A Children's Mental Health Services System of Care Steering Committee was established with a Public, Private and Family partnership. In 2004, this committee evolved into the Children's Mental Health Services System of Care Council, a four-sector partnership: Public, Private, Family/Youth, and Education.

The duties of the Council shall be set forth by Behavioral Health Services (BHS) Administration, a department of the Health and Human Services Agency (HHSA). The Council reports to the Behavioral Health Services Director (BHS Director)/Designee and serves in an advisory capacity. The Council is charged by the BHS Director/Designee to perform the following functions:

- Provide community oversight for the integrity of all services and advancement of all aspects of the system of care.
- Provide advice and feedback related to the progress and future expansion of the System of Care as it pertains to Children, Youth and Families and
- Provide information and recommendations to the BHS Director.

Article Three: Membership

Membership on the Council is via appointment by the BHS Director/Designee through recommendations of each sector. The Council provides an opportunity for all four sectors to have a voice in policy development and advancement of the System of Care. Members will be appointed from the following:

Sector	Constituencies	Seats
Public	Behavioral Health Advisory Board (BHAB)	1
	Behavioral Health Services (BHS) - HHSA	1
	Homeless Solutions and Equitable Communities - HHSA	1
	Public Health (PH) - HHSA	1
	Medical Care Services (MCS)	1
	Child and Family Well-Being (CFWB) Department-Office of Child Safety –HHSA	1
	First 5 Commission of San Diego – CFWB Department – Office of Child and Family Strengthening - HHSA	1
	Public Safety Group (PSG) / Probation	1
	Juvenile Court	1
Private	San Diego Regional Center for Developmentally Disabled	1
	Alcohol and Drug Services Provider Association (ADSPA)	2
	Mental Health Contractors Association (MHCA)	2
	Fee For Service (FFS) Network	1
	Managed Care Plans (MCP)	1
	Healthcare/Pediatrician	1
Education	Special Education Local Plan Areas (SELPA)	1
	Regular Education - Pupil Personnel Services	1
	School Board	1
	Special Education	1
Family	Family Youth Advocacy/Liaison	1
	Caregiver of child/youth served by the public health system	1
	Youth served by the public health system (up to age 26)	2

Membership shall be limited to 25 voting members. Each member/sector shall designate an "alternate," a person to act on behalf of the regular member when the regular member is unavailable. Alternates retain voting privileges only when the regular member is not present. Council members serve two-year terms, which may be renewed at the discretion of the BHS Director/Designee. Terms will begin in July and be staggered with half of the membership rolling over one year, and the other half the next, to avoid enlisting an entirely new slate at one time.

Current Council members and alternates shall have access to the trainings provided by the BHS training contractor. To gain access, a written request shall be submitted to Council staff for processing.

Article Four: Vacancies

Any vacancy in any seat on the Council shall be filled by appointment by the BHS Director/Designee. When a vacancy occurs, an analysis shall be conducted by the BHS Director/Designee as to the current composition of the Council and what constituency requires additional representation. The BHS Director/Designee shall recruit potential members from the constituency groups listed in Article Three, taking into consideration what is needed to represent demographics (gender, ethnicity, and age) of the County to the extent feasible. The Council should reflect the ethnic diversity of the client population in the county. The BHS Director/Designee formally appoint the member via written communication.

Article Five: Quorum

A quorum shall be defined as one person more than one half of the appointed members. Alternates may be included in the quorum count if they are providing voting representation for the regular member. The definition of appointed members excludes unfilled positions and those vacated by resignation or removal.

Article Six: Meetings

The Council co-chairs will determine the frequency, times, and locations for the Council meetings at the beginning of each committee year, July 1. Changes to the prevailing meeting schedule will be communicated to members no later than the meeting immediately preceding the changed meeting date. Meetings shall convene promptly at the scheduled time.

Agendas: Agendas are prepared by the Executive Committee in consultation with the BHS Deputy Director/Designee. Stakeholders may submit proposed agenda items to the co-chairs or staff of the Council on a continuous basis. Agendas are forwarded to Council members, alternate, and attendees in advance of the Council meeting.
Meeting Summary: County administrative staff completes and maintain the Council Meeting Summary documentation. Meeting summaries are distributed to Council members in advance of the next regularly scheduled meeting and are posted on the County CYF Council website.

Article Seven: Officers

The business of the Council is organized and managed through two co-chairs. The co-chairs are identified by the sector responsible for chairing the upcoming serving term, with the identified co-chair starting to serve in the month of July.

The co-chairs are named from the four-sector partnership of the System of Care (Public, Private, Family/Youth, and Education), and do not represent the same constituency during any term. The co-chairs serve for two-year terms on a rotating basis and alternating so there is always one serving their first and the other serving their second term year.

The co-chairs participate in the development and preparation of the meeting agendas and receive briefings on progress and activities from the BHS Director/Designee. County Administrative staff provides support to the co-chairs and to activities of the Council, including meeting notices, meeting scheduling, meeting preparation, meeting summaries, and overall coordination.

Article Eight: Committees

The Council has a "standing" Committee, known as the Executive Committee, which is tasked to follow up on current SOC principles and recommend a process to ensure relevancy to current realities and challenges which includes the development of committees and task forces to complete its business, as well as the pausing or retirement of committees that are no longer needed. Committees submit bi-annual written report to the Council.

Each Committee appoints or elect a chair or co-chairs. The chairs of the Committees are then members of the Executive Committee. The chairs of the Committees may be members of the Council, however if the individual serving in the capacity of chair or co-chair of a committee is not a member of the Council, they become a member, ex officio (without vote), of the Council.

Article Nine: Voting and Consensus

The Council strives to achieve consensus on all decision matters. In the absence of full consensus, any item put to vote will be approved by a simple majority of those present. A quorum of the Council must be present for a vote to be taken on any motion brought to the Council.

Motions put to the Council for vote should include the following information:

- Concise statement of the issue for vote.
- Purpose for the vote (e.g., change in bylaws); and
- Action to be taken pursuant to the vote.

The Council votes by show of hands (or virtual alternative) on all action items brought before the Council for formal decision. The majority voice carrying the decisions is noted in the corresponding meeting summary. Vote counts are not required. Members opposing the outcome of a closely contested vote may request permission to submit a "minority opinion" into the record of the vote. Opposing members have two working days from the date of the vote to submit their minority opinion, in writing, to the co-chairs for inclusion in the official meeting summary of the Council. Only members of the Council, or alternates attending in place of the delegated member, are eligible to vote. Alternates attending in addition to the regular member are not eligible to vote and do not count in the quorum determination.

Article Ten: Member Conduct

Conduct of members of the Council is guided by these principles:

- Courtesy and respect for the customs and beliefs of others, consistent with the mission and philosophy of the System of Care and the Council.
- Respect for the confidential nature of information used by the Council to conduct its business.
- Conduct in all relationships that ensures decisions are not compromised by any conflict of interest.
- Use of sound, ethical management practices in all Council activities.
- Continuous striving to provide quality service to the Council, the System of Care, and the children and families it serves.

Article Eleven: Ratification and Amendments

Bylaws are reviewed and updated as needed following Article Nine which outlines voting and consensus practices.

Centers for Disease Control and Prevention | CDC

enewspaper.sandiegouniontribune.com/infinity/article_popover_share.aspx?guid=6d232591-9d78-4cd5-b263-b3cfd9a1e4e5&share=true

CDC: Teen mental health improving

The New York Times

In 2021, a survey by the Centers for Disease Control and Prevention on teen mental health focused on a stark crisis: Nearly 3 in 5 teenage girls reported feeling persistent sadness, the highest rate in a decade.

But the newest iteration of the survey, distributed in 2023 to more than 20,000 high school students across the country, suggests that some of the despair seen at the height of the pandemic may be lessening.

Fifty-three percent of girls reported extreme depressive symptoms in 2023, down from 57 percent in 2021. For comparison, just 28 percent of teenage boys felt persistent sadness, about the same as in 2021.

Suicide risk among girls stayed roughly the same as the last survey. But Black students, who reported increases in suicide attempts in 2021, reported significantly fewer attempts in 2023.

Still, the number of teens reporting persistent sadness in 2023 remained higher than at any point in the last decade aside from 2021. And around 65 percent of lesbian, gay, bisexual and transgender high school students reported persistent hopelessness, compared with 31 percent of their cisgender or heterosexual peers. One in five LGBTQ+ students reported attempting suicide in the past year.

"For young people, there is still a crisis in mental health," said Kathleen Ethier, head of the CDC's adolescent and school health program. "But we're also seeing some really important glimmers of hope."

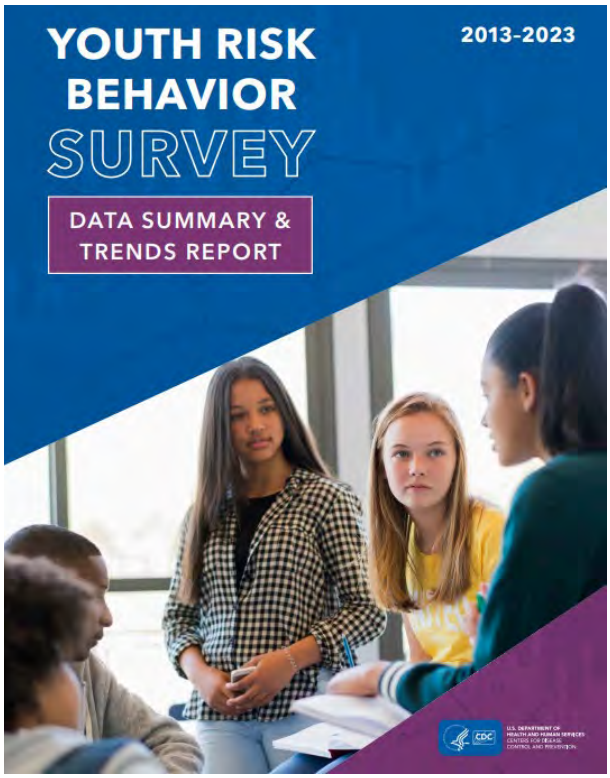
The CDC has conducted the survey, called the Youth Risk Behavior Survey, every two years since 1991.

Though the stress and isolation of the pandemic led to alarming increases in teenage distress, Ethier said that a mental health crisis had been mounting well before COVID.

Corinne Catarozoli, a clinical psychologist at Weill Cornell Medicine in New York who specializes in treating young people, said that the improvements over the past few years may be partly attributed to an increased focus on getting teenagers earlier access to services.

[Youth Risk Behavior Surveillance System (YRBSS) | Youth Risk Behavior Surveillance System (YRBSS) | CDC]

[YRBS Data Summary & Trends Report | Youth Risk Behavior Surveillance System (YRBSS) | CDC]



Key findings

- In 2023, female students and LGBTQ+ students experienced more violence, signs of poor mental health, and suicidal thoughts and behaviors than their male and cisgender and heterosexual peers.
- From 2021 to 2023, there were early signs that adolescent mental health is getting better. There were also concerning increases in students' experiences of violence at school.
- From 2013 to 2023, 10-year trends were similar to what data showed in 2021. There were decreases in students' use of substances. There were increases in students' experiences of violence, signs of poor mental health, and suicidal thoughts and behaviors. Students' sexual activity decreased, but so did their protective sexual behaviors, like condom use.

GOVERNOR GAVIN NEWSOM

FOR IMMEDIATE RELEASE
Thursday, July 25, 2024

[Governor Newsom orders state agencies to address encampments in their communities with urgency and dignity | Governor of California]

What you need to know: Governor Newsom today issued an executive order directing state agencies to urgently address homeless encampments while respecting the dignity and safety of Californians experiencing homelessness. The Governor's order, which follows the Supreme Court's decision in Grants Pass, also urges local governments to use substantial funding provided by the state to take similar action.

This executive order directs state agencies to move urgently to address dangerous encampments while supporting and assisting the individuals living in them — and provides guidance for cities and counties to do the same. The state has been hard at work to address this crisis on our streets. There are simply no more excuses. It's time for everyone to do their part.

Governor Gavin Newsom

[Governor Newsom's video of Executive Order]

Governor Newsom's executive order directs state agencies and departments to adopt humane and dignified policies to urgently address encampments on state property, including by taking necessary and deliberate steps to notify and support the people inhabiting the encampment prior to removal. Governor Newsom has made record-level investments to address the housing crisis, investing over $24 billion across multiple state agencies and departments, including billions of dollars in funding to assist local jurisdictions in providing services and wrap-around support to people living in encampments. In Fiscal Year 2022-2023, these investments helped lift more than 165,000 people out of homelessness and into interim or permanent housing.

[Governor Newsom statement on Supreme Court's homeless encampments decision | Governor of California]

OFFICE OF THE GOVERNOR

July 28, 2024

Dear County Board of Supervisors Chair:

The behavioral health crisis in our state affects us all, and the people who need the most help have been too often overlooked – but together, California has been undertaking a major overhaul of our behavioral health care system. That's why last October, I signed into law Senate Bill 43 (Eggman, D-Stockton) to modernize the state's conservatorship laws for the first time in over 50 years. The law updated the definition of "gravely disabled" for those eligible for a conservatorship to include people who are unable to provide for their personal safety or necessary medical care, in addition to food, clothing, or shelter, due to either severe substance use disorder or serious mental health illnesses.

While county mental health departments have until January 2026 to implement the changes made by SB 43, I am disappointed that only two counties in California have implemented this critical, lifesaving work to date and only a few others have plans to implement in 2025.

By updating our conservatorship laws and increasing transparency, my administration and the Legislature have given your county behavioral health departments a more expansive approach for delivering last-resort behavioral health care to those in crisis. Every day, I hear about the life-and-death urgency of our behavioral health crisis. I see people languishing on our streets, often forgotten by their own communities. This is wholly unacceptable, and the state has updated our laws to ensure that people experiencing serious mental illness or severe substance use disorder and who are most at-risk of harm to themselves can have a conservator appointed to direct their care – with continued protection of individual rights and increased transparency on data, equity, and outcomes. In fact, in response to feedback from counties who have implemented these changes already, I am continuing to work with Senator Susan Eggman to improve counties' ability to implement this law sooner through SB 1238.

Despite having unprecedented tools at your disposal to start helping our state's most vulnerable people *right now*, you are still waiting to implement this element of the work to improve our conservatorship system until the absolute deadline. We have provided significant assistance, including updated guidance and technical assistance for implementation with the expectation that these tools will help you address the crisis on our streets with the urgency it demands by taking action at a sooner date.

This isn't the first time I've taken action in this space and stepped up like I'm asking you to do – SB 43 is part of the comprehensive effort by my administration and the Legislature to transform California's services for people with serious mental illnesses and substance use disorders, In March, voters passed Proposition 1, which included a $6.4 billion Behavioral Health Bond for treatment settings and housing with services, and historic reform of the Behavioral Health Services Act (BHSA) to focus on people with the most serious illnesses, substance disorders, and housing needs. In addition, the new CARE Court program that is being implemented in nine counties this year (and statewide later this year) are helping to hold counties and people with untreated psychosis accountable for care plans and empower families and others to petition for help. And we've awarded more than $900 million to county behavioral health agencies under the Behavioral Health Bridge Housing (BHBH) Program to provide support through bridge housing settings, including tiny homes, interim housing, rental assistance models, and assisted living settings. Conservatorship reform is just one of many tools in the toolbox I'm building to address this crisis.

In December, I warned you that the state has done its job, and it is time for counties to step up to do theirs. The months continue to tick by, but the majority of your jurisdictions have not met this moment of crisis with action.

I refuse to take my foot off the gas and will keep fighting to provide the care, funding, and resources necessary for our state to tackle this crisis head on – but I can't do it without you. It's time to step up. It's time to act. It's time to implement SB 43.

Respectfully,

Gavin Newsom

Gov. Gavin Newsom urges counties to expand conservatorship laws to combat homelessness, other crises

By Roger Vincent
Staff Writer

July 28, 2024 3 AM PT

Times staff writer Tom Curwen contributed to this report.

California Gov. Gavin Newsom is urging California counties to implement a new law that makes it easier to appoint a conservator to direct the care of people suffering from mental illness or substance abuse in order to prevent further crisis, such as imprisonment, homelessness or death.

County health departments have until January 2026 to implement the changes outlined in Senate Bill 43, which was passed by the Legislature and signed into law by Newsom last October. Since then, only San Francisco and San Luis Obispo counties have taken advantage of the new law.

Los Angeles County, the largest county in the state, has not done so.

Newsom sent a letter to the chairs of all of the state's 58 county Board of Supervisors on Saturday urging them to immediately expand conservatorship laws in their jurisdictions.

"I am disappointed that only two counties in California have implemented this critical, lifesaving work to date and only a few others have plans to implement in 2025," the governor wrote.

"Despite having unprecedented tools at your disposal to start helping our state's most vulnerable people *right now*, you are still waiting to implement this element of the work to improve our conservatorship system until the absolute deadline."

> The bill introduced by Sen. Susan Talamantes Eggman (D-Stockton) is part of a decades-long legislative effort to amend the Lanterman-Petris-Short Act passed in 1967. That law said someone could be detained against their will if they are "gravely disabled" or posed a danger to themselves or others.

In recent years legislators have worked to overhaul that landmark law passed when Ronald Reagan was governor in an effort to address a statewide mental illness crisis made worse by homelessness and illicit drugs, such as fentanyl and methamphetamine.

The new law updates the definition of "gravely disabled" to include people who are unable to provide for their personal safety, medical care, food, clothing or shelter, Newsom said.

> Critics, who include human rights and disability rights advocates, argue that SB 43 could undermine the civil liberties of Black, Indigenous and other communities of color, given the demographics of the state's homeless population.
>
> Others say the measure risks overwhelming a mental health system already stretched to capacity.

Deb Roth, a senior legislative advocate for Disability Rights California, said the bill "will lead to more use of conservatorship, which takes away people's rights." Roth testified against the bill before the Assembly Judiciary Committee.

> In his letter, Newsom described the bill as a more expansive approach for delivering last-resort behavioral health care to those in crisis.

"Every day, I hear about the life-and-death urgency of our behavioral health crisis. I see people languishing on our streets, often forgotten by their own communities," Newsom said.

> "This is wholly unacceptable, and the state has updated our laws to ensure that people experiencing serious mental illness or severe substance use disorder and who are most at-risk of harm to themselves can have a conservator appointed to direct their care — with continued protection of individual rights and increased transparency on data, equity, and outcomes."

July 29, 2024

To: CSAC Board of Directors
County Board of Supervisors Chairpersons

From: Graham Knaus, CSAC Chief Executive Officer
Jacqueline Wong-Hernandez, CSAC Chief Policy Officer

SUBJECT: Letter from the Governor on County Implementation of SB 43

Yesterday, Governor Newsom sent a letter addressed to the Chairs of County Boards of Supervisors, urging counties to expedite the implementation of Senate Bill (SB) 43 (Eggman, 2023) sooner than the January 1, 2026, date authorized under existing law.

We are extremely disappointed with the Governor's mischaracterization in the letter that counties, *"…are still waiting to implement this element of the work to improve our conservatorship system until the absolute deadline…The months continue to tick by, but the majority of your jurisdictions have not met this moment of crisis with action."*

We also recognize that this letter was delivered on a weekend, without advance notice, at a time when many of our counties are managing life-or-death situations brought on by record wildfires and dangerous smoke in the Northern and Central parts of our state, as well as an unprecedented lithium battery hazardous materials spill that trapped drivers and snarled traffic in Southern California.

At a time when the Governor could have been bringing aid and comfort to our county leaders managing these incidents, he chose instead to pick a fight to win the weekend news cycle.

More broadly, this letter was delivered as counties continue to work through both budgeting and workforce challenges while simultaneously tackling various stages of implementation of significant behavioral health system reforms. The timing of this unenforceable request seems particularly counter-productive.

As we all know, to make meaningful progress on addressing homelessness and the mental health crisis facing our state, all levels of government need to work together. Importantly, this includes an executive branch that truly works in partnership with us.

As counties are acutely aware, SB 43 is the first substantial change to conservatorship law since the 1960s. The Legislature recognized the complexity of the expansion by giving counties until January 1, 2026, to implement. Chief among these has been the need to build out sufficient treatment capacity to ensure that our state's hospital emergency

departments are not overwhelmed and that patients are not left boarding in hospitals awaiting transfer to treatment which does not exist.

Counties have answered this urgency and continue to work aggressively to implement this program by the required deadline, understanding that in order to do so, there are critical needs still outstanding before the law can be meaningfully implemented.

In the meantime, counties have been hard at work laying additional groundwork for implementation of SB 43, developing the staffing, training, policies, and procedures that will be necessary to ensure our public guardians, law enforcement, hospital, and other provider partners are prepared for this historic change in law. We encourage you to work closely with your county behavioral health leads to build a program that serves your communities' unique needs.

We know that counties continue to lead with purpose on behavioral health and homelessness. Implementation of SB 43 and other key programs like CARE Court will only be successful with an ongoing commitment of funding, investment in infrastructure, and the siting of facilities by our city partners.

We commend you – as counties continue to serve as the front-line implementers of the state's key policies that affect us all. Rather than allowing this letter to divide us or allow us to dwell on negativity toward our state counterparts, we choose to focus today on why so many of us became public servants in the first place – to make a difference in our communities.

As we work toward that common goal, please know that CSAC is your partner and resource. As you contemplate your board's next steps in response to this letter, our CSAC staff stand ready to assist you in the areas of advocacy, public affairs, or media relations.

Please do not hesitate to reach out to either of us if we can support you and your community in any way.

###

Nora Vargas

CHAIRWOMAN

San Diego County Board of Supervisors

July 29, 2024

The Honorable Gavin Newsom
Governor
State of California
1021 O Street, Suite 9000
Sacramento, CA 95814

Dear Governor Newsom,

San Diego County has been your proud partner in implementing our shared vision to overhaul our behavioral health care system and address the systemic mental and behavioral health care crisis facing our communities across the state. As you know, San Diego was one of the first counties to implement the CARE Act, which created a new pathway to deliver mental health and substance use disorder services to the most severely impaired, including unhoused Californians. We will also be among the first wave of counties implementing SB 43 on January 1, 2025.

Our County's timeline for implementing SB 43 is based upon stakeholder engagement, community feedback, and careful consideration and discussion amongst our behavioral health team and hospital partners. Our Board voted to implement SB 43 within the 2-year timeframe permissible under the statute, because we want to ensure that the right infrastructure and resources are in place so that this program is a resounding success. As we move forward with this plan, we also need to address the behavioral health workforce shortage, so that we can provide those who need care with the resources they so desperately need.

Our County is in the final stages of a robust planning process for the full implementation of SB 43 in just four months. Our County is actively training clinicians, seeking to add additional bed capacity, and proactively engaging on clean-up legislation making its way through the legislative process. I look forward to engaging with your Administration and the Legislature to identify implementation funding and support, which will be critical for ensuring communities can adequately build the infrastructure needed for intervention and support in behavioral health services, housing, staffing, and judicial spaces.

We are grateful for the tools and resources you have provided to address the behavioral health crisis in a humane and effective manner. We look forward to working with you to reduce the Incompetent to Stand Trial waitlist population, and we already identified the projects for which we will be applying

County Administration Center • 1600 Pacific Highway, Room 335 • San Diego, CA 92101

Phone: (619) 531-5511 • Fax: (619) 531-6262
Email: Nora.Vargas@sdcounty.ca.gov

Printed In-House

for Proposition 1. Please know that we remain steadfast in our commitment to work with you and your Administration to serve residents suffering from behavioral health issues.

Thank you for your support and commitment to the San Diego region.

Sincerely,

NORA VARGAS
Chair, San Diego County Board of Supervisors
Supervisor, First District

Cc: San Diego County Board of Supervisors

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Phone: (619) 531-5511 • Fax: (619) 531-6262
Email: Nora.Vargas@sdcounty.ca.gov
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News Article (supervisorterralawsonremer.com)

Response to the Governor's Statement Regarding Senate Bill 43

OFFICIAL STATEMENT

TERRA LAWSON-REMER

07/28/24

We must continue taking swift and aggressive action on the crises of mental illness, addiction, and homelessness on our streets. I stood firmly with the Governor against delaying the implementation of Senate Bill 43 last December when this came to the Board for a vote, and I was the lone vote against canceling the 150-cabin project in Spring Valley that lost us $10M in state funding.

Time and time again over the last three years this Board has met the urgency of this crisis — going from zero to nearly 900 County-supported sheltering slots — but our work to overcome the decades of inaction by failed former regional leaders must not slow down. Since my vote to not delay, I've insisted on measurable and significant progress towards implementing Senate Bill 43.

I stand with those calling for the County to do more, and I will continue this fight for the residents of my district who demand clean sidewalks and humane living conditions for all San Diegans.

Terra Lawson-Remer
Supervisor, District 3
Vice Chair, Board of Supervisors
County of San Diego

Children, and Youth Behavioral Health Initiative

July 2024 Newsletter
Highlights
Link to the full document

New web pages to help support the mental health need of California Youth and Families

CYBHI for Schools ↗ | Free Digital Resources ↗ | CYBHI Impact ↗

Education – CYBHI

Resource External – CYBHI (ca.gov)

Impact – CYBHI (ca.gov)

California Awards Over $125 Million in Employer Support Grants to Help Children and Youth - HCAI

Children, and Youth Behavioral Health Initiative

CYBHI

August 2024

August 2024 Newsletter

Highlights

Link to the full document

Upcoming Events and Funding Opportunities

- Event | **The *Live Beyond Campaign*: Raising Awareness to Help Californians Heal from ACEs**
  - Join current and former California Surgeons General, Dr. Diana Ramos and Dr. Nadine Burke Harris, along with *Live Beyond Campaign* youth advisors and ACEs experts, to learn more about how you can get involved to support this statewide effort and help Californians heal from ACEs and toxic stress. Eligible healthcare providers can earn 1.25 credits.
  - **When**: August 13, 2024, from 12:00 — 1:15 p.m. PT
- Webinar | **CYBHI Quarterly Webinar**
  - Join us for our third quarterly webinar of the year to get an update on the progress CYBHI is making in transforming how California meets the behavioral health needs of our children, youth, and families.
  - **When**: September 12, 2024, from 3:00 p.m. — 5:00 p.m. PT
- Funding Opportunity | **Certified Wellness Coach Scholarship**
  - Scholarship for students seeking to become a Certified Wellness Coach who will be enrolled in an associate- or bachelor's-level program in the fields of social work, addiction studies, or human services at a California college or university starting in the 2024-25 academic year.
  - **Application due**: August 16, 2024, at 3:00 p.m. PT
- Funding Opportunity | **Train New Trainers Primary Care Psychiatry (TNT PCP) Fellowship Scholarship**
  - A scholarship program for primary care physicians who have been accepted into the UC Irvine/UC Davis Train New Trainers Primary Care Psychiatry Fellowship
  - **Application due**: October 31, 2024

Back To School Month Partner Toolkit

How to use the School Month Partner Toolkit

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FEE SCHEDULE COHORT 2

Local Educational Agencies

The Department of Health Care Services (DHCS) identified the second cohort of ninety-one (91) Local Education Agencies (LEAs) approved to participate in the Children and Youth Behavioral Health Initiative (CYBHI) statewide multi-payer school-linked fee schedule (Fee Schedule) and statewide provider network. The Welfare and Institutions Code §5961.4(b) authorizes DHCS to "develop and maintain a school-linked statewide provider network of school-site behavioral health counselors." To develop the CYBHI Fee Schedule provider network, DHCS implemented an operational readiness review process for all interested County Offices of Education (COE) and LEAs. In determining LEA readiness for this cohort, DHCS considered a variety of factors, including, but not limited to: Medi-Cal enrollment, service delivery infrastructure and capacity building, data collection and documentation, and billing infrastructure.

These 91 LEAs were determined by DHCS to meet the readiness review requirements and will comprise the second cohort of the CYBHI fee schedule and will participate in a learning collaborative to inform state level policy and operational guidance for the CYBHI fee schedule program.

The second cohort will consist of the following LEAs:

Alameda County

1. Fremont Unified School District
2. Hayward Unified School District
3. Livermore Valley Joint Unified School District
4. San Leandro Unified School District
5. ARISE High School
6. Berkeley Unified School District
7. Dublin Unified School District
8. Education for Change
9. KIPP Bridge Academy
10. Lighthouse Community Public School
11. Piedmont Unified School District

Butte County

12. CORE Butte Charter School
13. Thermolito Union Elementary School District

Contra Costa County

14. Mt. Diablo Unified School District
15. San Ramon Valley Unified School District

Del Norte County

16. Del Norte County Office of Education

El Dorado County

17. Camino Union School District
18. Lake Tahoe Unified School District
19. El Dorado Union High School District

Glenn County

20. Orland School District
21. Glenn County Office of Education

Humboldt County

22. Eureka City Schools

Kern County

23. Kern County Superintendent of Schools
24. Delano Union School District
25. Kern High School District
26. Lamont Elementary School District
27. Lost Hills Union School District

Los Angeles County

28. Alhambra Unified School District
29. Downey Unified School District
30. Norwalk La Mirada Unified School District
31. Vaughn Next Century Learning Center
32. Arts in Schools in Action
33. Charter Oak Unified School District
34. Rowland Unified School District

Madera County

35. Golden Valley Unified School District

Marin County

36. Marin County Office of Education

Mendocino County

37. Mendocino County Office of Education

Modoc County

38. Modoc County Office of Education

Nevada County

39. John Muir Charter Schools

Orange County

40. Savanna Elementary School District
41. Anaheim Union High School District
42. Santa Ana Unified School District
43. Centralia Elementary School District

Placer County

44. Tahoe-Truckee Unified School District
45. Rocklin Unified School District

Riverside County

46. Val Verde Unified School District

Sacramento County

47. Center Joint Unified School District
48. Sacramento County Office of Education
49. Twin Rivers Unified School District

San Bernardino County

50. Ontario-Montclair School District
51. San Bernardino School District
52. Upland Unified School District
53. Fontana Unified School District

54. Colton Joint Unified School District
55. Summit Leadership Academy High Desert

San Diego County

56. Feaster Charter
57. Lakeside Union School District
58. Lemon Grove School District
59. Alpine Union School District
60. South Bay Union School District
61. Vista Unified School District
62. Bonsall Unified School District
63. Julian Union School District
64. La Mesa Spring Valley School District

San Francisco County

65. New School San Francisco

San Joaquin County

66. Linden Unified School District
67. Lodi Unified School District

San Luis Obispo County

68. Lucia Mar Unified School District

San Mateo County

69. Redwood City School District

Santa Barbara County

70. Carpenteria Unified School District
71. Lompoc Unified School District

Santa Clara County

72. Mountain View Whisman School District
73. East Side Union High School District
74. Morgan Hill Unified School District
75. Navigator Schools

Santa Cruz County

76. Santa Cruz County Office of Education

Sonoma County

77. Windsor Unified School District
78. Santa Rosa City Schools

Stanislaus County

79. Stanislaus Union School District
80. Patterson Joint Unified School District
81. Waterford Unified School District

Trinity County

82. Trinity County Office of Education

Tulare County

83. Farmersville Unified School District

Tuolumne County

84. Tuolumne County Superintendent of Schools

Ventura County

85. Santa Paula Unified School District
86. Ventura Unified School District

Yolo County

87. Esparto Unified School District
88. Winters Joint Unified School District
89. Davis Joint Unified School District

Yuba County

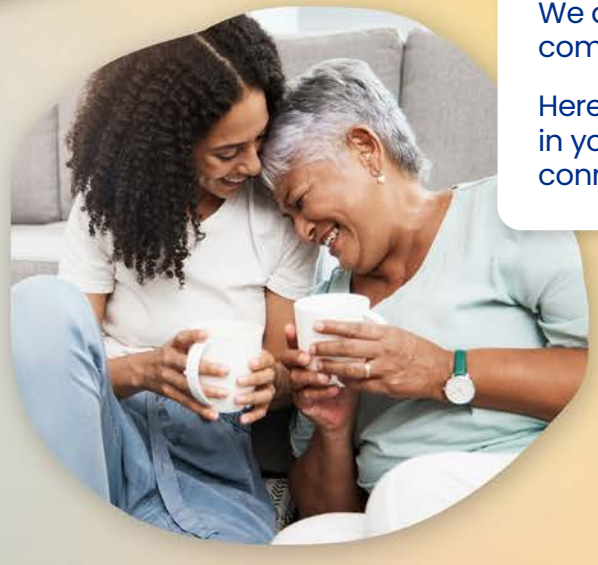
90. Wheatland Union High School District
91. Yuba County Office of Education

Love Over Loneliness

FOR ALL AGES

TAKE ACTION

FOR MENTAL HEALTH



Loneliness can happen at any age, and most of us have felt it. No matter what age we are, feeling lonely can affect our mental and physical health. It can also increase the chances of suicidal thoughts.

Throughout our lives, we need love and connection. Even with family or friends, we can feel lonely if we are not experiencing emotional connection in a way that meets our needs. We need meaningful relationships (including non-romantic relationships and friendships), rewarding experiences, and/or a sense of belonging. Any of these can happen in-person or online.

Research has found that loneliness is often highest among children, teens, and young adults, lowest in middle age, and then rises again as people get older. We all have a role to play in preventing loneliness in our communities for people of every age.

Here are practical strategies for identifying people in your life who may be lonely and for fostering connection with them at each life stage.

Early childhood (birth through age 5)*

Common causes:

Early childhood is so important to a child's social and emotional development, as 90% of a child's brain develops within the first five years of their life. This time is critical for them to develop and hardwire brain connections through everyday experiences, positive and rewarding interactions with family and caregivers, and learning how to manage emotions.

Traumatic experiences, such as witnessing violence, experiencing abuse or neglect, loss of a caregiver or parental separation, or surviving a natural disaster or accident

Other big changes, like moving homes or changing early care providers

Not receiving regular, positive interactions with safe, stable, and nurturing family and caregivers

Signs

While infants and toddlers may not always be able to voice feelings of loneliness, they may still show signs, including:

- Seeming more clingy than usual, or wanting their caregiver to play with them more than usual
- Changes in behavior or communication, like misbehaving or crying more than usual
- Seeking attention through misbehaving or disrupting
- Exhibiting increased separation anxiety
- Withdrawing or showing increased signs of sadness, tiredness, or avoiding interacting with others

Strategies for parents and caregivers

- Put your screens down, fully dial into your child, and spend time listening and engaging. Listen to them with your full attention. Make regular eye contact, smile, and show them physical affection
- For younger children, engage in "floor time" where you play and interact with your child on the floor together. Follow their lead!
- Limit your young child's screen time and use that time for connection and interaction with them
- For younger children, teach them what loneliness is. Share your own experiences of feeling lonely, using age-appropriate examples like: "When I haven't been around people for a while, sometimes I want to spend time with someone. That means I'm feeling lonely"
- Ask your child what they'd want to do if they could be doing anything. This can give you clues about what they might be missing. For example, playing or spending more time with you, playmates, or friends

Strategies for early childcare providers

- Early childcare and preschools are often where children first learn to interact with others. Fostering social skills through play and making classrooms feel more inclusive can support a child's socio-emotional development and confidence
- Attend trainings to recognize and address signs of loneliness and withdrawal
- Make changes in how classrooms are arranged, to support group learning and teamwork
- Offer diverse toys, books, posters, and more so all children can see themselves reflected in the classroom, and help foster inclusion and belonging
- Spend more 1:1 time with any children who may be showing signs of loneliness

Strategies for communities

- Support parents and caregivers. Early childhood can be taxing on time, energy, and mental health. Offer to help with errands, chores, or even childcare so they can have some time to practice their own self-care, and in turn, recharge and show up for their little one
- Help children (and parents) engage in community or cultural traditions, to encourage feelings of bonding, belonging, and closeness to others
- Be a safe, supportive, and nurturing adult for a child in your life. Show up to important family events for the child. Studies have found that children who have two supportive and caring non-parent adults in their lives can foster positive childhood experiences that build resilience in children who have experienced trauma or may experience it later in life

* **Please note** that signs and symptoms may vary by child, or may be the result of a different, underlying issue. If you are concerned about your child or think they are struggling, reach out to your child's doctor.

Children (Ages 6-12)*

Common causes:
Moving to a new house, changing schools, bullying, family changes (like a new sibling, grandma moves in, or divorce)

Signs

- Physical complaints like stomach aches or headaches
- Acting timid or unsure of themselves
- Behavior changes like clinginess or irritability

Strategies for parents and caregivers:

- Ask your child if they are lonely, then listen to and support them
- Talk openly about feelings and help them understand social interactions
- Schedule hangouts and social activities
- Encourage joining games (like soccer or pickup basketball) or clubs based on interests
- Go on outings that stir creativity and imagination: like free-admission days at the museum, summer and day camps, or having a picnic, cookout, or dinner in the park
- Encourage them to talk to you about who their online friends are
- Seek help from a mental health professional if loneliness leads to distress

Strategies for schools and teachers:

- Create inclusive classrooms where everyone feels they belong
- Use buddy systems to make sure nobody is excluded
- Teach empathy and social skills
- Offer access to school counselors

Strategies for communities:

- Host child-focused events where kids can make friends
- Support local youth programs and libraries
- Provide opportunities for families to volunteer together
- Share mental health resources for kids

* **Please note** that signs and symptoms may vary by child, or may be the result of a different, underlying issue. If you are concerned about your child or think they are struggling, reach out to your child's doctor.

Teens (Ages 13-17)*

Common causes:

Ongoing conflicts with parents/caregivers, divorce, bullying, lack of close friends, being single when friends have partners, social anxiety

Signs

Remember: "alone time" can sometimes be helpful, because many teens need a balance of social time and solitude. If your teen is an introvert, that alone time is their opportunity to recharge

- New or sudden changes in behavior
- Often seeming sad or depressed, if it goes beyond just needing some alone time
- Not having friends to get together with outside of school
- Not spending time with friends they used to hang out with
- Becoming withdrawn or staying in their rooms for long periods of time
- Talking negatively about themselves

Strategies for parents and caregivers:

- Keep lines of communication open
- Help teens build social and emotional skills
- Encourage new hobbies and interests to connect with other people
- Understand that social media and gaming may be important social connection points for teens when used in a healthy way
- Encourage them to talk to you about who their online friends are
- Avoid talking negatively about yourself so the teen in your life doesn't do the same
- If your teen is 2SLGBTQIA+ (including questioning), offer to take them to Pride, your local queer community center, groups, and events. If there aren't any in your area, you can still find welcoming options online
- Seek mental health support for teens when needed

Strategies for schools and teachers:

- Provide social skills training
- Promote peer mentoring opportunities
- Create safe social spaces where youth can connect with each other
- Offer mental health counseling and suicide prevention training

Strategies for communities:

- Create mentoring programs to connect caring adults with teens
- Involve teens in community service
- Offer a range of activities for youth, including sports, the arts, and other interests

* **Please note** that signs and symptoms may vary by child, or may be the result of a different, underlying issue. If you are concerned about your child or think they are struggling, reach out to your child's doctor.

Adults (Ages 18-64)

Common causes:
Divorce, living alone, social anxiety, life transitions like going to college or moving to a new community, poor physical or mental health, financial struggles

Signs

- Social isolation or no close friends
- Losing interest in activities that once brought joy
- Physical symptoms like fatigue or headaches
- Decreased productivity or motivation
- Feelings of worthlessness and self-doubt

Strategies for individuals:

- Recognize that loneliness could be a sign you need to make a change
- Volunteer to help your community or engage in other acts of kindness
- Connect with others around hobbies, a shared faith, or other interests
- Strengthen existing relationships
- Get outdoors and stay active to boost your mood
- Work with a mental health professional to build social skills and reduce social anxiety
- If you're 2SLGBTQIA+, visit your local community center, join events like Pride and Trans Day of Visibility, or try participating in peer groups

Strategies for workplaces:

- Create an environment that supports psychological safety
- Train managers on empathy
- Encourage team-building for long-term working relationships
- Bring employees together in person periodically to help form social connections
- Offer mental health resources to employees

Strategies for communities:

- Offer community groups that provide opportunities to talk while doing other creative or recreational activities
- Organize community volunteer events for different age groups
- Create an online or telephone-based support network for isolated people to be connected with local volunteers or peers

Seniors (Ages 65+)

Common causes:
Living alone, isolation as a caregiver, changes in social activity due to retirement or mobility issues, death of loved ones or friends, memory problems, hearing loss, technology barriers to communicating with friends and family

Signs

- Reduced participation in social activities
- Becoming withdrawn or less communicative
- Frequent, vague health complaints
- Changes in daily routines like personal care, eating, or sleeping
- Depressive symptoms like sadness, lack of energy, or a sense of hopelessness

Strategies for individuals:

- Find activities you enjoy to connect with others
- Join groups like the local senior center, a walking club, or a faith-based community
- Schedule time every day to stay in touch with family, friends, and neighbors
- Learn to use video chat and other tech to stay connected
- Consider adopting a pet for companionship
- If you're 2SLGBTQIA+, join events like Pride and Trans Day of Visibility, or visit your local community center, which might have groups and services dedicated to older adults over 50

Strategies for families:

- Spend quality family time together, especially talking and reminiscing
- Reach out to local friends, neighbors, or faith communities to encourage drop-in visitors
- Suggest a roommate for your loved one if appropriate
- Hire an in-home caregiver to help with daily tasks or socializing
- Consider a senior living community to prevent isolation

Strategies for health care providers:

- Screen older patients for loneliness and depression
- Share social and mental health resources
- Suggest support groups or group therapy
- Provide suicide prevention resources

Strategies for communities:

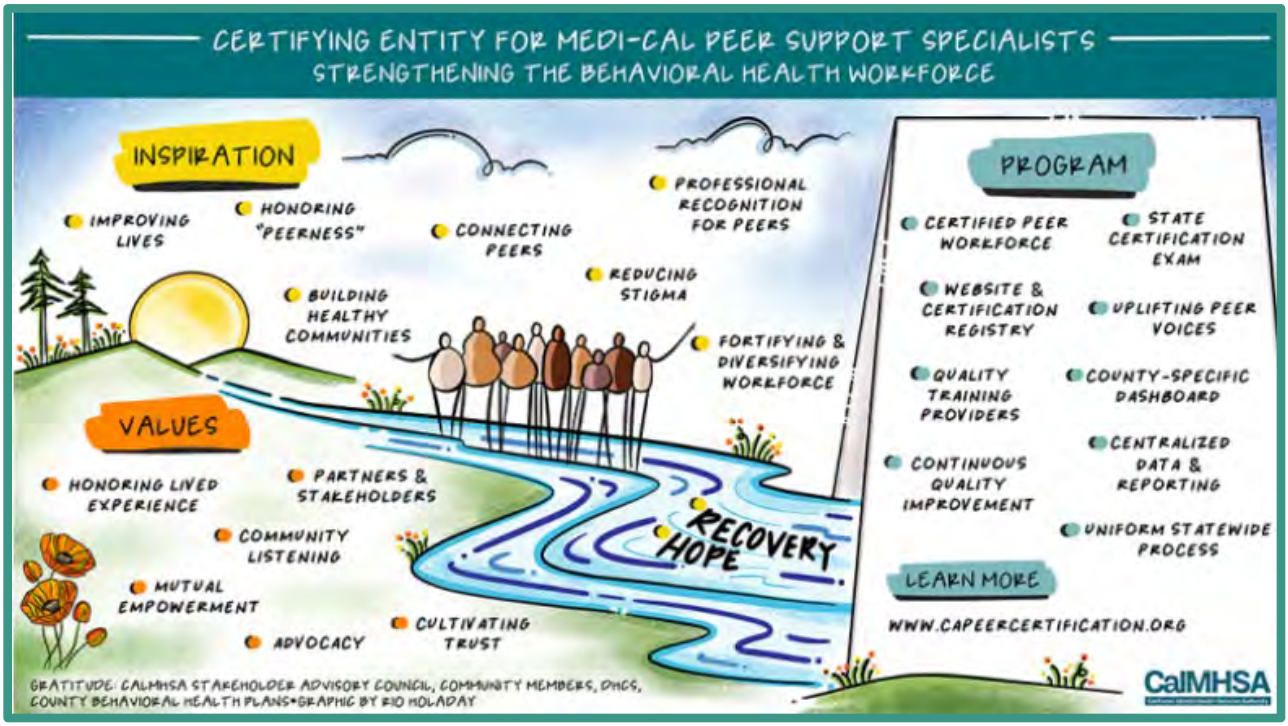
- Support intergenerational relationships for mentoring and conversation
- Provide classes and social activities to bring seniors together
- Offer pet therapy programs
- Develop transportation services for seniors

Together, we can build an environment that uses love, community, and communication to overcome loneliness and foster feelings of inclusion and belonging for us all. We can help everyone feel valued and connected at every age.

You can learn more about how to Take Action for Mental Health at

TakeAction4MH.com

[Home - California Peer Certification (capeercertification.org)](https://capeercertification.org)



Medi-Cal Peer Support Specialist Certification Exam Now Available in Eight Languages!

We are thrilled to announce a significant milestone in the Medi-Cal Peer Support Specialist certification program's increased accessibility and inclusivity: the availability of the certification in six additional languages — Chinese, Hindi, Japanese, Korean, Russian, and Vietnamese.

In addition, the exam will soon be offered in Arabic and Farsi. Earlier this year, the exam was made available in Spanish.

Release Date: July 19, 2024

Seamless Candidate Experience

To ensure a seamless experience for eligible candidates opting for the exam in any of the available languages, candidates will simply select that language on the screen at the time of scheduling the exam.

County of San Diego, Health and Human Services Agency
Department of Homeless Solutions and Equitable Communities
Office of Immigrant and Refugee Affairs

LAUNCHING NEW IMMIGRANT AND REFUGEE WELCOME CENTER IN ESCONDIDO!

GET CONNECTED TO:

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- Child and Family Support Resources and Services
- Health Screenings and Medical Services
- CalFresh, Medi-Cal, and CalWORKS
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Immigrant and Refugee Welcome Center at National City

401 Mile of Cars Way, 2nd floor
National City, CA 91950

Immigrant and Refugee Welcome Center at Escondido *New!*

649 W Mission Ave,
Escondido, CA 92025

Monday-Friday
8am-5pm

LIVE WELL SAN DIEGO

(619) 731-3371

OIRA.HHSA@sdcounty.ca.gov

Drug Overdose Quarterly Report

Quarter 2: April–June 2024

County of San Diego Health and Human Services Agency
Public Health Services
Epidemiology and Immunization Services Branch
www.sdepi.org

August 2024

Data is provisional and subject to change.

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Drug Overdose Surveillance Report

Introduction and Sources

This report provides an overview of statistics regarding fatal and non-fatal drug overdoses in San Diego County. Each quarterly report will include a standard set of figures, updated to the most recent calendar year quarter available (Pages 2-8). In addition, a different specific topic will be featured each quarter. The 'featured topic' for this report is on xylazine and xylazine-adulterated drugs (Pages 9-11).

Primary data sources included in this report are:

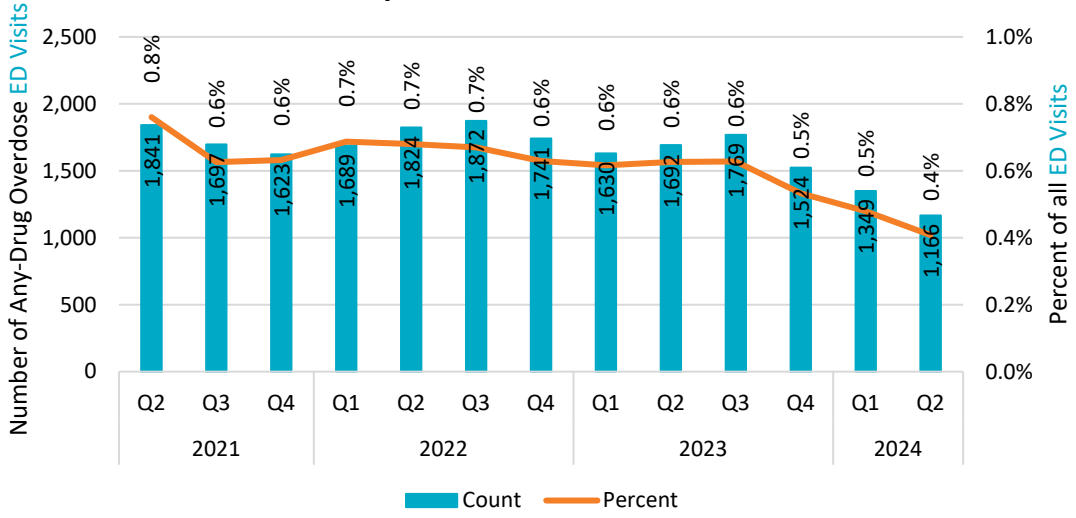
- County of San Diego (County) Emergency Department (ED) Syndromic Surveillance includes chief complaint and some discharge data received daily from 17 of 19 civilian EDs in San Diego County.
    - Unless otherwise noted, the ED data presented in the report are syndromic surveillance data.
    - ICD-10 codes for drug and/or overdose terms are not often available; therefore, word search queries are also used. Word search queries are reviewed and updated periodically; data may change to reflect these updates.
    - Syndromic data provide a more timely, though less complete, look at trends than the final ED data from California Department of Health Care Access and Information (HCAI).
- Mortality data are from the Vital Records Business Intelligence System (VRBIS), which is managed by the California Department of Public Health.
    - Deaths during the year 2023 are preliminary and subject to change. Data from the most recent quarters are too incomplete to present.
    - Unless otherwise noted, deaths are among San Diego County residents only.
- San Diego Association of Governments (SANDAG) 2022 population estimates, vintage 2023 are used for calculating rates.

Overview

- The number of any-drug overdose and opioid overdose ED visits each decreased by 37% from Q2 2021 to Q2 2024, while the proportion of opioid overdose visits remained stable (Figure 3).
- Preliminary data for 2023 preliminary data suggests 72% of overdose deaths were opioid-related (Figure 4).
- In Q2 2024, the rate of opioid overdose ED visits were 3.5 times higher among males compared to females (Figure 5); in Q4 2023, opioid overdose death rates were 3.5 times higher among males compared to females (Figure 6).
- The rates for opioid overdose ED visits and deaths are highest among those aged 35-44 in Q2 2024 (Figures 7 and 8). Of note, the rate of ED visits among the 25-34 age group decreased by 54.5% from Q2 2023 to Q2 2024.
- Opioid overdose ED visit rates were highest among residents in the Health and Human Services Agency (HHSA) Central Region (47.3 AAR) in Q2 2024 (Figure 11). Opioid overdose death rates were highest among residents in the HHSA Central Region (23.8 AAR) in Q4 2023 (Figure 12).

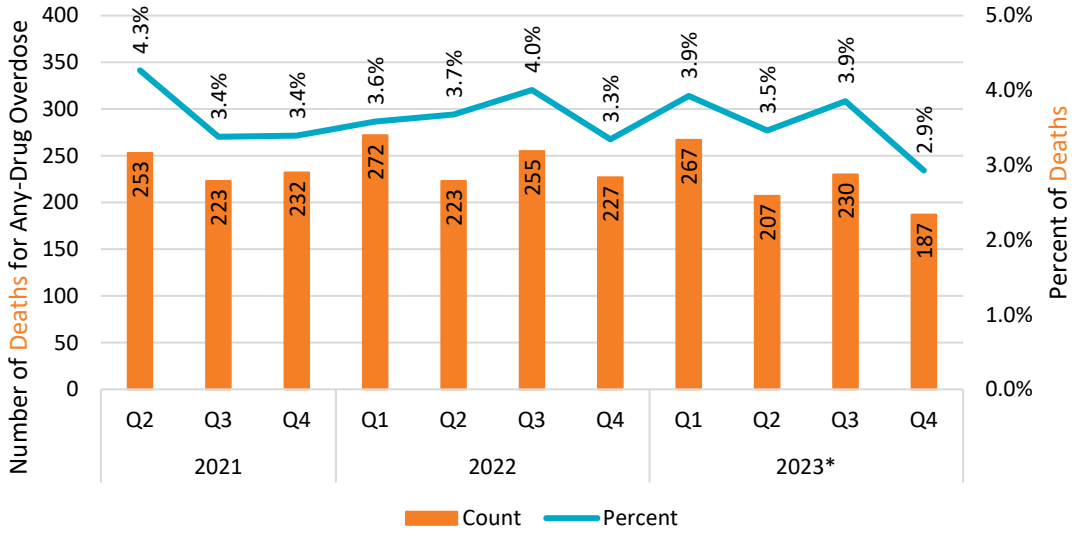
Drug Overdoses by Year and Quarter

Figure 1. Emergency Department Visits for Any-Drug Overdose by Year, Q2 2021–Q2 2024



County of San Diego ED Syndromic Surveillance Data.

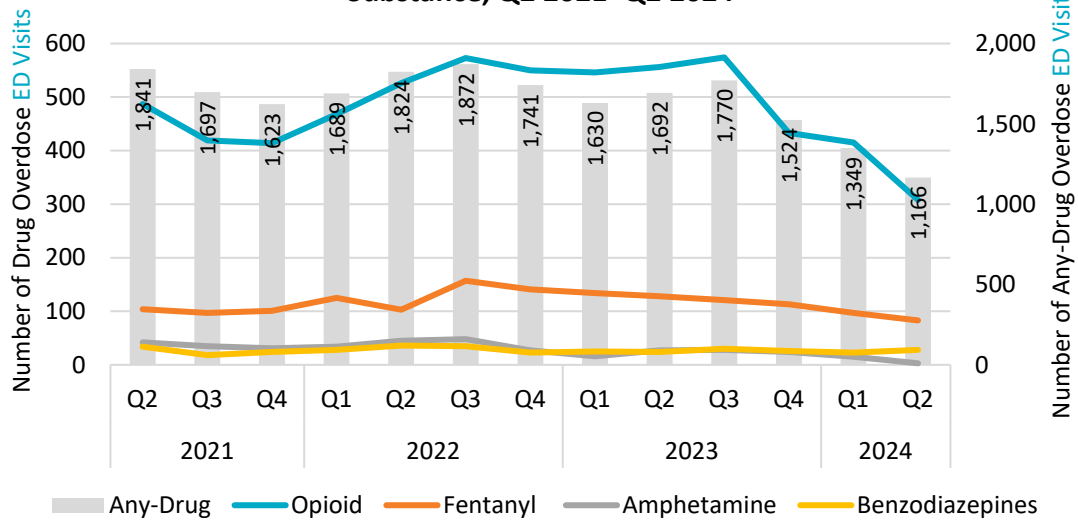
Figure 2. Any-Drug Overdose Deaths by Year, Q2 2021–Q4 2023*



*Data from 2023 are preliminary and may change as new/updated information is received. Data obtained on 07/01/2024.

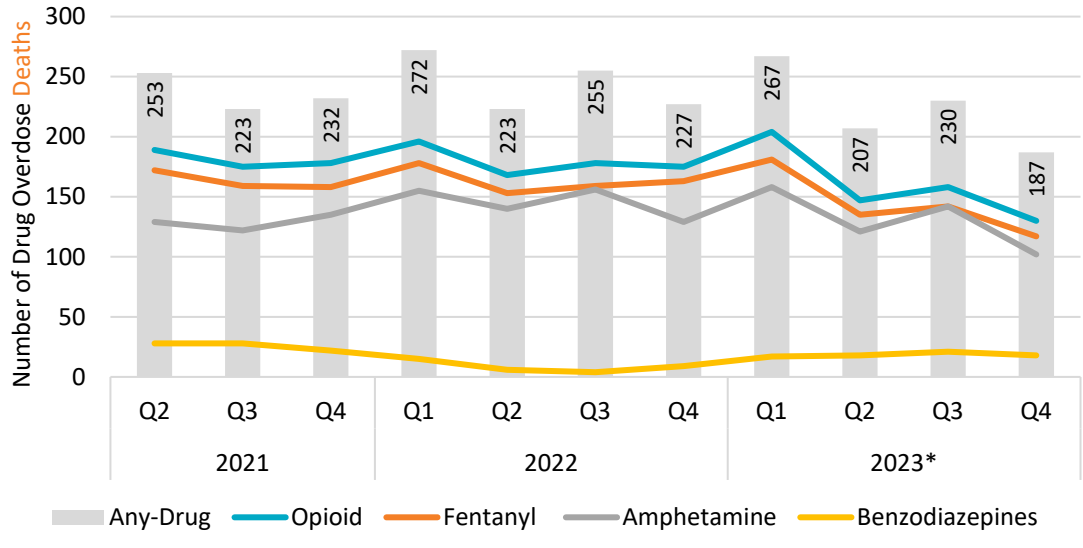
Drug Overdoses by Substance

Figure 3. Drug Overdose Emergency Department Visits by Substance, Q2 2021–Q2 2024



County of San Diego ED Syndromic Surveillance Data. Many chief complaints do not include a specific drug. Drug categories are not mutually exclusive. For example, both opioids and amphetamine may have contributed to the same ED visit and these data do not show relative contributions of each. Fentanyl is also included in the opioid category.

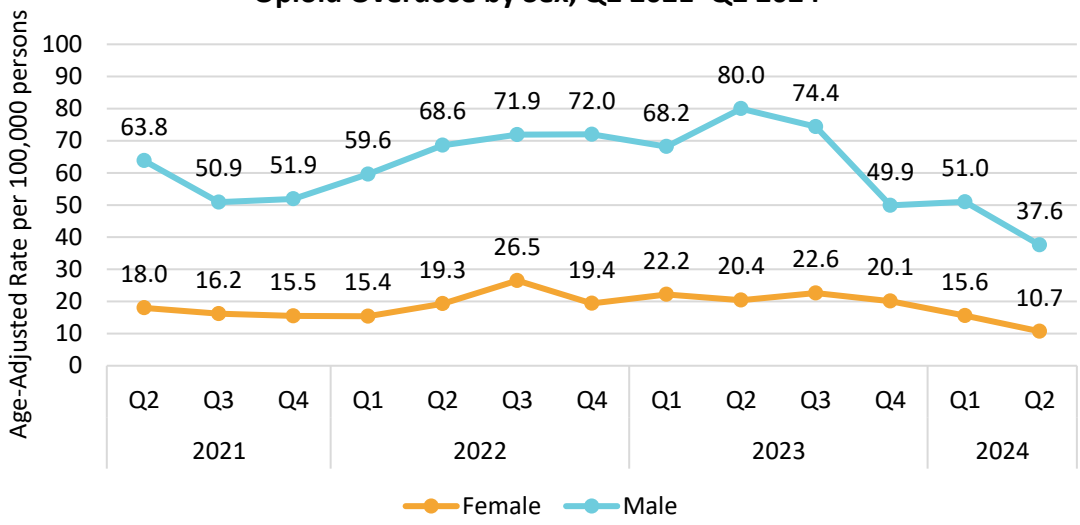
Figure 4. Drug Overdose Deaths by Substance, Q2 2021–Q4 2023*



*Data from 2023 are preliminary and may change as new/updated information is received. Data obtained on 07/01/2024. Drug categories are not mutually exclusive. For example, both opioids and amphetamine may have contributed to the same death and these data do not show relative contributions of each. Fentanyl is also included in the opioid category.

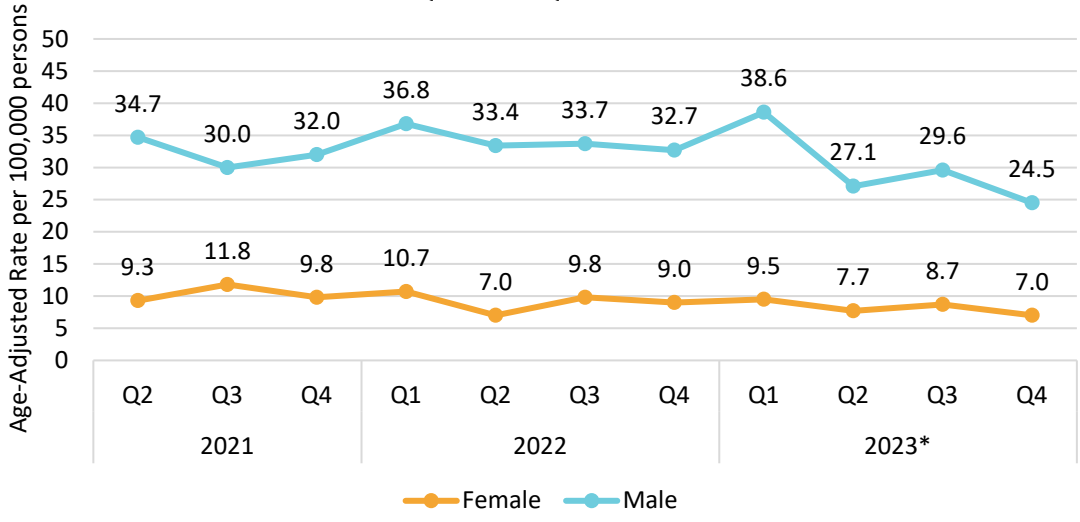
Opioid Overdoses by Sex

Figure 5. Age-Adjusted Emergency Department Visit Rates for Opioid Overdose by Sex, Q2 2021–Q2 2024



County of San Diego ED Syndromic Surveillance Data.

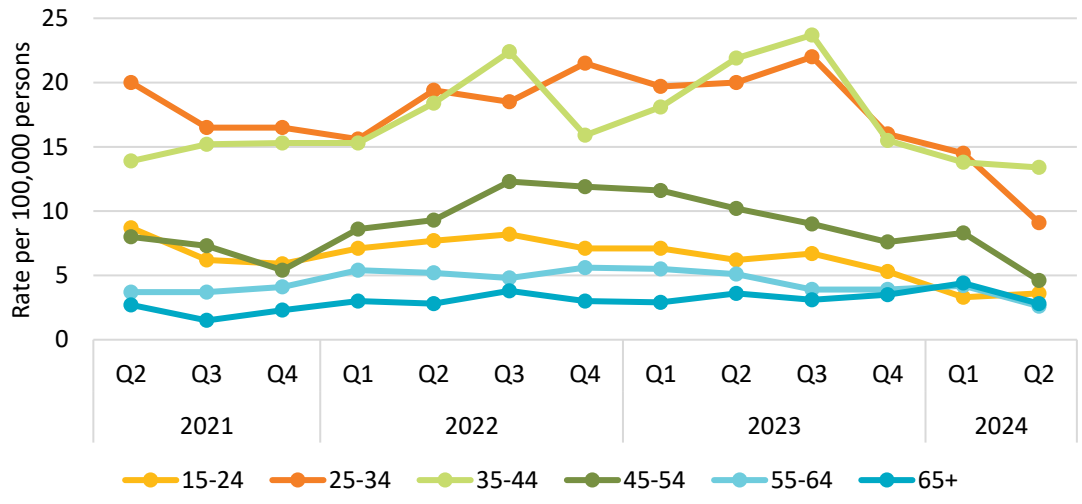
Figure 6. Age-Adjusted Opioid Overdose Death Rates by Sex, Q2 2021–Q4 2023*



*Data from 2023 are preliminary and may change as new/updated information is received. Data obtained on 07/01/2024.

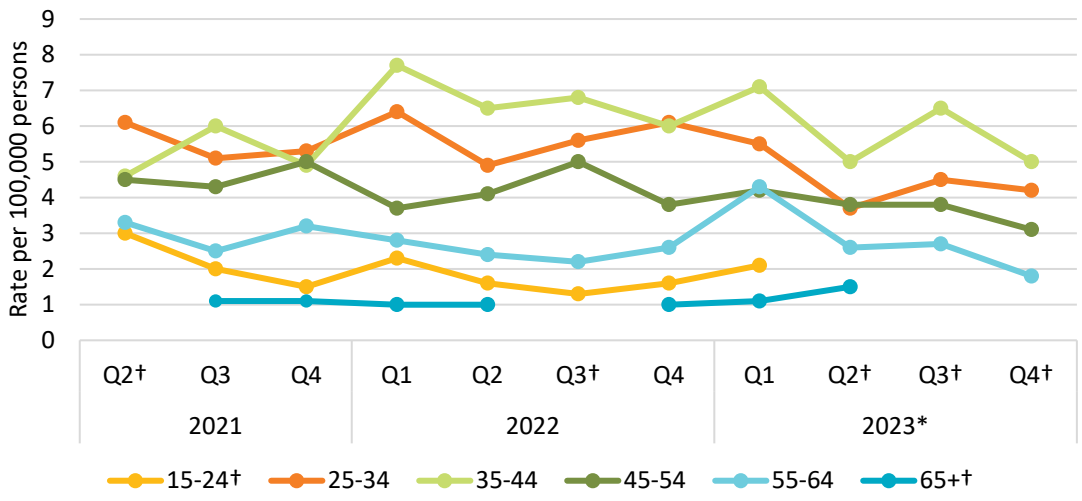
Opioid Overdoses by Age

Figure 7. Emergency Department Visit Rates for Opioid Overdose by Age, Q2 2021–Q2 2024



Notes: Data <15 age group cannot be presented due to small numbers (<11).
County of San Diego ED Syndromic Surveillance Data.

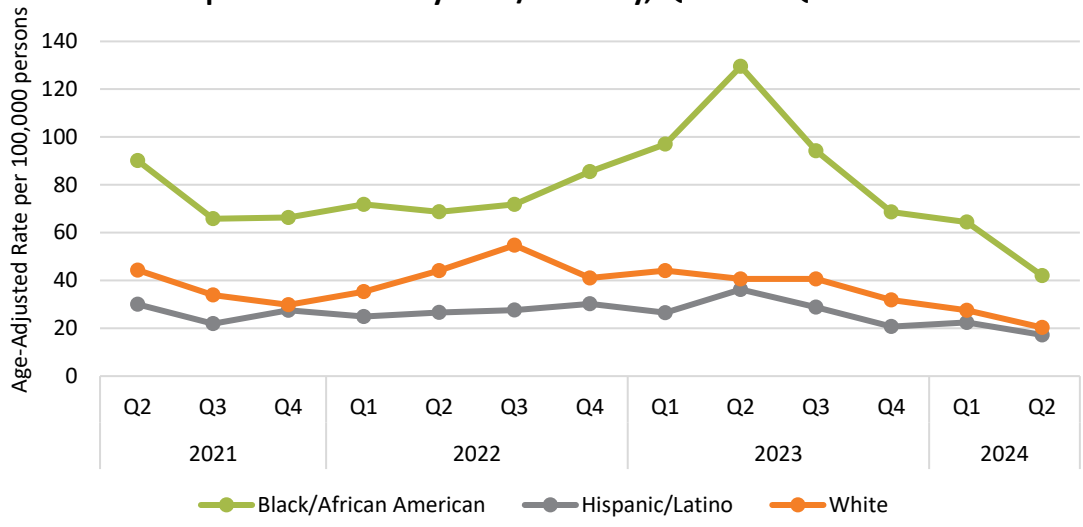
Figure 8. Opioid Overdose Death Rates by Age, Q2 2021–Q4 2023*



*Data from 2023 are preliminary and may change as new/updated information is received. Data obtained on 07/01/2024.
†Data for 15-24 age group not presented for Q2 2023, Q3 2023 and Q4 2023 due to counts <11. Data for 65+ age group not presented for Q2 2021, Q3 2022, Q3 2023, and Q4 2023 due to counts <11.
Notes: Data <15 age group cannot be presented due to small numbers (<11).

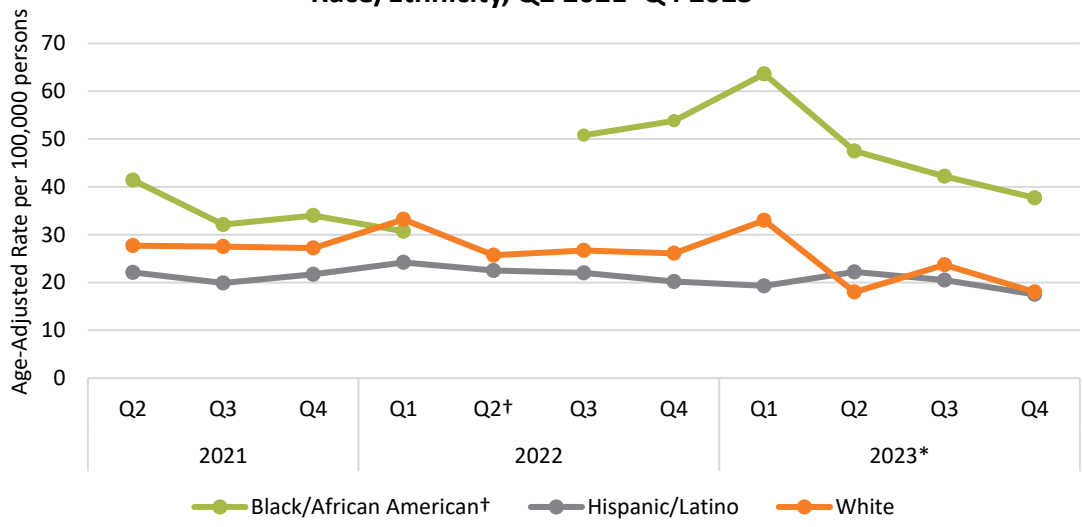
Opioid Overdoses by Race/Ethnicity

Figure 9. Age-Adjusted Emergency Department Visit Rates for Opioid Overdose by Race/Ethnicity, Q2 2021–Q2 2024



Notes: Data for other racial/ethnicity groups cannot be presented due to small numbers (<11).
Persons of Hispanic/Latino ethnicity may belong to any race group. All categories except Hispanic/Latino include persons who race is known but ethnicity is non-Hispanic or unknown.
County of San Diego ED Syndromic Surveillance Data.

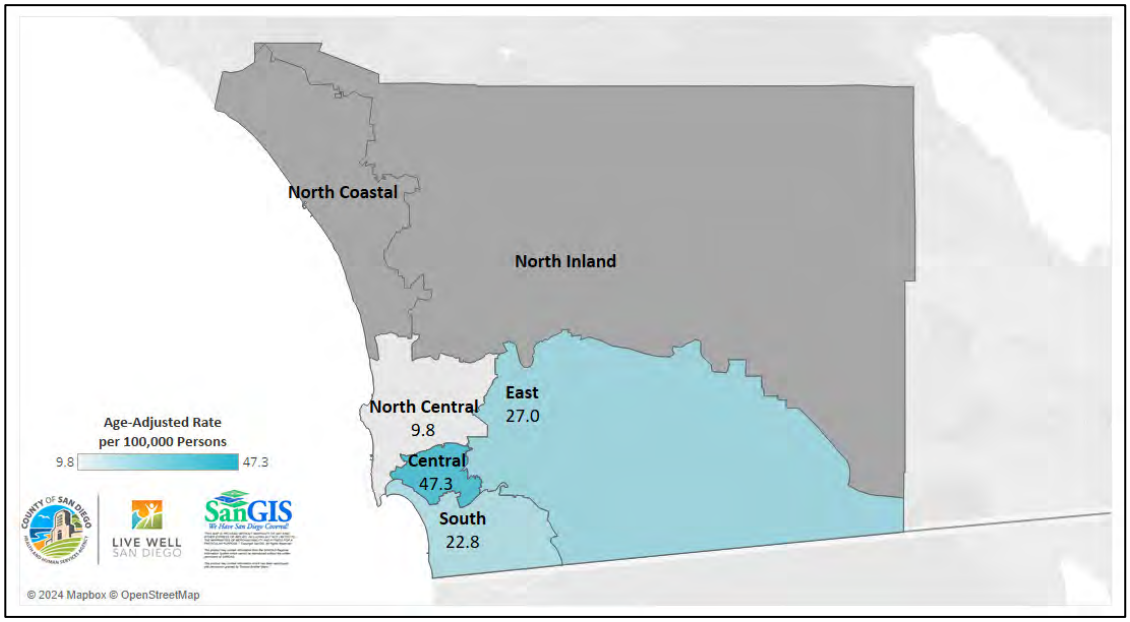
Figure 10. Age-Adjusted Opioid Overdose Death Rates by Race/Ethnicity, Q2 2021–Q4 2023*



*Data from 2023 are preliminary and may change as new/updated information is received. Data obtained on 07/01/2024.
†Data for Black/African American not presented for Q2 2022 due to counts <11.
Notes: Data for other racial/ethnicity groups cannot be presented due to small numbers (<11).
Persons of Hispanic/Latino ethnicity may belong to any race group. All categories except Hispanic/Latino include persons who race is known but ethnicity is non-Hispanic or unknown.

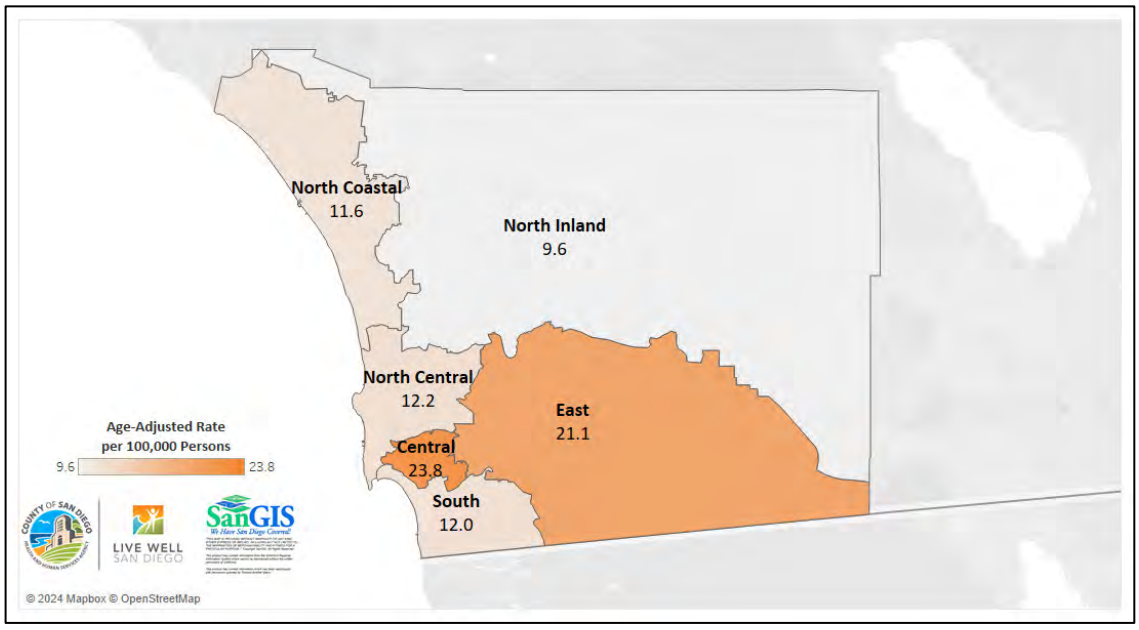
Opioid Overdoses by Region of Residence

Figure 11. Age-Adjusted Emergency Department Visit Rates for Opioid Overdose by Region of Residence, Q2 2024



County of San Diego ED Syndromic Surveillance Data.
Notes: Data North Coastal and North Inland groups cannot be presented due to small numbers (<11).

Figure 12. Age-Adjusted Opioid Overdose Death Rates by Region of Residence, Q4 2023*



*Data from 2023 are preliminary and may change as new/updated information is received. Data obtained on 07/01/2024.

Opioid Overdoses by Demographics

Table 1. Number of Emergency Department Visits* for Opioid Overdose, Trends and Change by Quarter

	2022 Q2	2023 Q2	2024 Q2	Percent Change 2023 to 2024
	N (%)	N (%)	N (%)	%
Total Opioid Overdose Visits	526 (100)	556 (100)	308 (100)	-45%
HHSA Region of Residence				
North Coastal	22 (7)	25 (7)	†	†
North Central	73 (21)	75 (20)	17 (11)	-77%
Central	101 (29)	107 (28)	59 (40)	-45%
South	48 (14)	50 (13)	28 (19)	-44%
East	55 (16)	76 (20)	34 (23)	-55%
North Inland	46 (13)	48 (12)	†	†
Unknown	181	175	159	
Sex				
Female	79 (21)	84 (20)	49 (23)	-42%
Male	292 (79)	338 (80)	163 (77)	-52%
Unknown	155	134	96	
Age Group				
<15	†	†	†	†
15-24	64 (13)	51 (9)	30 (10)	-41%
25-34	169 (33)	174 (32)	79 (27)	-55%
35-44	125 (24)	149 (27)	91 (31)	-39%
45-54	68 (13)	75 (14)	34 (12)	-55%
55-64	58 (11)	57 (11)	29 (10)	-49%
65+	30 (6)	39 (7)	29 (10)	-26%
Unknown	†	†	†	
Race/Ethnicity				
Black/African American	26 (10)	49 (17)	15 (11)	-69%
Hispanic**	74 (30)	102 (35)	49 (36)	-52%
White	149 (60)	143 (48)	71 (53)	-50%
Unknown	241	221	156	

*County of San Diego ED Syndromic Surveillance Data.

†Data for other demographic groups cannot be presented due to small numbers (<11).

**Notes: Persons of Hispanic/Latino ethnicity may belong to any race group. All categories except Hispanic/Latino include persons who race is known but ethnicity is non-Hispanic or unknown.

There was a larger than usual amount of zip code data missing in 2022 data, across hospitals in multiple regions; changes between 2022 and 2023 should be interpreted with caution.

Feature Topic: Xylazine and Xylazine-Adulterated Drugs

Xylazine is a non-opioid sedative commonly employed in veterinary medicine. First synthesized in Germany in 1962, xylazine was approved for use in animals by the United States Food and Drug Administration in 1972. Despite this drug not being approved for human use, cases of human intoxication have been reported since the 1980s. Xylazine's popularity grew among intravenous drug users in Puerto Rico in the early 2000s, where it is known as "anestesia de caballo" (horse anesthetic). Since then, the drug has spread throughout the illicit market due to its availability and low cost, often found in combination with other drugs such as cocaine, heroin, and fentanyl (1,2). Xylazine's journey from a veterinary drug to a substance of abuse highlights the complex challenges in managing and regulating pharmaceuticals that have legitimate uses but also potential for misuse.

Xylazine acts in the central and peripheral nervous systems, resulting in slowed heart rate, low blood pressure, muscle relaxation, and analgesia. Xylazine was tested in humans for therapeutic use but was rejected due to occurrences of severe hypotension (1,2). Other symptoms include profound sedation and respiratory depression. Illicit drugs are often laced with additional substances to replicate or boost their effects. Liquid xylazine can be dried into a powder which allows for easy adulteration of other drugs (3). It can be ingested orally, smoked, snorted, or injected intramuscularly, subcutaneously, or intravenously. Due to their similar pharmacologic properties, combining xylazine with opioids can produce synergistic effects, leading to an increased number of fatal cases. The effects of xylazine are reported to last longer than those of fentanyl, likely enhancing the euphoria and analgesia produced by fentanyl and reducing the need for frequent injections (2).

Around 2006, xylazine seemed to have entered the illicit drug market in the northeastern United States as an additive to fentanyl. Philadelphia and Connecticut were the initial hubs of xylazine use in the continental United States, but its use is now rapidly spreading nationwide. As of 2021, xylazine was detected in more than 90% of illicit drug samples tested in Philadelphia, where it is known as "tranq" or "tranq dope" when mixed with opioids (2). The extent of xylazine's spread across the United States is highlighted by forensic laboratory detections from the Drug Enforcement Administration (DEA), which showed increases in all four regions from 2020 to 2021, most notably by 193% in the South and 112% in the West (4). As of 2023, seizures of xylazine and fentanyl mixtures have occurred in 48 of 50 states. Locally, the San Diego Sheriff's Department Crime Lab incorporates xylazine testing in all drug seizure cases and has confirmed thirty-six samples containing xylazine in illicit drugs from 2021 through the first quarter of 2023 (5). The rise of xylazine in the drug supply is mirrored by its detection among overdose decedents.

In many overdose fatalities, adulterants have played a crucial role in the cause of death. The National Center for Health Statistics reported that the rate of drug overdose deaths involving xylazine was 35 times higher in 2021 compared to 2018. Notably, co-involvement

of fentanyl was documented in more than 99% of xylazine-related deaths (6). Between 2020 and 2021, the detection of xylazine in postmortem toxicology of overdose cases increased by 1,127% in the South, 750% in the West, 500% in the Midwest, and 100% in the Northeast (4). The San Diego Medical Examiner's Office recorded one death involving xylazine in 2020 and none in 2021. Previously, xylazine was not routinely screened for unless expanded testing was necessary. In late April 2023, xylazine testing was temporarily implemented as part of standard post-mortem screenings. Out of over 1,000 deaths screened from November 2022 to May 2023, six tested positive for xylazine. All six cases also tested positive for other substances, such as fentanyl and methamphetamine (5). Postmortem testing and reporting varies across jurisdictions and may impact comparability.

Xylazine use and adulteration has complicated the opioid overdose crisis, as it is not detected by routine drug tests. Naloxone should be administered for any suspected drug overdose to counteract potential opioid effects. While naloxone does not reverse the effects of xylazine, it is still crucial to use it because xylazine is often combined with opioids such as fentanyl. It is essential to call 911 for further medical assistance, as the effects of xylazine may persist after naloxone administration (7). Chronic users may also require care for unhealing ulcers, regardless of how the xylazine was consumed. Xylazine-associated wounds pose a risk for serious infection, limb amputation, and death. Routine wound care involving proper disinfection and clean bandaging can be used to mitigate further problems. Withdrawal can be severe, including agitation, anxiety, insomnia, and has been noted to be unresponsive to traditional opioid withdrawal treatments. These factors complicate and challenge addiction treatment (3,5). Ultimately, successful recovery involves collaboration between healthcare, treatment centers, and community educators. National efforts to bring awareness to the impacts of xylazine aim to improve treatment options, reduce social stigma, and decrease fatalities (2,8).

Efforts to track xylazine's prevalence in the drug supply and to understand its effects on human health have intensified. Researchers are studying potential antidotes and treatment protocols for xylazine intoxication. As a consequence of xylazine's influence on the opioid crisis, the White House Office of National Drug Control Policy formally classified fentanyl adulterated with or linked to xylazine as an emerging threat to the United States in April 2023. The National Response Plan involves the "whole-of-society" with an emphasis on working relationships between health authorities, healthcare providers, law enforcement, government officials, and community-based programs to address this issue. Key priorities for action include testing, data collection, treatment, supply reduction, regulation, and research (8). Expanding and standardizing testing for xylazine in the drug supply and postmortem toxicology will support development of a comprehensive data surveillance system, enabling us to better understand the true prevalence and associated mortality rates. Harm reduction

Feature Topic: Xylazine and Xylazine-Adulterated Drugs

and treatment objectives focus on awareness of xylazine-specific symptoms, reversal of overdoses as there is currently no known antidote, the duality of xylazine and fentanyl addictions, and appropriate care for severe wounds (8). With the urgency surrounding the opioid crisis and the complications from xylazine adulterated drugs, the community must be educated and empowered to act as well.

Definitions

Quarters are based upon calendar year and are defined as followed:

- Quarter 1 (Q1): January 1–March 31
- Quarter 2 (Q2): April 1–June 30
- Quarter 3 (Q3): July 1–September 30
- Quarter 4 (Q4): October 1–December 31

Case definitions for syndromic surveillance data:

- *Any-Drug Overdose*: Encounters with ICD-10 diagnosis codes for poisoning by drugs (T36-T50). If the diagnosis field is blank, then any-drug overdoses are identified using a text search algorithm for words related to overdose, any-drug type, or naloxone.
- *Opioid Overdoses*: Encounters with ICD-10 diagnosis codes for poisoning by opioids (T40.0X, T40.1X, T40.2X, T40.3X, T40.4, T40.60, T40.69). If the diagnosis is blank, then opioid overdoses are identified using a text search algorithm for words related to general opioids, overdose, heroin, fentanyl, and naloxone.
- *Fentanyl Overdoses*: Encounters with ICD-10 diagnosis code for poisoning by fentanyl (T40.41). If the diagnosis is blank, then fentanyl overdoses are identified using a text search algorithm for words related to fentanyl and overdose.
- *Amphetamine Overdoses*: Encounters with ICD-10 diagnosis code for poisoning by amphetamines (T43.62). If the diagnosis is blank, then amphetamine overdoses are identified using a text search algorithm for words related to amphetamine and overdose.
- *Benzodiazepine Overdoses*: Encounters with ICD-10 diagnosis code for poisoning by benzodiazepine (T42.4X). If the diagnosis is blank, then benzodiazepine overdoses are identified using a text search algorithm for words related to benzodiazepine and overdose.

Case definitions for mortality data (per CDPH Overdose Surveillance Dashboard):

- *Any-Drug Overdoses*: All overdose deaths, regardless of intent (e.g., unintentional, suicide, assault, or undetermined). This indicator does not include: (1) deaths related to chronic use of drugs (e.g., damage to organs from long-term drug use), 2) deaths due to alcohol and tobacco, and 3) deaths that occur under the influence of drugs, but do not involve acute poisoning . Deaths with any of the following ICD-10 codes as the underlying cause of death: X40-X44: Accidental poisonings by drugs; X60-X64: Intentional self-poisoning by drugs; X85: Assault by drug poisoning; Y10-Y14: Drug poisoning of undetermined intent.
- *Opioid Overdoses*: Any opioid as a contributing cause of death, regardless of intent. Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, and morphine, as well as heroin and opium. Deaths related to chronic use of drugs are excluded from this indicator. ICD-10 codes include: T40.0: Opium; T40.1: Heroin; T40.2: Natural and semisynthetic opioids; T40.3: Methadone; T40.4: Synthetic opioids, other than methadone; T40.6: Other and unspecified narcotics.
- *Fentanyl Overdoses*: Drug overdose deaths caused by acute poisonings that involve fentanyl or fentanyl analogs as a contributing cause of death, regardless of intent. Deaths related to chronic use of drugs are excluded from this indicator. Overdose deaths involving fentanyl and associated analogs were identified by using a text search algorithm.

Definitions (continued)

- *Amphetamine Overdoses*: Drug overdose deaths caused by acute poisonings that involve psychostimulants with abuse potential excluding cocaine (T40.5), regardless of intent. Psychostimulants with abuse potential include methamphetamine, MDMA, dextroamphetamine, and levoamphetamine. Deaths related to chronic use of drugs are excluded from this indicator. Overdose deaths involving amphetamine and associated analogs were identified by using a text search algorithm.
- *Benzodiazepine Overdoses*: Drug overdose deaths caused by acute poisonings that involve benzodiazepines as a contributing cause of death, regardless of intent. Benzodiazepines include anti-anxiety medications such as alprazolam (Xanax) and lorazepam (Ativan). Deaths related to chronic use of drugs are excluded from this indicator. Overdose deaths involving benzodiazepine and associated analogs were identified by using a text search algorithm.

Limitations

- Overdoses that result in ED visits, hospitalizations, or deaths represent only a portion of the overall burden of drug overdoses.
- The accuracy of indicators based on ICD-10-CM codes found in syndromic surveillance ED visit data is limited by the completeness and quality of reporting and coding.
- Syndromic surveillance chief complaint is recorded as a free text field and captures the patient's primary reason for seeking medical care in near real-time; this may lack content that could assist public health with interpretation of the reason for visit.

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4. Drug Enforcement Administration. (2022). The growing threat of xylazine and its mixture with illicit drugs. https://www.dea.gov/sites/default/files/2022-12/The%20Growing%20Threat%20of%20Xylazine%20and%20its%20Mixture%20with%20Illicit%20Drugs.pdf
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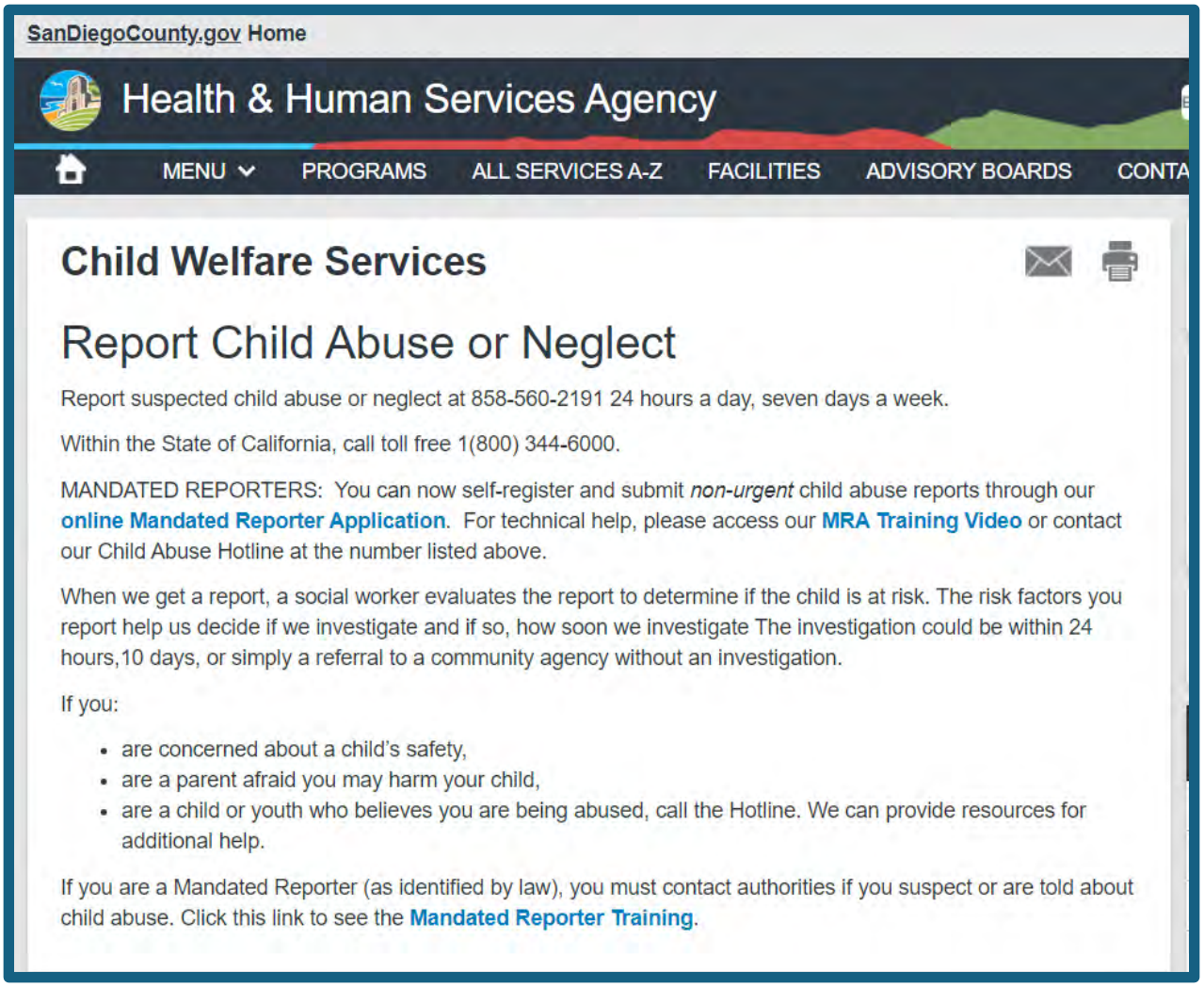
6. Spencer MR, Cisewski JA, Warner M, Garnett MF. (2023). Drug overdose deaths involving xylazine: United States, 2018–2021. National Vital Statistics System. https://stacks.cdc.gov/view/cdc/129519

7. Centers for Disease Control and Prevention. (2024). What You Should Know About Xylazine. https://www.cdc.gov/overdose-prevention/about/what-you-should-know-about-xylazine.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/deaths/other-drugs/xylazine/faq.html

8. The White House Executive Office of the President Office of National Drug Control Policy. (2023). Fentanyl Adulterated or Associated with Xylazine Response Plan. https://www.whitehouse.gov/wp-content/uploads/2023/07/FENTANYL-ADULTERATED-OR-ASSOCIATED-WITH-XYLAZINE-EMERGING-THREAT-RESPONSE-PLAN-Report-July-2023.pdf

Child Abuse Hotline (sandiegocounty.gov)



CFWB Mandated Reporter Application | County of San Diego (sandiegocounty.gov)

Mandated Reporter Application: The Online Reporting System. (youtube.com)

Child Abuse Mandated Reporter Training (mandatedreporterca.com)

County of San Diego

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

July 25, 2024

TO: Behavioral Health Advisory Board (BHAB)

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

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – August 2024

BHS DATA SCIENCE UPDATES

BHS' Data Science team provides oversight of key data governance components. BHS Data Science acts as a centralized data hub to support rapid-response, evidence-based decision making that informs program, clinical, and operational strategies.

BHS Data Science consists of four units:

1. Data Acquisition – Supports data integration by acquiring data from internal and external partners.
2. Data Integration – Combines data from multiple sources to extract additional value and leverage data as an enterprise asset.
3. Data Reporting & Analysis – Responsible for BHS reporting and analysis to support decision making.
4. Data Training & Engagement – Design, develop, and launch comprehensive series of data trainings with the goal of improving data fluency across BHS and promoting increased data usage by addressing challenges, building trust in data, and teaching data skills.

Below are updates regarding key bodies of work that BHS Data Science has been engaged in.

Data Governance Updates

BHS Data Science has been leading data governance efforts within the department, including the following:

- Forming an actionable departmental data strategy, triangulating population health and service data, to assess needs and inform programming and services through system-level planning and development. The strategy is designed to support effective and equitable optimization of the behavioral health and wellness continuum, and network navigation.

- Developing Data Governance Framework for Fiscal Year (FY) 2024-25 to ensure organizational data management, coordination, and alignment. This framework will support transformation of the behavioral health system from a system driven by crisis to one rooted in chronic and continuous care and prevention.

SmartCare
As announced last fiscal year, County of San Diego has halted implementation of Cerner Millennium as the replacement for Cerner Community Behavioral Health (CCBH) and pivoted to the implementation of SmartCare, with go-live planned for FY 24-25. The Data Science team has continued to provide support to this effort, including supporting data migration efforts and validation testing, in collaboration with teams across BHS and the broader Health and Human Services Agency and County enterprise that are supporting implementation.

Board
Board is the BHS Financial Management System that tracks and manages contract data related to finance and budget and conducts various reporting capabilities. The BHS Data Science team seamlessly threads with BHS Program & Services and other BHS units to ensure uninterrupted access to Board. Further utilization of Board capacity has allowed for the viewing and approval of invoices, saving time, resources, and increasing accuracy. These efforts support the County's Transparency and Accountability strategic initiative by maintaining program and fiscal integrity through reports, disclosures, and audits. Additionally, efforts support the County's Innovation strategic initiative by implementing proven best practices to achieve organizational excellence.

Law Enforcement Collaboration
Efforts continue to further enhance partnerships between BHS and Law Enforcement Agencies (LEAs) around integrating Computer Aided Dispatch (CAD) data from Public Safety Access Points (PSAPs). Data Science began collecting CAD data for both emergency and non-emergency calls on a quarterly basis. Currently, this effort is in Phase 4 Data Integration, with the four phases as follows:

- Phase 1: Establish relationships with all Law Enforcement jurisdictions.
- Phase 2: Receive and analyze sample data.
- Phase 3: Establish infrastructure for regular data transmission.
- Phase 4: Integrate data.

Data Collection and Analysis
Continuous efforts are being made to streamline and enhance data collection and analysis for various programs including Mobile Crisis Response Team (MCRT), Psychiatric Emergency Response Team (PERT), and Public Conservator (PC) to allow for improved care coordination. BHS Data Science is also providing support for clinical design efforts for BHS programs, including Long Term Care (LTC), Augmented Serviced Program (ASP), Substance Use Disorder (SUD) Residential, Assertive Community Treatment (ACT), and Crisis Residential. The team is also providing data analysis to support planning for and implementation of Senate Bill (SB) 43, as well as ongoing data analysis support to the Community Assistance, Recovery, and Empowerment (CARE) Act program.

BHS POPULATION HEALTH UNIT UPDATES

Fundamental to the BHS Population Health Unit is streamlining behavioral health data sources and analytics to provide a comprehensive view of the county's behavioral health needs, strengths, outcomes, and disparities. Robust behavioral health data allows for the development and implementation of innovative programs and policies based on identified trends and needs. This data is also used to monitor and evaluate the impact of interventions, as well as to provide critical information back to the community. The BHS Population Health Unit, in concert with other BHS units, strives to use this data-driven approach to improve behavioral health services and increase health equity in San Diego County.

The following are updates regarding key bodies of work that the BHS Population Health Unit has been engaged in.

Network Quality & Planning (NQP)

Community Experience Partnership (CEP) Update

The Community Experience Dashboards are continuously updated with the latest data. These interactive Power BI dashboards are comprised of custom behavioral health datasets, including mapping overlays for spatial indicators. University of California San Diego (UCSD) has collaborated with BHS Population Health Epidemiologists to create a new dashboard based on inpatient and emergency department discharge data from California Department of Health Care Access and Information (HCAI). The drafts are being finalized and are expected to launch in FY 2024-25. The dashboards can be found at the following link: http://www.communityexperiencepartnership.com.

The Behavioral Health Equity Index (BHEI) is a descriptive, data-driven tool that allows users to explore differences in the underlying root causes of behavioral health across neighborhoods and regions in San Diego County. The indices are constructed from over 30 indicators, organized into eight domains that map to five social determinants of behavioral health. Areas with higher BHEI scores are relatively less likely to have access to the resources, opportunities, and conditions that promote behavioral health than neighborhoods with lower BHEI scores. Areas with higher scores may benefit from behavioral health service enhancements or quality improvement efforts. The BHEI is programmed into a custom application developed in Shiny apps. Interactive maps allow users to explore BHEI rankings across census tracts, Zip Code Tabulation Areas (ZCTAs), subregional area (SRA) levels, and Health and Human Services Agency (HHSA) regions. Interactive maps generate neighborhood-specific summaries and weigh the BHEI by target populations of interest. The front-end was presented at various community meetings over the past fiscal year. At each meeting, the development team sought feedback on the design, usability, and cultural appropriateness of the tool. The revised tool is expected to be available on the Community Experience Dashboard website soon.

Healthcare Effectiveness Data and Information Set (HEDIS) Data Infrastructure Updates

The Department of Health Care Services (DHCS) has implemented the CalAIM (also known as Medi-Cal Transformation) initiative to enhance accurate, quality data reporting, and process improvement. As a result, the County is required to report priority HEDIS metrics to facilitate continuous quality improvement, starting with measurement year 2023 (reporting year 2024). To comply with DHCS's HEDIS reporting requirements outlined in the Behavioral Health Information Notice (BHIN) No. 24-004, BHS aimed to establish data infrastructure. To reach its goal, the NQP team organized four monthly HEDIS workgroup meetings that brought together members from the Data Science, Epidemiology, NQP, and UCSD teams. These meetings were instrumental in addressing issues related to claims data, HEDIS guidelines, technical assistance (TA) sessions, and the integration of CalMHSA's SmartCare EHR with HEDIS. With the help of ongoing collaborations between key HEDIS workgroup members, the CalMHSA Quality Measures Participation Agreement is currently being routed to continue these efforts.

Harm Reduction

On July 1, 2022, the County contracted with the Harm Reduction Coalition of San Diego (HRCSD) to expand the County's Naloxone Distribution Program (NDP) and to saturate the community with life-saving naloxone. Through the NDP, the County aims to reduce the impact of substance use by implementing overdose prevention with people who use drugs, service providers, and other community members. Efforts to saturate the community with naloxone include the implementation of 16 naloxone vending machines and, the expansion of the County's naloxone distribution provider network and targeted outreach activities. Each vending machine provides access to free-of-charge naloxone and/or fentanyl test strips (FTS) after completing a brief (about 2 minutes) state-required online training. Since the implementation of the first naloxone vending machine in March 2023, more than 5,000 naloxone kits and 20,000 fentanyl test strips have been dispensed. Vending machines are an innovative way to dispense naloxone and amplify efforts to increase accessibility to naloxone and prevent overdose. Featured in several local media pieces, this was highlighted as a unique and vital activity among the

County's various overdose prevention efforts. For more information on naloxone and/or vending machine locations please visit the BHS About Naloxone webpage at the following link: https://www.sandiegocounty.gov/hhsa/programs/bhs/BHS_Harm_Reduction/About_Naloxone.html

Epidemiology
The Epidemiology team's main areas of work fall under community behavioral health and harm reduction. Within community behavioral health, the Epidemiology team supports clinical design and service planning, healthcare integration, and planning for whole-person support. A current project under this umbrella is the Youth Suicide Reporting and Crisis Response Pilot Program funded through the California Department of Public Health (CDPH), which aims to improve crisis response and report services to youth who attempt suicide. To support the pilot, the Epidemiology team develops surveillance processes to identify and monitor suicide-related emergency department encounters and analyze trends in suicide deaths. Within harm reduction, the team is part of the cross-departmental Overdose Surveillance and Response (OSAR) program, an effort between BHS and County Public Health Services (PHS), to conduct countywide overdose surveillance, provide timely response, and support community engagement. Additionally, the team provides ongoing data support and analysis for the CEP, Live Well Regional Community Leadership teams, Screening to Care Initiative, Substance Use and Overdose Prevention Taskforce, Suicide Prevention Council, Binge and Underage Drinking Initiative, and the Cannabis Public Health Initiative.

BHS SPECIAL EVENTS & ANNOUNCEMENTS

Ending of the Older Adult Outreach Specialist (OAOS) Position
Due to significant changes associated with Medi-Cal Transformation and the Behavioral Health Services Act (BHSA), BHS has determined that effective July 1, 2024, the Older Adult Outreach Specialist (OAOS) position and the associated functions will end. OAOS positions have operated within 10 of the BHS Adult Outpatient Mental Health Clinic (referred to as BPSRs) contracts. Historically, OAOS positions supported the County's Aging and Independent Services hotline referrals by providing short-term support and linkage to appropriate services. BHS is working with Aging and Independent Services to support connections to alternative resources for this community need. The removal of this requirement from BPSR contracts is anticipated to have no impact on client access to treatment services, including for older adults. BHS will continue to provide treatment services to all age cohorts across our continuum of care. Individuals who are eligible for specialty mental health services can and should continue to be referred directly to BPSR programs as needed. The BPSRs will also continue to utilize their Older Adult Lead Clinicians to coordinate and provide specialized services for older adults, and to utilize existing mobile positions, including Peer Support Specialists and mobile outreach clinicians, to assist with outreach and linkage.

National Recovery Month – Community Update
This year, BHS embarks on an exciting new direction for National Recovery Month, utilizing our online platforms to offer information, resources, and spotlights on the recovery journey. This new approach is in lieu of the one-day National Recovery Month celebration, held last year at the Waterfront Park.
Instead, BHS hopes by leveraging these platforms we can expand opportunities throughout the month for the recovery community to come together in celebration.

BHS invites you to get involved and bring San Diego's recovery community together in the following ways:

1. **Host a Recovery Day of Service Event:** Mobilize Recovery Day of Service is a constellation of connected public service events taking place nationally during September and October, harnessing the power of people in recovery and their allies for positive change in their

communities. Be the first to add an event in San Diego! For more information and FAQs check out the Day of Service Toolkit.

To learn more about Mobilize Recovery Day of Service and see Day of Service Toolkit resources:

- Mobilize Recovery Day of Service: https://www.recoverydayofservice.org/events
- Day of Service Toolkit: https://www.recoverydayofservice.org/toolkit

2. **Add your event to our shared calendar:** BHS is launching a shared calendar of events for the recovery community from August through October.

   To add an event to the BHS shared calendar, submit via BHS National Recovery Month Activities Online Form:
   - https://app.smartsheet.com/b/form/bb249879251e4a19a36a35620582fa32

3. **Invite BHS to your event** using the BHS Community Request Form! *(Please note, all requests should be made with a minimum 2–4 week advance notice).*

   BHS Community Request Form:

   - https://app.smartsheet.com/b/form/7e7b445a0deb41abbbf8237a3aadf7f2

   BHS can participate in the following ways:
   a. **Outreach/Tabling –** Request BHS staff to attend your event and engage with the attendees to share resources and information.
   b. **Presentation/Speaker –** BHS staff can provide presentations on various behavioral health topics.

4. **Submit a spotlight story** about an individual or organization. BHS will highlight stories of individuals and organizations throughout the year to share the community's resilience and spectrum of recovery journeys.
   - **Individual Stories**: If you or a loved one has lived experience with recovery and a story that you'd like to share, let us know.
   - **Organizations:** Nominate an organization providing outstanding service in the recovery field.

   To share a spotlight story and/or nominate an organization, submit via BHS National Recovery Month Activities online form:
   - https://app.smartsheet.com/b/form/bb249879251e4a19a36a35620582fa32

5. **Promote and share your materials** and/or resources for our National Recovery Month online toolkit. This toolkit will include information, resources, and ways to stay engaged throughout National Recovery Month. Please e-mail Engage.BHS@sdcounty.ca.gov with any handouts, flyers, and links that you would like to add to the online toolkit.

Stay tuned, as BHS plans to pilot future workshops, collaborating with members of the recovery community to uplift the voices of those impacted by substance use through unique and creative ways. A follow-up message will be issued to announce the launch of the National Recovery Month online toolkit and shared calendar.

If you have any questions, please e-mail us at Engage.BHS@sdcounty.ca.gov.

To stay connected on topics like substance misuse, overdose prevention, or recovery activities, sign up for the BHS National Recovery Month Activities Email List:

- https://app.smartsheet.com/b/form/bb249879251e4a19a36a35620582fa32

15th Annual Early Childhood Mental Health Conference - We Can't Wait!
BHS in partnership with Early Childhood stakeholders, will host the 15th Annual Early Childhood Mental Health Conference-We Can't Wait! on September 26 and 27, 2024. This hybrid event will be held at the Sheraton San Diego Hotel and Marina.

To learn more and register for the 15th Annual Early Childhood Mental Health Conference:

- Conference Details: https://www.earlychildhoodmentalhealth-sandiego.com/
- Register: https://na.eventscloud.com/ereg/newreg.php?eventid=801093&

Caroline Smith Serves as New Interim Deputy Chief Administrative Officer of the Health and Human Services Agency
Caroline Smith has been appointed as the Interim Deputy Chief Administrative Officer of the Health and Human Services Agency (HHSA). Succeeding Dr. Eric McDonald upon his July 2024 retirement.

With 18 years of experience within the County, Ms. Smith brings a wealth of knowledge and a passion for policy and public service. In her prior role as Director of the Office of Economic Development and Government Affairs (EDGA), she worked with County departments and stakeholders to bolster the Board of Supervisors' Legislative Program with its economic strategies, arts, culture, and funding. Additionally, Ms. Smith spearheaded the implementation of programs to support those with severe behavioral health disorders, such as the CARE Act and Senate Bill (SB) 43. Previously, as the Assistant Director of Aging and Independent Services (AIS) at HHSA, she developed impactful programs to support local seniors and their caregivers, such as the Alzheimer's Response Team Pilot project, a first responder crisis intervention program.

We warmly welcome Caroline Smith to her new role and look forward to her continued leadership in serving the needs of San Diego's communities.

Ebony Shelton Serves as New Chief Administrative Officer (CAO)
Appointed by unanimous vote by the County Board of Supervisors, Ebony Shelton serves as the new Chief Administrative Officer (CAO) as of June 14, 2024. Shelton is the first Afro-Latina in County history to serve in the role.

With nearly 30 years of experience working for the County, Ms. Shelton has dedicated her career to driving positive change and fostering a future of inclusivity and resilience for the San Diego community. Ms. Shelton started her career at the County at 19 years old and has held various roles in human resources and finance. Ms. Shelton has also had served in leadership roles including her previous position serving as the County's Chief Financial Officer and Deputy Chief Administrative Officer, where she oversaw multiple departments and managed the County's fiscal functions under the County's Finance and General Government group.

As the County's CAO, Ms. Shelton is responsible for implementing Board of Supervisor policies and the County's daily operations, including more than 20,000 employees who serve nearly 3.3 million people in the region.

As an Afro-Latina, Ms. Shelton is proud of her Black and Salvadoran ancestry. She understands the impacts of history on Black and Latino communities, and the importance of equity for all San Diego County residents.

Agency Leadership Announcement: Director of Policy and External Affairs
Aurora Kiviat, BHS' Assistant Director and Chief Operations Officer, will transition to a temporary role with the HHSA Executive Office, as Director of Policy and External Affairs. In this capacity, she will

focus on working with the new CAO's Office, other Group Offices, and Board Offices as CAO Ebony Shelton begins to roll out her vision for the future of our County.

As BHS Assistant Director and Chief Operations Officer, Aurora leads health plan operations, contract support, and business operations. Aurora will continue to supervise her team and support key bodies of work during this temporary assignment. BHS looks forward to Aurora's continued leadership and warmly welcomes her into her new role with the HHSA Executive Office.

Respectfully submitted,

LUKE BERGMANN, Ph.D., Director
Behavioral Health Services

c: Caroline Smith, Interim Deputy Chief Administrative Officer
Aurora Kiviat Nudd, Assistant Director and Chief Operations Officer
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer
Nadia Privara Brahms, Assistant Director, Chief Strategy and Finance Officer

From: Crowder, Rhonda <Rhonda.Crowder@sdcounty.ca.gov>
Sent: Thursday, August 8, 2024 12:59 PM
Subject: BHS Info Notice | Process for Entities Seeking LOS for Prop 1 BHCIP Grant Funding
Importance: High

Sent on behalf of Luke Bergmann, Ph.D., Director, Behavioral Health Services
Bcc'd to CYF Council Distribution

The following information only applies to entities who are planning to submit an application for *Proposition 1: Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1: Launch Ready* grant funds.

Background

On July 17, 2024, the Department of Health Care Services released the first ***Request for Applications (RFA) for Bond BHCIP Round 1: Launch Ready*** grant funds, which will include funding of up $3.3 billion statewide. Eligible applicants for *BHCIP Round 1: Launch Ready* grants include counties, cities, tribal entities, nonprofit organizations, and for-profit organizations whose projects reflect the state's priorities and serve the targeted population.

Request a Letter of Support for a *Bond BHCIP Round 1: Launch Ready Grant* Funds Application

Entities submitting applications to request *Bond BHCIP Round 1: Launch Ready* grant funding are **required to obtain a Letter of Support (LOS) from the local county behavioral health agency.**

As authorized by the Board of Supervisors on July 16, 2024, the Behavioral Health Services Director has implemented a formal process to evaluate requests for Letters of Support submitted by local behavioral health entities and will be issuing Letters of Support only for projects that meet State criteria, align with one or more State priorities, and align with County priorities.

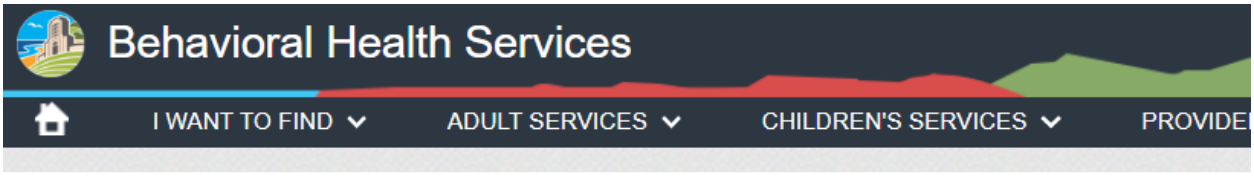
If your organization is planning to submit a *Bond BHCIP Round 1: Launch Ready* grant application, please review information about the process by visiting the links below:

- Prop 1 BHCIP Round 1: Launch Ready Letter of Support Process
- Information Notice on BuyNet

Questions?

For questions regarding the County of San Diego LOS process for the Bond BHCIP Round 1: Launch Ready grant, please email BHSContactUs.HHSA@sdcounty.ca.gov.

Prop 1 Bond Behavioral Health Continuum Infrastructure Program: Round 1 (Launch Ready) Letter of Support Process (sandiegocounty.gov)



Prop 1 Bond Behavioral Health Continuum Infrastructure Program Round 1 (Launch Ready) Letter of Support Process

NOTE: This webpage only applies to entities who are submitting an application for Prop 1: Launch Ready grant funds for capital projects.

The Behavioral Health Infrastructure Bond Act of 2023 (BHIBA) was one of the two bills included in **Proposition 1**, which passed in March 2024. BHIBA provides $6.38 billion to expand more behavioral health treatment, residential care settings, and supportive housing for people experiencing mental health and substance use conditions.

Of the total $6.38 billion, the California Department of Health Care Services will distribute up to $4.4 billion in competitive grant funds for qualified applicants who have capital projects that align with the goals of BHIBA described above. This competitive grant program is known as the **Behavioral Health Continuum Infrastructure Program (BHCIP)** with opportunities released in the following two rounds:

- BHCIP Round 1: "Launch Ready" Projects (2024)
- BHCIP Round 2: "Unmet Needs" Projects (2025)

Letters of Support for Bond BHCIP Round 1

As required by the State, entities applying for the **Bond BHCIP Program Round 1: Launch Ready grant** must obtain and submit a Letter of Support from their local County Behavioral Health Agency with their application.

In addition to meeting **State criteria and priorities**, the County of San Diego has **developed local priorities** to guide which projects will receive a Letter of Support. These priorities are included within the Request Form linked below.

Receipt of a Letter of Support from the San Diego County Behavioral Health Agency does not guarantee that the State will award grant funding for a project.

Important Dates

- **July 17, 2024:** Bond BHCIP Round 1: Launch Ready **Request for Applications (RFA)** released
- **August 9, 2024:** Application portal opens on **State website**
- **December 13, 2024 by 5:00 PM:** Applications due
- **May 2025:** Award announcements

For the most current information about grant requirements, deadlines, or updates, refer to the **State's website**.

Requirements

To be eligible to receive a letter of support from the County of San Diego, Behavioral Health Agency, the following are required:

- Project must align with **all State criteria**
- Project must align with **one or more State priorities**
- Project must align with **a majority of County of San Diego priorities**
- Submit the completed, signed Request Form and a draft Letter of Support to **BHSContactUs.HHSA@sdcounty.ca.gov** **at least six weeks prior to the date needed**. Late requests may not have sufficient time to be considered.

Request a Letter of Support

1. To request a letter of support, entities must complete the following documents:
    - **Letter of Support Instructions and Request Form**
        - Complete all sections (A, B, C, and D) and sign (wet signature or electronic signature will be accepted)
    - **Draft Letter of Support Template**
        - Input all entity and project information as indicated on the template.

2. Submit your completed and signed Letter of Support Request Form and draft Letter of Support via email to **BHSContactUs.HHSA@sdcounty.ca.gov** **no later than six weeks prior to the date needed.**
    - Include "BHCIP Round 1: Launch Ready Grant" and the name of the entity in the subject line of the email.
      Example: BHCIP Round 1: Launch Ready Grant (Name of Entity)].

3. County of San Diego Behavioral Health Services staff may contact you with questions or more information. Ensure all contact information on the Request Form is accurate to avoid delays. If your request for a Letter of Support is approved, the contact(s) listed on the Request Form will receive the Letter via email.

For any questions regarding the County of San Diego's Letter of Support process for the Bond BHCIP Round 1 Grant, please contact **BHSContactUs.HHSA@sdcounty.ca.gov**.

Additional Resources

- **Bond BHCIP State Website**
- **Bond BHCIP Round 1 Request for Applications (RFA)**
- **7/16/24 Board Letter: Receive Update on Behavioral Health Capital Facility Projects Recommended For Proposition 1 Infrastructure Bond Funding And Authorize Grant Submissions, and Authorize a Formal Process to Issue Letters Of Support**
    - **7/16/24 Item 22 Minute Order**
- **Information Notice on BuyNet**

Proposition 1: Behavioral Health Continuum Infrastructure Program (BHCIP)
Round 1: Launch Ready Grant
Process for Entities to Request a Letter of Support

Purpose:

The intent of this notice is to establish a formal process for local government, cities, non-profit, and for-profit entities **to request a Letter of Support from the County Behavioral Health Agency,** as required for grant applications, if an entity is intending to submit applications for ***Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1: Launch Ready*** grant funding established under Proposition 1. The process will ensure projects being submitted for grant funding align with State criteria and, local and State priorities for funding.

Background:

In March 2024, California voters passed Proposition 1, which includes Senate Bill 326, the Behavioral Health Services Act (BHSA), and Assembly Bill 531, the Behavioral Health Infrastructure Bond Act of 2023, which authorized $6.38 billion in general obligation bonds to expand behavioral health treatment, residential care settings, and housing to support people with mental health conditions and substance use disorders. Of the total funding, the California Department of Health Care Services (DHCS) will distribute up to $4.4 billion through the Bond Behavioral Health Continuum Infrastructure Program (BHCIP) in multiple funding rounds through competitive grants.

On July 17, 2024, the DHCS released the first Request for Applications (RFA) for Bond BHCIP Round 1: Launch Ready grant funds, which included funding of up $3.3 billion statewide. Eligible applicants for *Bond BHCIP Round 1: Launch Ready* grants include counties, cities, tribal entities, nonprofit organizations, and for-profit organizations whose projects reflect the State's priorities and serve the targeted population. Entities submitting applications to request ***Bond BHCIP Round 1: Launch Ready*** grant funding are **required to obtain a Letter of Support from the local County Behavioral Health Agency**.

Bond BHCIP Round 1: Launch Ready Grant Funding

A **total of $3.3 billion** will be available across the state to construct, acquire, and rehabilitate real estate assets to expand the continuum of behavioral health treatment and service resources.

- ***Round 1: Launch Ready*** grant funding will include funding of up to **$1.8 billion open to counties, cities, tribal entities, nonprofit, and for-profit entities** through competitive award.
    - A regional funding cap allocates **$263.7 million of the $1.8 billion to Southern California Counties** (Imperial, Orange, Riverside, San Bernadino, San Diego, and Ventura).
    - State set aside of 20 percent of the $1.8 billion (or $342 million) for use in regions (at the State's discretion) to ensure funding is effectively aligned with need.
- ***Round 1: Launch Ready*** grant funding includes **funding of up to $1.4 billion** that is available exclusively for counties, cities, and tribal entities and is not subject to a regional funding cap.

Timeline

The ***Round 1: Launch Ready*** Request for Applications (RFA) was **released on July 17, 2024**, with applications **due by 5:00 PM on December 13, 2024**, and **award announcements in May 2025**. Information about deadlines or updates are available on the State's website: https://www.infrastructure.buildingcalhhs.com/grantees/bond-bhcip-rounds/

Requests for Letters of Support must be submitted to the County six weeks prior to the date they are needed. Late requests may not have sufficient time to be considered.

Entities Requesting a Letter of Support

For entities intending to request a **Letter of Support from the County of San Diego Behavioral Health Agency,** as required for Bond BHCIP grant applications, please complete the **Letter of Support Contact Information and Sections A, B, C, and D** below.

Proposition 1: Behavioral Health Continuum Infrastructure Program (BHCIP)
Round 1: Launch Ready Grant
Process for Entities to Request a Letter of Support

Instructions to Request a Letter of Support

Complete the **Letter of Support Contact Information** and Sections **A, B, C, and D** below.

- Submit the draft letter of support and the information below to: BHSContactUs.HHSA@sdcounty.ca.gov
- County staff from the County of San Diego Behavioral Health Services (BHS) may contact you with questions or more information.
- Requests for letters of support must be submitted to the County **six weeks prior to the date needed.** Late requests may not have sufficient time to be considered.

Receipt of a Letter of Support from the County of San Diego Behavioral Health Agency does not guarantee that the State will award grant funding for a project.

Letter of Support Contact Information

Entity Requesting Letter of Support				
Entity Address				
Date of Request		**Date Letter of Support Needed**		
Are you submitting an application for Bond BHCIP Round 1: Launch Ready Grant Funds?				
Type of Entity: (Local government, Non-Profit, For-Profit)				
Entity Contacts	***First & Last Name***	***Title***	***Email***	***Phone***
Primary Contact				
Secondary Contact				
Other Contact				

Project Information

Project Name			
Project Address			
Type of Service(s)			
Project Overview & Description			
Proposed New Capacity *(# of new beds, treatment slots)*			
Total Project Cost	$	**Total BHCIP Round 1 Grant Funding Requested**	$

Entities interested in seeking letters of support for ***Bond BHCIP Round 1: Launch Ready*** grant funding applications, as required by the RFA, will only receive a letter of support from the County of San Diego Behavioral Health Services Agency if the project aligns with State and local criteria and priorities, as specified in **Sections A, B, and C** below.

State criteria and priorities are outlined in the RFA.

A. State Criteria

To receive a letter of support for a Bond BHCIP application, the project must **align with ALL State criteria.**

Directions: Please enter **"Yes" or "No"** for each item below. For each "**Yes**" item please include any narrative in the **Brief Description** column.

State Criteria			
#	**State Criteria**	**Yes or No**	**Brief Description**
A1.	Entity has and can prove site control.		
A2.	Entity has a preliminary title report.		
A3.	Entity can demonstrate a sustainable business plan.		
A4.	Entity can provide a conceptual/schematic site plan with a forecast of the developmental potential of the property.		
A5.	Entity can demonstrate stakeholder support through letters of support from internal boards of directors, tribal councils or advisory boards, and professional/community partners.		
A6.	Entity can demonstrate county and Medi-Cal investments to support ongoing sustainability.		
A7.	Entity can confirm proof of the required funding match. • 10% match for local government and non-profit organizations. • 25% match for for-profit organizations. • 5% match for Tribal entities.		
A8.	Entity can confirm signing authority through a Board Authorizing Resolution. Local government entities can use their specific authorizing resolution document.		
A9.	Entity can commit to the provision of behavioral health services and a 30-year deed restriction within the facility.		
A10.	Entity can describe local needs based on the statewide needs assessment report and any local needs assessment.		
A11.	Extensive planning has occurred, and the project is in one of the phases below: • *Phase 1: Planning and Pre-Development* • *Phase 2: Design Development* • *Phase 3: Shovel Ready*		
A12.	Project will add net new capacity within an *Eligible Facility Type* outlined in section 2.4 of the RFA. Note: State will prioritize residential services.		
A13.	Entity can provide a description of their contingency plan for funding any potential cost overages beyond the Bond BHCIP grant award. Cost overruns are responsibility of entity.		
A14.	Entity can commit to executing Bond BHCIP contract within 90 days of receipt of conditional award notice		
A15.	Entity can demonstrate how the project will advance equity.		

Note: Projects must align with all State Criteria to be considered for a Letter of Support.
Receipt of a Letter of Support does not guarantee that the State will find that all criteria have been met.

B. State Priorities

To receive a letter of support, proposed projects must **align with one or more** of the State priorities.

Directions: Please enter **"Yes" or "No"** for each item below. For each "**Yes**" item, please include any narrative in the **Brief Description** column.

State Priorities			
#	**State Priorities**	**Yes or No**	**Brief Description**
B1.	Address urgent needs in the care continuum for people with mental health or substance use conditions, including unhoused people, veterans, older adults, adults with disabilities, and children and youth.		
B2.	Invest in behavioral health and community care options that advance health equity of behavioral health care and community options.		
B3.	Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization.		
B4.	Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing unsheltered homelessness and justice involvement.		
B5.	Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy.		
B6.	Leverage county and Medi-Cal investments to support ongoing sustainability.		
B7.	Leverage the historic state investments in housing and homelessness.		
B8.	Establish a regional model or collaborative partnership, including a public/private partnership or a campus-type model, that co-locates multiple levels of care.		
Note: Projects must align with at least one State priority to be considered for a Letter of Support. Receipt of a Letter of Support does not guarantee that the State will find that a project aligns with one or more State priorities.			

C. County of San Diego Priorities

To receive a letter of support, proposed projects must **align with a majority of the County priorities**.

Directions: Please enter **"Yes" or "No"** for each item below. For each "**Yes**" item, please include any narrative in the **Brief Description** column.

San Diego County Priorities			
#	**County Priorities**	**Yes or No**	**Brief Description**
C1.	Supports regional distribution of services, density of need, and Medi-Cal enrollment density.		
C2.	Aligns with recommendations from the County BHS Optimal Care Pathways (OCP) Model or other County service priorities. See previous County Board actions.		
C3.	Project will leverage other infrastructure grant or other funding opportunities.		
C4.	Supports health equity to improve access to care across diverse communities within San Diego County.		
C5.	New service will optimize revenues through cost savings and/or cost avoidance. Please explain.		
C6.	Ongoing behavioral health services are sustainable through State/federal revenue.		
C7.	Development of the facility will include an innovative partnership (*i.e.: entity partners with developer, healthcare organization, other*)		
Note: Projects must align with a majority of the County priorities to be considered for a Letter of Support.			

D. Attestation

I, _____ certify, under penalty of perjury under the laws of the
Name of Authorized Official (Print First Name & Last Name)

State of California, that the information submitted in the request above is accurate and truthful.

Signed: _____ _____ _____
Signature of Authorized Official ***Title*** ***Date***

Submit a **draft Letter of Support** and a **completed, signed form above** to: BHSContactUs.HHSA@sdcounty.ca.gov. Please include "*BHCIP Round 1: Launch Ready Grant*" and the name of the entity in the subject of the email *[Example: BHCIP Round 1: Launch Ready Grant (Name of Entity)].*

Requests for Letters of Support must be submitted to the County six weeks prior to the date needed.

County of San Diego

CAROLINE SMITH
INTERIM DEPUTY CHIEF ADMINISTRATIVE OFFICER

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

August 6, 2024

BEHAVIORAL HEALTH SERVICES INFORMATIONAL NOTICE TO ENTITIES SEEKING LETTERS OF SUPPORT FOR PROPOSITION 1 BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE (BHCIP) PROGRAM ROUND 1: LAUNCH READY GRANT FUNDING

Background:

In March 2024, California voters passed Proposition 1, a two-bill package inclusive of Senate Bill 326, the Behavioral Health Services Act (BHSA), and Assembly Bill 531, the Behavioral Health Infrastructure Bond Act of 2023, which authorized $6.38 billion in general obligation bonds to expand behavioral health treatment, residential care settings, and housing to support people with mental health and substance use conditions. Of the total funding, the California Department of Health Care Services (DHCS) will distribute up to $4.4 billion through the ***Bond Behavioral Health Continuum Infrastructure Program (BHCIP)*** in multiple funding rounds through competitive grants.

On July 17, 2024, the Department of Health Care Services released the first **Request for Applications (RFA) for *Bond BHCIP Round 1: Launch Ready*** grant funds, which will include funding of up $3.3 billion statewide. Eligible applicants for *BHCIP Round 1: Launch Ready* grants include counties, cities, tribal entities, nonprofit organizations, and for-profit organizations whose projects reflect the state's priorities and serve the targeted population. Entities submitting applications to request ***Bond BHCIP Round 1: Launch Ready*** grant funding are required to obtain a Letter of Support from the local county behavioral health agency.

THIS NOTICE APPLIES TO ENTITIES REQUESTING A LETTER OF SUPPORT FOR *BOND BHCIP ROUND 1: LAUNCH READY* GRANT FUNDING APPLICATIONS.

Purpose of this Notice:

The intent of this notice is to inform local government, cities, non-profit, and for-profit entities intending to submit applications for *Bond BHCIP Round 1: Launch Ready* grant funding of the formal process to request a **Letter of Support from the local county behavioral health agency**, as required for grant applications. The process will ensure projects being submitted for grant funding align with State criteria and local and State priorities for funding.

THIS IS AN INFORMATIONAL NOTICE ONLY. This notice is issued solely for information about a process for entities to obtain a Letter of Support from the County of San Diego, Behavioral Health Agency for entities submitting *Bond BHCIP Round 1: Launch Ready* grant fund applications. This informational notice does not constitute a Request for Proposal or a promise to issue a solicitation in the future. Entities do not need to respond to this informational notice.

This information notice does not commit the County to contract for any supply or service whatsoever.

Entities submitting applications for *Bond BHCIP Round 1: Launch Ready* grant funding are advised that all costs associated with developing and submitting a grant application will be solely at the interested party's expense. The County will not pay for any information or administrative costs incurred related to grant submissions. It is the responsibility of the entities to monitor the State's information related to *Bond BHCIP* grant funding.

This informational notice includes the following attachment:

- *BHCIP Round 1 Launch Ready Grant - Process for Entities to Request a Letter of Support* (form)
- *BHCIP Round 1 Launch Ready Grant - Sample Letter of Support* (template)

Request a Letter of Support

If your organization will be applying for ***Bond BHCIP Round 1: Launch Ready*** grant funding, please review the Bond BHCIP Round 1: Launch Ready grant funding RFA and *Prop 1 BHCIP - Process for Entities to Request Letters of Support (attached form).*

Visit our webpage for instructions on obtaining a Letter of Support at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/bond-bhcip-los-process-round-1/

Send the completed form to: BHSContactUs.HHSA@sdcounty.ca.gov.

Please include: **BHCIP Round 1: Launch Ready Grant and the name of the entity** in the subject of the email**. *Example:*** *BHCIP Round 1: Launch Ready Grant (Name of Entity)*.

Requests for Letters of Support must be submitted to the County **six weeks prior to the date they are needed,** so entities should plan accordingly. Late requests may not have sufficient time to be considered.

Questions

Questions regarding this informational notice can be sent via email to Behavioral Health Services at BHSContactUs.HHSA@sdcounty.ca.gov.

Other Information

To receive automatic updates on this informational notice, you may register on BuyNet https://buynet.sdcounty.ca.gov under the following commodity codes: 85120000 medical practice and/or 85100000 comprehensive health services.

Please note that all information may be subject to disclosure under the California Public Records Act.

Please note: This informational notice is **not** a Request for Proposal nor a Request for Bid and does not constitute an award. It is for informational purposes only.

Entity requesting Letter of Support must include the information highlighted in yellow. Requests for Letters of Support must be submitted to the County six weeks prior to the date needed.

County of San Diego

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

Month Day, 2024

Name of Person Authorized to Apply for Grant Funding, Title
Entity Name
Entity Address.
City, CA Zip

SUPPORT FOR NAME OF ENTITY *BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM (BHCIP) ROUND 1: LAUNCH READY* GRANT APPLICATION

Dear Name of Applicant,

County of San Diego (County), Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) is pleased to support Name of entity in their submission of a proposal to the *Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1: Launch Ready* Grant. The Name or project located at address of project will include brief description of project (development, construction, purchase, etc.).

The proposed project will add new description of services, capacity to be added (# beds, slots, etc.) to support ages of people served (children, youth, TAY, adults, etc.) with serious mental health, serious emotional disturbance, or substance use disorders who are Medi-Cal eligible. The Name of project aligns with all State criteria, priorities outlined in the Request for Applications and County of San Diego Behavioral Health Services priorities.

Brief background on provider and history providing services described.

This new facility briefly describe benefit to people in need of care, data demonstrating need, alignment with State/County priorities, population served, region served, improved access, how services support equity, etc.

BHS is pleased to support entity's name to add new capacity and provide the full continuum services outlined above, with an emphasis on Medi-Cal beneficiaries, which aligns with our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities.

For any questions, please contact Nadia Privara, Assistant Director, Behavioral Health Services at Nadia.Privara@sdcounty.ca.gov.

Sincerely,

LUKE BERGMANN, Ph.D., Director
Behavioral Health Services
Health and Human Services Agency

LB/np

Annual QA MH Knowledge Forum
FY 2024-25

County of San Diego Health and Human Services Agency

Behavioral Health Services
Health Plan Operations Unit
Mental Health Plan – Quality Assurance Unit

Forum occurred on August 7, 2024.
Recording of the forum and presentation will be available at the references tab of:
MHP Provider Documents (optumsandiego.com)

FY 24-25 QA MH Annual Knowledge Forum

- Everyone is muted on entry
- Questions will not be answered during the training, please put questions in the chat
- QA will send out a Q&A following the training
  - Questions & Answers have been added to presentation at end of slides
- All information is accurate as of August 7, 2024
  - For future updates, please reference any communications from BHS, including the monthly Up To the Minute (UTTM)

FY 24-25 QA MH Annual Knowledge Forum Agenda

- State of the State – *State and County level updates*
- HPO Unit Organization Chart – QA Unit introductions
- DHCS BHIN's in Review – *FY 23-24 Key Updates*
- Quality Assurance Performance Review – *The Medical Record Review process revised and rebranded*
- *10min Break (approximately 10:30 – 10:40)*
- Understanding Beneficiary Rights - *Grievances & Appeals and NOABDs*
- MHP/MCP MOU Annual Training
- The ABC's of Serious Incident Reporting

Annual Training State and County Updates

Tabatha Lang,
Operations Administrator

CalAIM Behavioral Health Initiatives- 2023

Policy:	Launch Date:	Major Milestones:
Standardized Screening and Transition Tools	January 2023	BHIN 22-065, APL 22-028, Adult Screening Tool, Youth Screening Tool, Transition of Care Tool, Translations (12 languages), Informational Webinars (6 total)
Behavioral Health Payment Reform	July 2023	BHIN 23-036, BHIN 23-026, BHIN 23-023, BHIN 23-017, BHIN 23-013, BHIN 22-046, Fact Sheet.
Medi-Cal Mobile Crisis Services	January 2023 Rolling implementation	SPA 22-0043
Justice Involved Initiative	SPA Approved January 2023 Multi-phase implementation	Webpage BHIN 23-059
Behavioral Health Administrative Integration	January 2025/January 2027	Concept Paper (January 2023), Informational Webinars, Early Implementers Workgroup.

State's Audit Process for Counties

- Updated beginning FY 23-24
  - Systemic Focus
  - Continued focus on FWA for recoupment rather than isolated errors
  - One onsite process when Specialty Mental Health Services and DMC-ODS audits occur in the same year
  - Counties are provided the opportunity to officially respond to audit findings before release of the report

Justice Involved Initiative

Justice Involved Initiative – cont'd

- Targeted pre-release services within the 90-day period prior to release to support transition from correctional facility

- Pre-release service providers will determine need for Behavioral Health Links

Justice Involved Initiative – cont'd

- BH Links promote continuity of treatment and correctional facilities are required to facilitate referrals/links to post-release behavioral health provider and share information with the individual's Health Plan
- Locally, BHS is working to identify referral pathway to ensure coordination of care and compliance with BH linkages
- BHS must be ready for referrals by October 1, 2024 (may come from other counties)
- Local correctional facilities looking to implement pre-release services in 2025

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 Demonstration

- As part of CalAIM, California pursued a Section 1115 Demonstration to increase access to and improve mental health services for Medi-Cal members living with significant behavioral health needs.

The objectives include:

- Amplify the state's ongoing investments in behavioral health and further strengthen the continuum of community-based care.

BH-CONNECT Objectives, cont

- Meet the specific mental health needs of children, individuals who are justice involved, and individuals experiencing or at risk of homelessness.

- Ensure care provided in facility-based settings is high-quality and time-limited

- Central Goal: Expand a robust continuum of community-based behavioral health care services for Medi-Cal members living with significant behavioral health needs.

BH-CONNECT Section 1115 Demonstration

Find the BH-CONNECT Section 1115 demonstration application and public hearing materials posted on https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx

Demonstration Authority Being Requested

"*" Indicates Statewide v. Opt In.

- Workforce initiative to invest in a robust, diverse behavioral health workforce to support Medi-Cal members living with SMI/SED and/or a SUD*
- Activity Stipends to ensure children and youth involved in child welfare have access to extracurricular activities that support health and wellbeing*
- Cross-sector incentive program to support children and youth involved in child welfare who are also receiving specialty mental health services*
- Statewide incentive program to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes*
- Incentive program for opt-in counties to support and reward counties in implementing community-based services and EBPs for Medi-Cal members living with SMI/SED and/or a SUD
- Transitional rent services for up to six months for eligible high-need members who are experiencing or at risk of homelessness
- FFP for care provided during short-term stays in IMDs

BH-CONNECT- Forthcoming State Plan Amendment

- **Assertive Community Treatment (ACT)** *(SMHS)*
- **Forensic ACT (FACT)** *(SMHS)*
- **Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)** *(SMHS)*
- **Individual Placement and Support (IPS) model of Supported Employment** *(SMHS & DMC-ODS)*
- **Community health worker services** *(SMHS & DMC-ODS)*
- **Clubhouse services** *(SMHS)*
- **Transitional rent services** *(SMHS & DMC-ODS)*

BH-CONNECT Section 1115 Demonstration

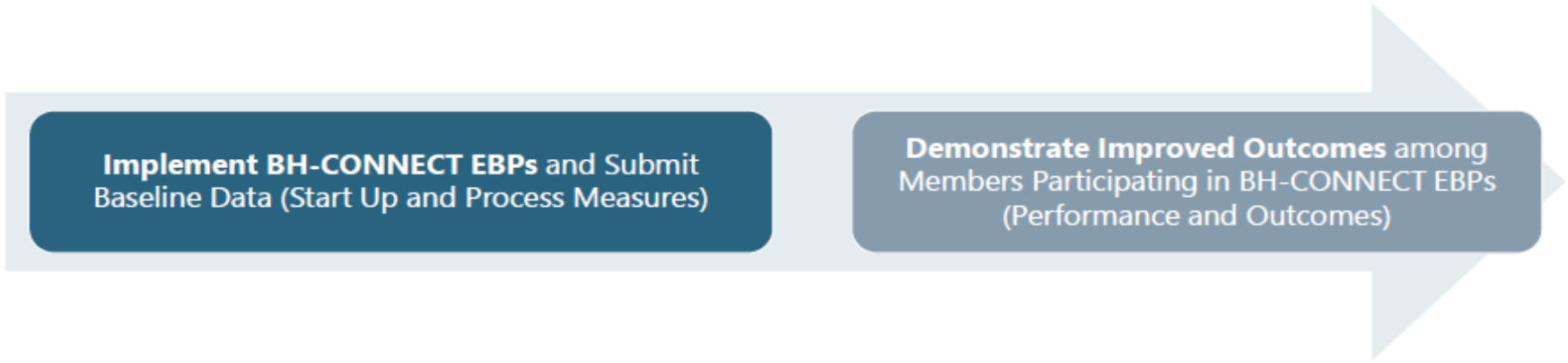
Overview: Statewide Features

- **Workforce initiative** to invest in a robust, diverse behavioral health workforce to support Medi-Cal members living with significant behavioral health needs.
- **Statewide incentive program** to support behavioral health delivery systems in strengthening quality infrastructure, improving performance on quality measures, and reducing disparities in behavioral health access and outcomes.
- **Centers of Excellence** to offer training and technical assistance to delivery systems and providers to support fidelity implementation of EBPs
- Implementation of **other CMS milestones** (to be described in implementation plan)

- **Cross-sector incentive program** to support children and youth involved in child welfare who are also receiving specialty mental health services.
- **Activity Stipends** to ensure children and youth involved in child welfare have access to community and school-based activities that support health and well-being.
- Clarification of **coverage requirements for EBPs** for children and youth, including for Multisystemic Therapy (MST), Functional Family Therapy (FFT), Parent-Child Interaction Therapy (PCIT), and potentially additional therapeutic modalities
- Establishment of an **initial child welfare/specialty mental health assessment** at the entry point into child welfare
- Inclusion of a **County Child Welfare Liaison** within MCPs

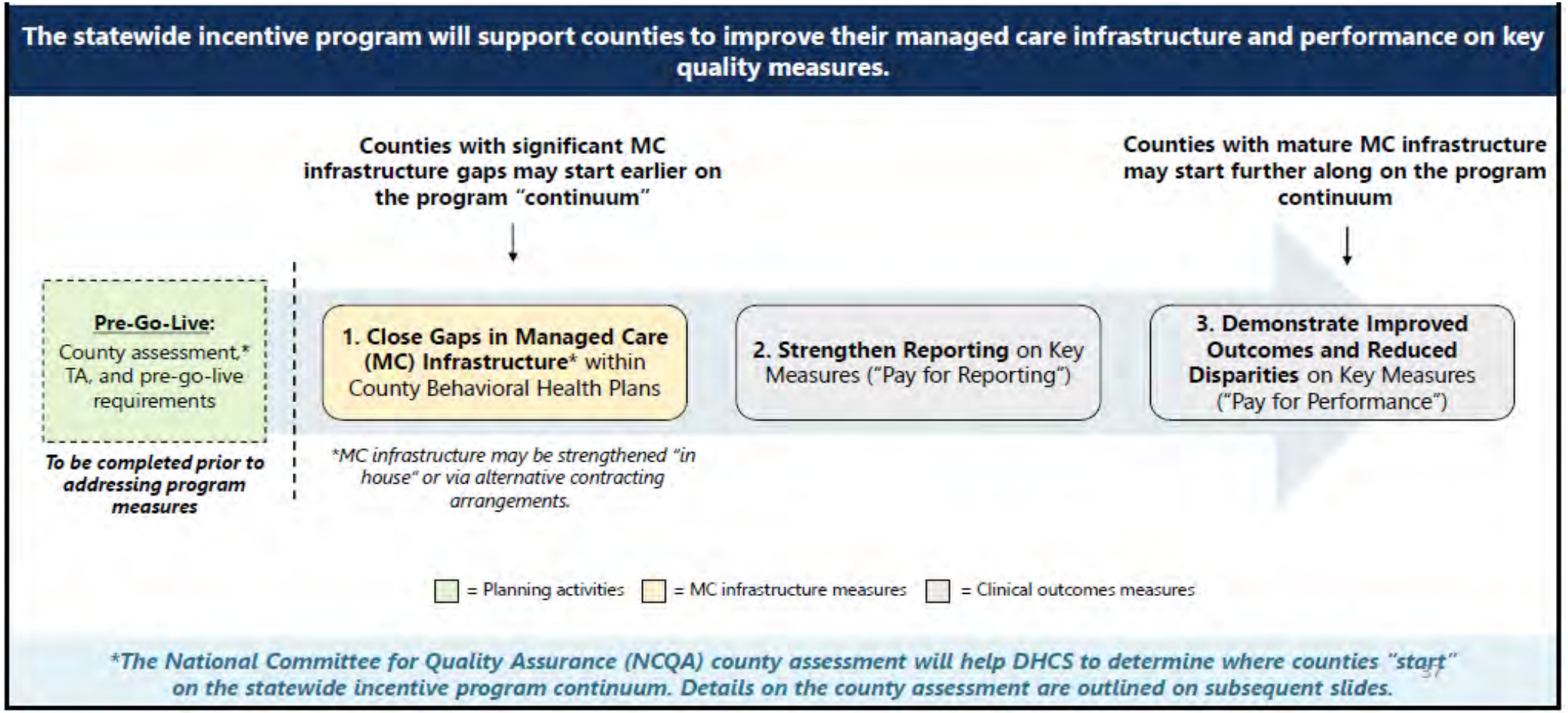
BH-CONNECT Section 1115 Demonstration EBP INCENTIVE PROGRAM

The EBP incentive program will go live January 1, 2025 and continue for five years through December 31, 2029. Initial years will support counties in implementing BH-CONNECT EBPs for adult Medi-Cal members,* while later years will focus on performance and outcomes.**



**EBPs for children and youth are covered under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and are therefore not a focus of the EBP incentive program.*

STATEWIDE INCENTIVE PROGRAM



The National Committee for Quality Assurance

The assessment will focus on areas most relevant to counties in fulfilling BH-CONNECT expectations and avoid duplication with other reporting initiatives.

- Prior to beginning the assessment, counties will be granted access to training materials, including the full list of MBHO standards included in the assessment, to inform their decision on whether to participate.
- The assessment will focus only on the **two categories of MBHO standards (of five total*)** that are most relevant to counties' participation in BH-CONNECT and quality improvement activities (highlighted at right):
  1) Quality Management and Improvement
  2) Care Coordination
- DMC-ODS counties will complete a single assessment inclusive of SMHS and DMC-ODS managed care functions.

MBHO Standards Focus Areas

Included in assessment:

- **Quality Management and Improvement**
- **Care Coordination**

Not included in assessment:

- Utilization Management
- Credentialing and Recredentialing
- Members' Rights and Responsibilities

Senate Bill 43

- Senate Bill (SB) 43 makes changes to the Lanterman-Petris-Short (LPS) Act –a California law governing involuntary detention, treatment, and conservatorship of people with behavioral health conditions. The criteria by which people may be civilly detained under the LPS Act includes danger to self; danger to others, or; grave disability.
- SB 43 expands the definition “gravely disabled” to include (new elements in bold text):
- People with a mental health disorder, **a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder,**
- And, who are unable to provide for their basic needs for food OR clothing OR shelter **OR access to necessary medical care OR personal safety.**
- SB 43 also makes the following changes:
- Expands the array of testimony that can be submitted into conservatorship proceedings without requiring in-person cross examination.
- Requires counties consider less restrictive alternatives in conducting conservatorship investigation.
- Expands State reporting requirements.
- **The County Board of Supervisors adopted a Resolution to delay implementation of SB 43 to January 1, 2025.**

SB 43- BHS Key Strategic Areas

- Starting in January 2024, the County began convening a multi-sector planning group to support rapid implementation of SB 43. Planning efforts are supporting four key strategies needed to support readiness for the changes brought forth by this major update to State law:
- Education and Training,
- Expanding treatment, services and supports for those with substance use disorder,
- Establishing alternatives to emergency departments for 5150 detentions, and
- Updating procedures and adding capacity to support the Office of the Public Conservator.
- Various sectors are involved in planning such as County (BHS, Law Enforcement, EMS, HSEC, and MCS), and Non-County (EDs, Hospitals, Substance Use Treatment Providers, Organizations Serving People Experiencing Homelessness, Harm Reduction Services.

Prop 1- Behavioral Health Service Act *aka* Behavioral Health Transformation (BHT)

- BHT complements and builds on California's other major behavioral health initiatives including, but not limited to, California Advancing and Innovating Medi-Cal (CalAIM) initiative, the California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration proposal the Children and Youth Behavioral Health Initiative (CYBHI), Medi-Cal Mobile Crisis, 988 expansion, and the Behavioral Health Continuum Infrastructure Program (BHCIP).

Behavioral Health Transformation (BHT)

- Californians voted to pass Proposition 1 to modernize the behavioral health delivery system, improve accountability and increase transparency, and expand the capacity of behavioral health care facilities. DHCS is enacting changes resulting from Proposition 1 through the Behavioral Health Transformation (BHT) project.

  The two legislative bills that created the language in Proposition 1 are:

- Behavioral Health Services Act SB 326
- Behavioral Health Infrastructure Bond Act AB 531

Behavioral Health Transformation (BHT)

- Expands eligible services to include treatment for substance use disorders (SUDs) alone and allows counties to use funds in combination with other state and federal funds to expand SUD services. Because of the expansion to cover SUD, the bill updates the name of the MHSA to the Behavioral Health Services Act (BHSA).

Behavioral Health Transformation (BHT), cont.

- Modernizes county allocations (90% of total BHSA funds) to require the following priorities and encourages innovation in each area
- 30% for Housing Interventions
  - To include rental subsidies, operating subsidies, shared housing, family housing for children and youth who meet criteria, and the non-federal share for certain transitional rent.
    - Half of this amount (50%) is prioritized for housing interventions for the chronically homeless.
    - Up to 25% may be used for capital development

Behavioral Health Transformation (BHT), cont.

- 35% for Full Service Partnership (FSP) programs (also known as the “whatever it takes” model)
- 35% for Behavioral Health Services and Supports
  - A majority (51%) of this amount must be used for Early Intervention in the early signs of mental illness or substance misuse. ▪ A majority (51%) of these Early Intervention services and supports must be for people 25 years and younger
- Allows some movement from one category into another within limits

Behavioral Health Transformation (BHT), cont.

- Creates new state-wide, state-led investments (10% of total BHSA funds):
  - Prevention (4% of total funding)
  - Workforce (3% of total funding)
  - Statewide oversight and monitoring (3% of total funding)

Behavioral Health Transformation (BHT), cont.

- Expanding BH workforce to reflect and connect with CA diverse population
- Focus on outcomes, accountability and equity
- Infrastructure
  - Construction of BH treatment & residential care setting and permanent supportive housing
  - Housing for Veterans with BH needs
  - DHCS and BHS Planning underway and more to come

Overall, there are **continued** changes before us so

Quality Assurance Analyst Team

County of San Diego Health and Human Services Agency

Behavioral Health Services

Health Plan Operations Unit

HPO QA Analyst Team

Erin Shapira
Program Coordinator

Lorena Gonzalez Fabiny
Analyst Supervisor

Tesra Widmayer
Analyst

Kevin Harrison
Analyst

Quality Assurance Mental Health Team

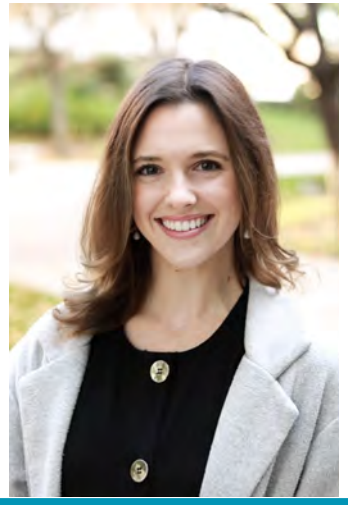
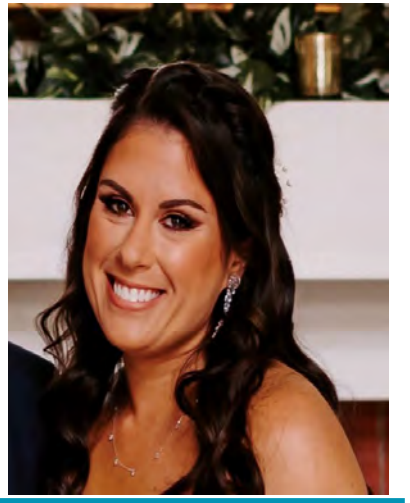
County of San Diego Health and Human Services Agency

Behavioral Health Services
Health Plan Operations Unit

BHS Health Plan Operations Leadership Team - Mental Health Plan (MHP)



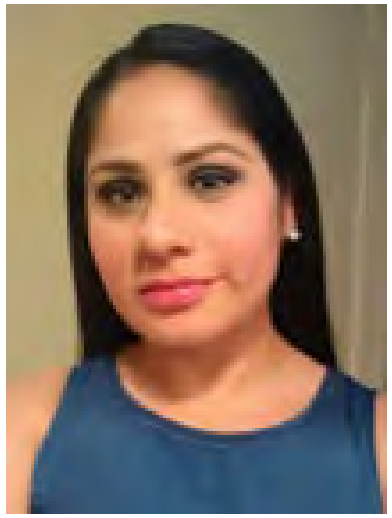


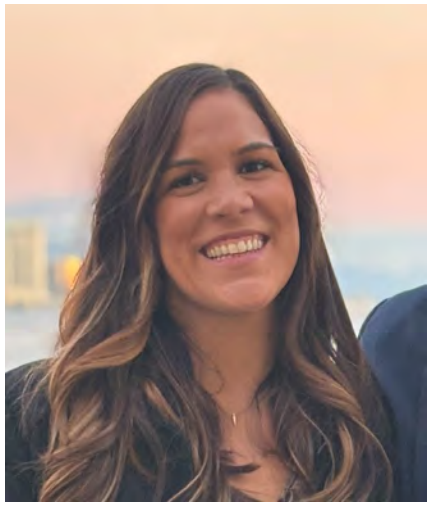



BEHAVIORAL HEALTH LEADERSHIP

Jill Michalski, LCSW	Heather Rey, LMFT	Kristi Jones, LMFT	Elaine Mills, LMFT	Makenna Lilya, LMFT	Rachel Fuller, LPCC
Behavioral Health Program Coordinator, MH QA Team	Behavioral Health Program Coordinator, QA/SmartCare Implementation Team	QA Supervisor- BHIN reviews, LPS Lead Supervisor, CAPS QA/UR Supervisor, CAPS Inpatient Manual	QA Supervisor- Grievances/Appeals, CCHEA/JFS Appeals & State Hearings, Conlan Claims, LTC Appeals, Presumptive Transfer	QA Supervisor- SIR Supervisor, CCR and CME Supervisor, PERT/Crisis SME, Credentialing & License Waivers, Claim It Anyways	QA Supervisor- OPOH, Unit Ops, Form Development, UTTM, IOP/PHP Day Treatment SME, Optum Web, MMOC

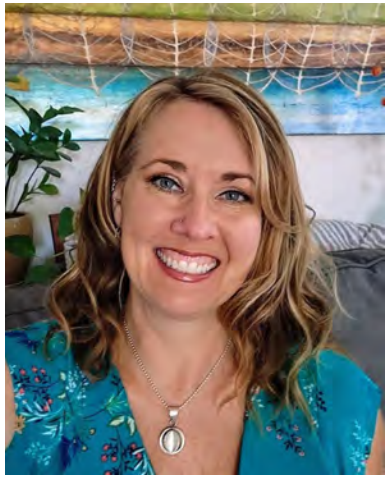
HPO MH Quality Assurance Team





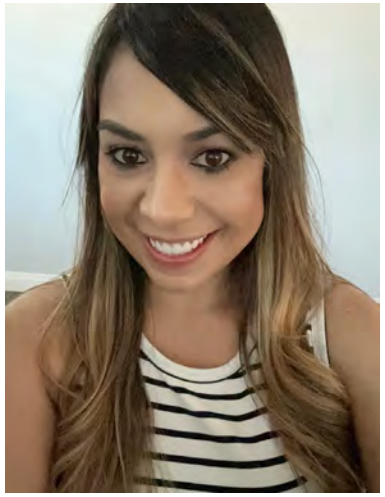
Liliana Cerrillo, LMFT	Emily Duval, Psy.D.	Brianna Gilbert, LPCC	Michelle Hemmings , Psy.D.
Rady's CAPS UR Lead	Suicide Dashboard Mgmt	Grievance/Appeals	LPS Certification Review
CAPS MCE/URC Meeting Rep	Clinical Case Review	CCHEA/JFS Reviews	LPS Meeting Rep
Optum UR	RCA Trainer	Conlan Claims	ACL Test Calls

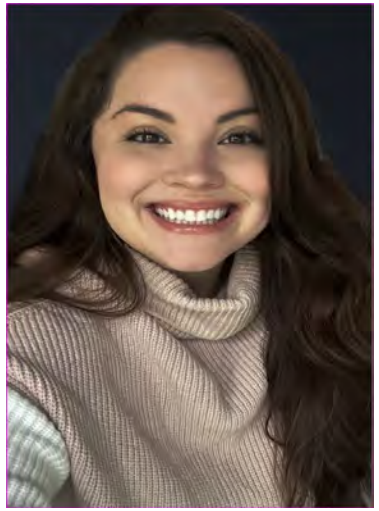
HPO MH Quality Assurance Team



Besan Ritz, LMFT	Michelle Vidana, LPCC	Taylor Tran, LMFT	Vicki Bynum, LMFT
Serious Incident Report Lead	Serious Incident Reports	Serious Incident Reports	Serious Incident Reports
RCA Trainer	Medication Monitoring Oversight		License Waivers
Clinical Case Review			

HPO MH Quality Assurance Team





Lisa O'Connor, LMFT	Monica Huezo, LPCC	Claudia Torres, LMFT	Katie Cheely, LCSW
County Operations QA	Justice Enhanced Treatment Mtg Rep	Grievance/Appeals	LPS Certification Reviews
County CM/ICM QA	Grievance/Appeals	LTC Appeals	Inpatient Handbook
	LTC Appeals	Conlan Claims	ACL Test Calls

HPO MH Quality Assurance Team

Dawn Jennings, LMFT	Gina Cordato	Crystal Gaza	Christian Soriano
Rady's CAPS UR	Optum UR	Rady CAPS UR	QA Office Support Specialist
Optum UR	Claim It Anyways		Master Virtual Meeting Host
PAC Meeting Minutes			

FY 23-24 in Review: Key BH Information Notices

BHIN 23-055

- Provided notification of amendments made to the Lanterman-Petris-Short (LPS) Act pursuant to AB 2275, including changes to processes for involuntary detentions and certification hearings.
  - Added language that the 72-hour period begins at the time the person is first detained. W&I Code section 5150 now includes subdivision (k) which requires a facility to which a person who is involuntarily detained has been transported to notify the county's patients rights advocate if person has not been released with 72 hours of detainment.
  - Removed the option to postpone certification review hearings for 48 hours, or in counties with a population of 100,000 or less, until the next regular scheduled hearing date.
  - Requires a certification review hearing be held for persons who have not been certified for intensive treatment pursuant to W&I Code section 5250 but remain detained pursuant to W&I Code section 5150. Hearing shall be held within 7 days of the date of initial detainment.
  - Amended W&I Code section 5350 to state that failure to commence the trial within the required time period is grounds for dismissal of the conservatorship proceedings.
  - Changed that the officer providing a conservatorship investigation must set forth all available alternatives, including all less restrictive alternatives, for any person subject to investigation, regardless of whether the officer recommends for or against conservatorship.

BHIN 23-059

- Medi-Cal Justice Involved Reentry Initiative: Provided information and directives to implement new requirements for reentry services to Medi-Cal members who are leaving incarceration. Ensures all eligible juvenile and adult inmates of state prisons, county correctional facilities have access to needed Medi-Cal covered services upon reentry to community.
  - DHCS released the "Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative" on 10/20/23 which describes new requirements and outlines roles and responsibilities of correctional facilities, Medi-Cal Behavioral Health Delivery Systems, MCPs and other Medi-Cal partners.
  - Goal is to build a bridge to community-based care for justice involved Medi-Cal members by offering services up to 90 days prior to release to help stabilize their health conditions and establish a plan for their community-based care.
  - Qualifying individuals will receive covered outpatient prescribed medications and durable medical equipment upon release.
  - It is the responsibility of correctional facilities to ensure pre-release services are provided.
  - Upon release, justice-involved members shall be promptly connected to community based services through coordinated behavioral health links (BH Links).
  - Medi-Cal Behavioral Health Delivery Systems are required to implement all components of BH Links by 10/1/24.

BHIN 24-011

- Provided notification of Senate Bill (SB) 43. Lanterman-Petris-Short (LPS) Act: changes to the definition of “gravely disabled”; changes for conservatorship proceedings; expanded data collection requirements.
  - SB43 amends the definition of Grave Disability to a condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. Includes a condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for his or her their basic personal needs for food, clothing, or shelter. shelter, personal safety, or necessary medical care.
  - Adds Severe substance use disorder’ means a diagnosed substance-related disorder that meets the diagnostic criteria of ‘severe’ as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
  - Personal safety means the ability of one to survive safely in the community without involuntary detention or treatment
  - While operating within the scope of their practice, determines to be necessary to prevent serious deterioration of an existing physical medical condition which, if left untreated, is likely to result in serious bodily injury
  - W&I Code Section 5350 permits for a conservator to be appointed for a person who is gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism. SB43 makes clarifying amendments.

BHIN 24-013

- Notifies stakeholders of Phase II data collection requirements related to involuntary treatment under the Lanterman-Petris-Short (LPS) Act in regards to SB929 Phased Implementation.
  - Phase I was rolled out according to BHIN 23-015 in 2023 which expanded reporting requirements for LPS Designated facilities to report on additional demographic data and report via online portal replacing the DHCS 1008-1009-1010 forms.
  - BHIN 24-013 introduces and implements Phase II of the data collection requirements specified in W&I Code section 5402 and a new online portal Nintex for submission. Additional SB43 reporting requirements were included in this Phase.
  - Phase II Data Elements:
    - Number of individuals detained or detained for 72 hour assessment, evaluation and crisis intervention by condition type
    - Number of individuals admitted for 14 day, additional 14 day intensive treatment by condition type
    - Number of individuals admitted for 30 day , additional 30 day intensive treatment by condition type
    - Number of individuals admitted for 180 day post certification intensive treatment by condition type
    - Number of persons transferred to mental health facility pursuant to Section 4011.6 of Penal Code
    - Number of persons for whom temporary conservatorship was established
    - Number of persons for whom conservatorships were established
    - Number of times an individual was admitted in that reporting period for each type of hold
    - Demographic Data including Primary Language
    - Number of County contracted beds

BHIN 24-020

- 2024 Network Certification Requirements for MHPs and DMC-ODS Plans
  - Expands and clarifies network adequacy certification submission requirements for FY 24/25

BHIN 24-023

- Standards for Specific Behavioral Health Provider Types and Services
  - Amends relevant sections within CCR Title 9 and Title 22
  - Provides the standards for Medi-Cal behavioral health delivery systems to implement State Plan Amendment 23-0026
  - Allows LPCCs, LVNs, LPTs, LOTs, MAs and CTs to provide specific Medi-Cal behavioral health services and removes existing limitations on field based services and individual counseling services in Drug Medi-Cal.
  - Provides Clinical Trainee and Medical Assistant Definitions
  - Updates to Short Doyle/Medi-Cal Claiming

BHIN 24-025

- Presumptive Transfer Related to Children and Youth In Foster Care Placed in Out-Of-County Short-Term Facilities
  - Provides guidance regarding implementation of AB 1051 which modifies the conditions and requirements for presumptive transfer when a child/youth in foster care is placed in certain out-of-county residential settings.
  - Effective 7/1/24 when a child/youth is placed outside of their county of original jurisdiction into a community treatment facility, group home, STRTP or admitted to a children's crisis residential program, the responsibility to provide or arrange and pay for SMHS shall remain with the MHP in the county of original jurisdiction with a few exceptions listed in the BHIN.
  - Outlines the Placing Agency Notification and Documentation Requirements
  - Outlines the Facility Notifications to the MHP Requirements
  - Outlines the MHP Responsibilities and Data Reporting Requirements

BHIN 23-068

- Provided notification of updates to documentation requirements for SMH and DMC-ODS.

  - Updated member chart documentation requirements effective 1/1/2024.
  - Standardized Assessment Requirements
  - SMHS Assessment 7 Domain Requirements
  - Problem List Requirements
  - Progress Note Requirements
  - Care Planning Requirements
  - Documentation of Telehealth Services

Documentation Redesign Changes (BHIN 23-068)

Assessments

- BHA is now a uniform assessment consisting of 7 domains.
  - Presenting problem
  - Trauma
  - Behavioral Health History
  - Medical History
  - Social and Life Circumstances Culture/Religion/Spirituality
  - Strengths, Risk Behaviors and Protective Factors
  - Clinical Summary and Recommendations

Problem List

- Provider responsible for member's care creates and maintains a problem list.
  - Problem list may include symptoms, conditions, diagnoses, social drivers, risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters or other types of service encounters.
  - It must include the name and title or credentials of the provider that identified, added or resolved the problem and the date the problem was identified, added or resolved.
  - Problem list shall be updated on an ongoing basis to reflect current presentation.

Progress notes

- Clarified that the day of service is considered day zero and all notes are to be completed within 3 business days.
- Each progress note shall provide sufficient detail to support service code selected.
- Must include: Type of service rendered, date of service, duration of direct care, location/place of service, legibly printed name and signature of provider and date of signature, brief description of how service addressed behavioral health needs and brief summary of next steps.

Care Planning Requirements

- There is no longer a requirement for a standalone client/care plan
  - Intent is to affirm that care planning is an ongoing, interactive component of service delivery.
- Some programs/services continue to require the use of care plans due to federal or state law.
- Required elements of the care plan shall be documented within the member record. (example: within assessment, problem list, progress notes or using a dedicated care plan template)

Final reminders

- Unless identified in the previous slides, all other requirements remain in effect
- Remember that disallowances are focused on themes related to fraud, waste, and abuse

Quality Assurance Program Reviews QAPR

Agenda

- Changes to ‘MRR’
- Program Compliance- Attestation Items
- PN Note Review
- Assessments
- Quality Of Care
- Special Populations
- Pharmacy Review

CHANGES TO THE 'MRR'

- Improving alignment with CalAIM and CalMHSA recommendations
- No pulling client charts, reviewing 10% of all program Servers billed notes
- Stronger overview of services provided over the date range
- More review of different service types and intensities
- Provides a more comprehensive and varied audit of the Program's overall services provided over the review period
- Standardized audit questions with additional review questions for specialized programs/populations

Provider Compliance Attestation

- The Compliance Attestation Tool will be provided to programs at the first date of your QAPR for completion.

- Program attestation form, for completion by the program
- Program should provide description of workflow, as applicable, for each element on the Tool.
- Attestation items may be requested by your specialist at any time prior to or following the QAPR review.
- *These may include: P&P's, example(s) of services provided, program internal records, outcome measures data, hybrid chart examples, etc

QAPR

All programs shall have processes in place to ensure, at a minimum:

1. Staff have proper credentials, experience, and expertise to provide client services; program is staffed to provide appropriate clinical supervision and oversight of staff requiring supervision in accordance with their perspective licensing/certification boards and DHCS requirements.
2. Staff shall document client encounters in accordance with funding source requirements and Health and Human Services Agency (HHSA) policies/procedures
3. Staff shall bill client services accurately, timely, and in compliance with all applicable regulations and HHSA policies and procedures
4. Processes to address errors or concerns regarding possible deficiencies or errors in the quality of care, client services, or client billing; action steps outlining how program will promptly correct problems if errors in claims or billings are discovered
5. “Paid Claims/Service Verification” Policies & Procedures to verify whether services reimbursed by Medi-Cal were actually provided to clients
6. Policy and Process for reporting any concerns about ethical, legal, and billing issues (or of suspected incidents of Fraud,Waste, or Abuse)

1. Utilization Management (UM) Program assuring that beneficiaries have appropriate access to SMHS, that services are medically necessary, Access Criteria and Medical Necessity Criteria shall be used to determine placement into the appropriate level of care, and that the interventions are appropriate for the diagnosis and level of care.
2. Processes and workflows demonstrating coordination of care/transition of care between delivery systems to “close the loop”
3. Processes and workflows to address concerns or gaps in client engagement for re-engagement in services or timely discharge.
4. Process and workflow ensuring staff are trained regarding serious incident reporting, safety/risk assessment and safety protocols to support beneficiaries identified with risk factors

PN Note Review

- Notes will be reviewed per Server, and at 10% of total provided billable services over the review period.
- 15 Total questions within this section
- Review of FWA, interventions/responses, correct documentation into the EHR, appropriately signed, and include required elements among other PN specific review items.
- Medications and medical conditions monitored for submission into the EHR, and informed medication consents also monitored within this section
- Problem list updates- in SmartCare the PL is attached to Service Notes

PN Note Review

- Recoupment is limited to areas of fraud, waste or abuse and correction of services that are not reimbursable by Medi-Cal.
  - Lock out settings
  - Claims that do not meet requirements: missing valid signature or co-signatures, do not meet required CPT midpoint for billable unit(s), no billable MH diagnosis
- Any concerns about ethical, legal, and billing issues (or of suspected incidents of FWA) should be reported immediately to: the HHSA Agency Compliance Office (ACO):
  - By phone at 619-338-2807, or
  - By email at Compliance.HHSA@sdcounty.ca.gov
  - or contact the HHSA Compliance Hotline at 866-549-0004
- Additionally, contact your program COR immediately and the MH QA team at QIMatters.HHSA@sdcounty.ca.gov

Assessments

- Reviewing programs to the ‘7 Domain’ standards set forth in BHIN 23-068
- Completion of assessment must fall within appropriate timelines
- Use of an ICD-10 and/or MH Z-Codes (Z55-65, Z03.89) and within scope of provider
- Formal Client Plan requirements and update requirements
- 5 total questions within this section

Quality of Care

- All-or-nothing questions related to quality management systems in place
- Risk and Safety Issues
- Co-occurring SUD and physical health needs care coordination
- CFT Meeting Requirements for ICC, TFC, IHBS
- 5 total questions within this section

CARE COORDINATION

- Care coordination services shall include one or more of the following components:
  - Coordinating with medical and SUD providers to monitor and support comorbid health conditions and ensure a beneficiary-centered and whole-person approach to wellness.
  - Discharge planning, including coordinating with other treatment providers to support transitions between levels of care and referrals to mental health providers, to recovery/SUD resources, and referrals to primary or specialty medical providers such as Enhanced Care Management (ECM).
    - "warm hand off" when transitioning to other levels of care or delivery systems
    - "closing the loop" to ensure referrals have been accepted, initial appointments scheduled and completed successfully.
  - Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups

Special Populations

Program- specific additional tabs for review alongside the standard QAPR questions meeting standards of care for these service lines:

- STRTP
- CRTP
- TBS
- TFC
- CSU/ESU
- MCRT/PERT
- IOP/PHP

Break!

Please return in 10 minutes

Grievance & Appeals NOABDs Understanding Beneficiary Rights

Notice Of Adverse Benefit Determination Notices (NOABD)

What is a Notice of Adverse Benefit Determination?

- ***Denial or limited authorization of a requested service, including determinations based on:***
  - Type or level of Service
  - Medical Necessity
  - Appropriateness
  - Setting
  - Effectiveness of a covered benefit.
- **Reduction, Suspension, or termination of a previously authorized service**
- **Failure to provide services in a timely manner**
- **Failure to acti within the required timeframes for standard resolution of grievances or appeals**
- **Denial of beneficiary's request to dispute financial liability.**

NOABD Notice Types

Denial of Authorization	Within 2 business days of decision	The Plan denies request for service
Delivery System Notice	Within 2 business days of decision	The Plan determined beneficiary does not meet criteria for SMHS – referral to MCP
Modification Notice	Within 2 business days	The Plan modifies or limits a provider's request for services.
Termination Notice	At least 10 days before the date of Action	Termination, reduction, or suspension of a previously authorized service. Includes AWOL, client unwilling to continue, termination AMA.
Authorization Delay Notice	Within 2 business days	When there is a delay in processing authorization of SMHS or SUD residential treatment.
Timely Access Notice	At the time of the action	When there is a delay providing timely services
Financial Liability Notice	At the time of the action	The Plan denies a request to dispute financial liability.
Payment Denial Notice	At the time of the action	The Plan denies a provider's request for payment for a service already delivered to the beneficiary.

NOABD: Choosing the correct notice

There are eight different notices. A template for each notice is available on the Optum website under the NOABD tab in all threshold languages.
Click here to view a table explaining the eight notices available on the Optum Website

- **The Termination Notice**
  - Most used notice
  - When a provider terminates, reduces, or suspends a previously authorized service for a beneficiary (i.e., crisis residential treatment)
  - Must be sent to the beneficiary when provider discharges for any reason other than successful completion of treatment.
- **The Timely Access Notice**
  - When requested services cannot be provided within the required timelines
- **Delivery System Notice**
  - The Plan/Program has determined the beneficiary does not meet criteria for SMHS and is referred to the MCP

NOABD: Choosing the correct notice (cont.)

- **The Denial of Authorization Notice**
  - The Plan denies a request for service.
  - Based on type/level of service, medical necessity, appropriateness, setting, or effectiveness of the service
- **Modification Notice**
  - When the Plan modifies a provider’s request for services
- **Payment Denial Notice**
  - When the Plan denies, in whole or part for any reason, a provider's request for payment for service that has already been delivered to a client.
- **Financial Liability Notice**
  - The Plan denies a beneficiary’s request to dispute financial liabilities.
- **Authorization Delay Notice**
  - When requested service authorization cannot be provided within timelines.

NOABD


Timelines
When does each notice need to be mailed/issued to the client?
AT THE TIME OF THE DECISION:
Timely Access Notice
Financial Liability Notice
Payment Denial Notice
WITHIN 2 BUSINESS DAYS OF THE DECISION/ACTION:
Denial of Authorization Notice
Modification Notice
Authorization Delay Notice
Delivery System Notice
AT LEAST 10 CALENDAR DAYS BEFORE THE ACTION/EFFECTIVE DATE:
Termination Notice
Note: If a client appeals their discharge and requests Aid Paid Pending, the program should keep the case open until the resolution of the appeal.

NOABDs and Appeals

- **Clients who disagree with their discharge or other adverse determination may file an appeal. Standard Appeals take up to 30 days to resolve.**

1. The Plan or Provider issues the applicable notice to the client, explaining their rights to an appeal, to request a continuation of services (Aid Paid Pending), and to request a State Fair Hearing.

2. An appeal must be Requested by the client who receives the notice. Appeals may be requested in writing or orally, and must be requested within 60 calendar days from the date of the NOABD.

3. JFS or CCHEA will obtain written consent from the client and begin an investigation. This may involve reviewing program policies and procedures, reviewing portions of the beneficiary's file, obtaining input from an independent clinical consultant, and interviewing any staff members involved.

4. JFS or CCHEA will issue a recommended Appeal Resolution Letter to the client, the program, and the County. The County then makes a final determination whether the decision on the notice is upheld .

Grievance & Appeal Beneficiary Information

Reminder!

Providers are required to have available/posted materials displayed in a prominent public place (such as the program waiting room/lobby) and/or be offered to the client, in **all** threshold languages, including:

- Grievance/Appeal Posters
- Grievance/Appeal Brochures
- Self-addressed envelopes with grievance/appeal forms
- Interpreter services notification
- Toll-free numbers that have adequate TTY/TTD and interpreter capability.
- Access and Crisis Line Posters
- Beneficiary Handbook
- Denial and Termination notices

MOU Requirements Between Medi-Cal Mental Health Plans/Drug Medi-Cal Organized Delivery System and Medi-Cal Managed Care Plans

DHCS Behavioral Health Information Notice

- The purpose of this new Behavioral Health Information Notice (BHIN) is to clarify the responsibilities of Medi-Cal Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) when entering into a Memorandum of Understanding (MOU) with Medi-Cal Managed Care Plans (MCPs).

- The BHIN also issued the MOU Template that is required to be utilized for MOU's between MHPs/DMC-ODS and MCPs.

- The BHIN documents the oversite and compliance requirements as well as reporting requirements to the Department of Health Care Services (DHCS).

- The MOU is intended to clarify roles and responsibilities between MHPs/DMC-ODS and MCPs and support local engagement, care coordination, information exchange, mutual accountability and transparency.

- MHPs/DMC-ODS must execute MOUs with MCPs by January 1, 2024

MOU Between MHP or DMC-ODS and MCP Requirements

- MHPs/DMC-ODS are responsible for providing medically necessary covered Specialty Mental Health Services and Drug Medi-Cal services to beneficiaries set forth in the State Plan and the DMC-ODS Intergovernmental Agreement, MCP Boilerplate Contract, including the coordination of a beneficiary's care.

- The MOU between the MHP or DMC-ODS and MCP shall serve as the primary vehicle for ensuring coordination of medically necessary services, including health-related social service needs, when beneficiaries are accessing services from both systems.

- Describes the services that each party must coordinate for beneficiaries.

- Describes each party's provision of services and oversight responsibilities.

- Requires each party to provide educational materials to beneficiaries and network providers about accessing medically necessary services. Train network providers, subcontractors and downstream subcontractors on MOU requirements and services provided by each party.

MOU Between MHP or DMC-ODS and MCP Requirements

- Describes required policies and procedures covering beneficiary screening and assessment, including administering the applicable Screening and Transition of Care Tools for Medi-Cal Mental Health Services and administering Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT) to DMC-ODS beneficiaries ages 11 and older. The MOU requires each party to refer beneficiaries to the other party as appropriate and describes each party's referral process.

- Describes the requirements for coordinating beneficiary access to care and describes the policies and procedures for coordinating care between the parties, addressing barriers to care coordination, and ensuring the ongoing monitoring and improving of such care coordination. Includes requirements for parties to coordinate provision of medically necessary services, treatment planning, clinical consultation, Enhanced Care Management (ECM), Community Supports, and prescription drugs.

- Requires parties to have policies and procedures to ensure the continued care coordination for services in the event of a disaster or emergency.

- Describes the parties' quality improvement (QI) activities to ensure oversight and improvement of the MOU requirements.

MOU Between MHP or DMC-ODS and MCP Requirements

- Requires MHP or DMC-ODS to retain all documents related to the MOU requirements for at least ten years.

- Describes the minimum data and information that the parties must share to ensure the MOU requirements are met and describes the data and information the parties may share to improve care coordination and referral processes, and requirements for parties to share information about beneficiaries as set forth in the MHP-MCP MOU and DMC-ODS-MCP MOU template and in accordance with federal and state privacy laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2.

- Describes the policies and procedures for resolving disputes between the parties and the process for bringing the disputes to DHCS when the parties are unable to resolve disputes between themselves.

- Describes additional general contract requirements.

MOU Compliance and Oversight Requirements

- The MHP and DMC-ODS County compliance officer must designate a responsible person(s) for overseeing MHP's and DMC-ODS compliance with the MOU.
  - Conduct regular meetings, on at least a quarterly basis, to address policy and practical concerns that may arise between MOU parties.
  - Ensure executive participation in MOU quarterly meetings from both parties.
  - Report on the party's compliance with the MOU to the Compliance Officer no less frequently than quarterly.
  - Ensure there is sufficient staff at the MHP and DMC-ODS to support compliance with and management of the relevant MOU and it's provisions.
  - Ensure subcontractors, downstream subcontractors, and network providers, as applicable, comply with any applicable provisions of the MOUs.
  - Serve as or designate a person at the MHP and DMC-ODS to serve, as the day-to-day liaison with the MCP or MCP programs.

MOU Compliance and Oversight Requirements

- MHPs and DMC-ODS Counties must work collaboratively with MCPs to establish dispute resolution processes and timeframes within the MOU.
  - Includes how the MHP or DMC-ODS County will work with the MCP to resolve issues related to coverage or payment of services under conflicts regarding respective roles for case management for specific beneficiaries, or other concerns related to the administered services to beneficiaries.

- MHPs and DMC-ODS Counties and MCPs must complete the plan-level dispute resolution process. If the parties fail to resolve the dispute, either party must submit a written “Request for Resolution” to DHCS. If the MHP or DMC-ODS County submits the Request for Resolution, it must be signed by the county behavioral health director.

- MHPs and DMC-ODS Counties must provide training and orientation of MOU requirements with subcontractors, downstream subcontractors, and network providers, as applicable, on an annual basis, at a minimum. The training must include information on MOU requirements and the services that are provided or arranged for by each party and how those services can be accessed or coordinated for the beneficiary.

- Starting January 1, 2025, MHPs and DMC-ODS Counties must submit an annual report that includes updates from the quarterly meetings with the MCP and the results of their annual MOU review to DHCS.

Healthy San Diego Managed Care Plans (MCP)

HHSA

Healthy San Diego

Medi-Cal Managed Care Plan Contact Card

Health Plan	Member Services/Transportation	Behavioral Health	Telephone Medical Advice Line	Vision Services	Medi-Cal RX	Denti-Cal
Blue Shield CA Promise Health Plan	1-855-699-5557	(855) 321-2211	1-800-609-4166	1-855-699-5557	(800) 977-2273	(800) 322-6384
Community Health Group	1-800-224-7766	(800) 404-3332	1-800-647-6966	Vision Service Plan 1-800-877-7195	(800) 977-2273	(800) 322-6384
Kaiser Permanente	1-800-464-4000	(833) 579-4848	1-800-290-5000	1-800-464-4000	(800) 977-2273	(800) 322-6384
Molina Healthcare	1-888-665-4621	(888) 665-4621	1-888-275-8750	March Vision Services 1-888-463-4070	(800) 977-2273	(800) 322-6384

County Mental Health Plan To access Specialty Mental Health and the Drug Medi-Cal Organized Delivery System 1-888-724-7240	**Jewish Family Service** Patient Advocacy Program Complaints & Grievances/Inpatient & Residential 1-800-479-2233	**Consumer Center for Health Education & Advocacy** Patient Advocacy Program Complaints & Grievances/Outpatient services 1-877-734-3258

Pharmacy benefits for all Medi-Cal recipients are covered by the State's Medi-Cal Rx. Program (800) 977-2273

blue california Promise Health Plan · Community Health Group · Kaiser Permanente · Molina Healthcare

05/2024 Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including Specialty Mental Health, Drug Medi-Cal Organized Delivery System and Denti-Cal

Healthy San Diego Drug Medi-Cal Managed Care Plans (MCP)

Drug Medi-Cal Quick Guide

Health Plan	Medi-Cal Specialty Mental Health and Drug Medi-Cal Services	Medi-Cal Managed Care Plan Behavioral Health Services (For Mild to Moderate Mental Health Conditions)
Blue Shield CA Promise Health Plan Blueshieldca.com/promise	San Diego Access & Crisis Line (888) 724-7240	Blue Shield CA Promise Health Plan (855) 321-2211
Community Health Group Chgsd.com	San Diego Access & Crisis Line (888) 724-7240	Behavioral Health Services (800) 404-3332
Kaiser Permanente KP.org	San Diego Access & Crisis Line (888) 724-7240	Kaiser Permanente, Department of Psychiatry (877) 496-0450
Molina Healthcare MolinaHealthcare.com	San Diego Access & Crisis Line (888) 724-7240	Molina Healthcare (888) 665-4621

Optum San Diego Website Healthy San Diego

- Optum San Diego Website houses resources/educational materials for Medi-Cal Specialty Mental Health Service Providers and Drug Medi-Cal Organized Delivery System Providers.
  - https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/healthysandiego.html

- The MHP-MCP MOU and the DMC-ODS-MCP MOU will be posted on the Optum San Diego Website-Healthy San Diego Page.

Serious Incident Reporting
SIR Requirements and Process

Serious Incident Reporting (SIR)

- *Types of serious incidents & why significant
- *SIR/SIROF reporting process
- *Important timelines & terminology
- *Tips Sheets & Resources

- **SIR Team:**
- Besan Ritz, LMFT
- Michelle Vidana, LPCC
- Taylor Tran, LMFT
- Vicki Bynum, LMFT

SIR Supervisor:

- Makenna Lilya, LMFT

Serious Incident Reporting (SIR)

What are serious incidents & why do I need to report them?

- Incidents that have a direct or indirect impact on the community, patients, staff, and/or the SUD treatment provider agency as a whole and are required to be investigated and evaluated at the provider agency level.
- Information should be used on a routine basis to improve accessibility, health, and safety, and address other pertinent risk management issues.
- There are two different types of serious incidents: Level One & Level Two

Why do I need to make a phone report and complete the SIR form?

- Phone reporting is essential for notifying County QA immediately or within outlines timeframe, which gives providers more time to complete and submit the report

NOTE:

*SIR forms must be typed; handwritten forms will be returned

*All fields must be completed unless otherwise noted; incomplete forms will be returned

*Please reference the SIR Tips Sheet for guidance on completion of each section of the form (Optum website under "Serious Incident Reporting" tab

So, what is the difference between a Level One Serious Incident and a Level Two Serious Incident?

Serious Incident Reporting (SIR) – Level One

- ***Level 1 SIR -The most severe type :***
- Reported in the Media (including social media, if account is public)
- Death or serious injury on the program's premises
- Event with a significant deviation from the usual process for providing care (medication errors, inappropriate boundaries/staff relations, etc.)
- Must be called into the SIR Reporting Line ***immediately*** upon knowledge & the SIR form completed and submitted to QI Matters within **24 hours** of incident knowledges
- *What if the serious incident occurs on a weekend?* – Reporting process is under review

What is considered a serious physical injury?

Serious physical injury to a client which may require hospitalization where the injury is directly related to the client's mental health or substance use functioning and/or symptoms. Serious bodily injury references an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of bodily function, limb, organ, or of mental faculty (i.e., fracture, loss of consciousness), or injuries requiring medical intervention, including but not limited to hospitalization, surgery, transportation via ambulance, or needing physical rehabilitation.

Serious Incident Reporting (SIR) – Level Two

- ***Level 2 SIR :***
- Any serious incident that does not meet the criteria of a Level One serious incident
- Must be called into the SIR Reporting Line within **24 hours** of incident knowledge
- SIR form completed and submitted to QI Matters within **72 hours** of incident knowledge
- *What if the serious incident occurs on a weekend?* – No change to current reporting requirements

What is an unusual occurrence?

An incident that may indicate potential risk/exposure for a County operated or contracted provider (per Statement of Work), client, or towards the community that does not meet the criteria of a serious incident (SIR).

See OPOH (Section G)/SUDPOH (Section I) for examples.

Serious Incident Report of Findings (SIROF)

- ***What are serious incident report of findings (SIROF) & why do I need to submit them?***

  *All serious incidents shall be reviewed & investigated by the program. The SIROF is the report of the review & investigation with relevant findings, interventions, and recommendations.

- Due within ***30 calendar days*** of knowledge of incident. Programs are responsible for submitting the SIROF within the required timelines and requesting extension requests as needed.

- ***When is the Root Cause Analysis (RCA) required?***
  - RCA is required for any death by suicide, alleged homicide committed by client, or as requested by County QA.
  - May be completed for any other serious incident event
  - If RCA is completed, SIROF section 5: Serious Incident of Findings and Recommendations is not required.

- For serious incidents pending a County Medical Examiner (CME) report, programs have the option of submitting the SIROF by the 30-day timeline without the CME report, or requesting an extension for the SIROF if it is preferred to wait for the CME report.

- SIROF's are not required for Tarasoff reports, unless it is relevant to an identified systemic issue in the program operations or to the client's treatment, or as requested by QA.

*Reference the SIROF Tips Sheet for guidance on how to complete each portion of the form

Resources & Additional Trainings

*Email QI Matters for serious incident consults at QIMatters.HHSA@sdcounty.ca.gov

* Call the SIR line for serious incident and consults at 619-584-3022

*Root Cause Analysis (RCA) Training – contact Christian Soriano christian.soriano2@sdcounty.ca.gov or via qimatters.hhsa@sdcounty.ca.gov to register

*See the "**Serious Incident Reporting**" tab on the Optum Website at:
https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers.html

Which Contains:

-SIR form *(current version dated 07/24/23)*

*SIR Tips Sheet

-SIROF blank form *(current version dated 06/30/23)*

*SIROF Tips Sheet

-SIR Root Cause Analysis Worksheet

Questions & Answers

Will SmartCare be discussed today? We will not be discussing SmartCare during today's forum, we are focusing on QA related activities. SmartCare information is better addressed during the provided SmartCare Townhalls and communications.

Question regarding the Justice Involved Initiative. Will BH programs be able to bill for services during the 90-day pre-release from jail to coordinate care? As of now, this is considered a lockout facility. Once the Justice Involved Initiative goes live, specific (to be identified) BHS programs will be able to bill for coordination of care activities during the 90-day pre-release time period.

Question regarding the Justice Involved Initiative. If they are covered by Medi-Cal in San Diego and go to a facility in another county, would their Medi-Cal coverage still be through San Diego? Wondering if they are referred by a facility in another county, will they need to transfer their Medi-Cal to San Diego or who will be checking that? DHCS is looking at how Medi-Cal will be managed for this population to allow for the billing of pre-release services at the correctional facility in another County and for the BH linkage activities of the receiving County within the 90-day pre-release time period.

Questions & Answers

For this EBP incentive program, will there be any grants or funding for trainings in EBPs for programs? Yes, there will be funding available to support fidelity implementation and scaling of key BH-CONNECT EBP's.

You can access all of the BHINs on the DHCS Website:
https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx

Fraud/Waste/Abuse reporting: Do we report to ACO - or does county QM? At minimum, all reporting shall include contacting your program COR immediately, as well as the BHS QA team at QIMatters.HHSA@sdcounty.ca.gov to report any of these concerns, or suspected incidents of fraud, waste, and/or abuse. COR/QA will review all reported suspected suspicious activities and follow up as appropriate to Compliance and County Council. Programs can also directly report to AOC if they would like but they must also report to COR/County QA. More detailed information can be found in the OPOH section B.

Questions & Answers

For SIR in determining if something is considered a Level 1 or Level 2. If PERT is called and they decide to 5150 and an ambulance transports, is this considered a "serious injury"? If law enforcement were to transport this client would it then be considered not a “serious injury” because there was no ambulance transport? If an ambulance transports a client it doesn’t necessarily mean it’s a serious injury. This might be a grey area and depends on details. If it is not clear you can always reach out to QIMatters/SIR team and consult about the situation. A key factor would be if it is mental health related or not?

In regards to potential changes to SIR guidelines. Provider is requesting when changes are made, they would request that written reports are due within 1 business day (level 1) and 3 business days (level 2) if possible. We will take feedback into consideration. We are currently in discussions regarding changes to the SIR process and ways to streamline reporting processes and increase clarification and definition of Level 1, Level 2 and Unusual Occurrences. More to come soon.

Questions & Answers

When will new forms (and eliminated forms) be updated in the UCRM? SmartCare, QA, and the analyst team are working on finalizing the list of UCRM and SmartCare downtime forms that will be required once we transition to SmartCare. These will be made available and updated on the Optum website in time for Go Live on 9/1/24. Currently programs/providers should continue to utilize the existing UCRM forms as required.

Will the slides be provided and can you please forward presentation? We will have the slide deck sent out/uploaded to Optum soon, if not early next week. Christian will send it out to the SOC in addition to being available on Optum. A recording of this Forum presentation will also be uploaded to Optum for viewing by providers.

[About BHS- BHS Webpage (sandiegocounty.gov)]

[DHCS Information Notices]

[MHP Provider Documents (optumsandiego.com)]

[CalAIM for BHS Providers]

Email the MH QA team at:

QIMatters.HHSA@sdcounty.ca.gov

THANK YOU!

The end.

THANK YOU FOR ATTENDING!

COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY
REQUEST FOR INFORMATION (RFI) #1033
CHILDREN'S CRISIS RESIDENTIAL MENTAL HEALTH PROGRAM (CCRMHP)

The County of San Diego HHSA, Behavioral Health Services (BHS) is interested in developing a new treatment program within our **Children's System of Care** and is seeking input from all stakeholders who might have the skills and knowledge base to help execute this new project. BHS will be hosting a **Request for Information (RFI)** and hopes to hear from vested participants as we build out this new treatment model.

The **Children's Crisis Residential Mental Health Program (CCRMHP)**, will be Department of Health Care Services (DHCS) Medi-Cal certified and licensed by the California Department of Social Services (CDSS). The program will operate 7 days a week, twenty-four (24) hours a day and will serve clients ages 12-18 years old who have Medi-Cal or are uninsured, that are experiencing an acute mental health crisis, and would benefit from crisis services as an alternative to psychiatric hospitalization, re-hospitalization, or a step-down from acute inpatient care. This program will include strong collaborations with the Department of Child and Family Well-Being (CFWB) as well as partnerships with San Diego County Probation and San Diego Regional Centers.

Format of the RFI presentation will include:

- **Background information**
- **Program Overview detailing some of the key goals and objectives of the CCRMHP**
- **Facilitated Questions and discussion to identify additional opportunities and challenges**

Date: August 21, 2024
Time: 9:00 AM-11AM
Location: Virtual Microsoft Teams Meeting
Join the meeting now
Call In (audio only) +1 619-343-2539, Phone Conference ID: 630413872#

Please share this information with any contacts who may be interested.

For the latest information regarding this RFI please register with BuyNet
Welcome to BuyNet

For more information, please contact
John Wilkie, Behavioral Health Program Coordinator, at JohnE.Wilkie@sdcounty.ca.gov

LIVE WELL SAN DIEGO | COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

CY Annual System of Care Report FY 22-23.pdf (sandiegocounty.gov)

Mental Health Services

Substance Use Disorder

MHSA

County of San Diego
Health and Human Services Agency

Behavioral Health Services for Children & Youth

Systemwide Annual Report, FY 2022-23

CASRC v. 6/6/2024

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Children, Youth and Families (CYF) Council
Fiscal Year 2024-25 Strategic Planning Meeting

Dear Dr. Bergmann,

The Children, Youth and Families (CYF) Council convened its annual strategic planning meeting on July 8, 2024. Near 100 individuals attended the annual strategic planning session, including Council members, alternates, and stakeholders. The Strategic Planning Meeting focused on considering the needs of children and youth in the context of State initiatives inclusive of the Behavioral Health Transformation. Four topics were identified for discussion in virtual breakout rooms: **Knowledge Exchange, Community Engagement, Prevention and Early Intervention**, and **Service and Funding Priorities.** Meeting attendees were invited to join a breakout room of their choice to identify the Fiscal Year 2024-25 Council areas of focus, recommendations, and actions to advance the identified priorities. Below is the summary of the overall recommendations from the breakout rooms. On behalf of the Council, please accept these areas of focus and recommendations as the County works to advance the care for children, youth, and families in San Diego.

Knowledge Exchange	
Key Discussion Items/Context	Recommendation/Actionable Items
• There is a need for more clarity on available resources, including eligibility criteria. • Need more information/timely updates on BHS efforts that address Behavioral Health Worker shortages. • Despite the complexity of funding streams, CYF Council needs more opportunities to provide recommendations regarding funding/budget.	**#1** Council Member involvement in the design of the Children, Youth and Families directory to ensure that the "End user" has all relevant information readily available. **#2** Provide clear updates to CYF Council stakeholders on the Workforce Development achievements. **#3** Recognition of the CYF Council as formalized council for discussing and developing budget so that members can pivot according to system/client needs.

Community Engagement	
Key Discussion Items/Context	Recommendation/Actionable Items
• Need to expand opportunities to engage and have dialogue. Participants should include general public and system beneficiaries. • Face to face events tend to achieve higher participation from youth, especially when there is an intentional outreach.	**#4** Create a community engagement plan that includes regular forums for children, youth, and family input at critical decision-making and priority-setting junctures and dialogue open to a broad range of stakeholders. **#5** Ensure child, youth, and family constituents who are accessing services have an opportunity to participate in spaces that are accessible and comfortable for them and consider their needs and preferences.

Prevention and Early Intervention	
Key Discussion Items/Context	Recommendation/Actionable Items
• There is concern about the shifting of Prevention efforts to the State. • Prevention and Early Intervention is critical for children and youth, including children ages birth to 5 years old.	**#6** Dedicate funding for workforce development and service provision focused on youth and families for children ages birth to 5 to address Infant and Early Child Mental Health to promote and maintain healthy relationships, responsive caregiving and thriving families. **#7** Funding and services to encourage early access to caregivers in the community to assist them in developing their skills.

Service and Funding Priorities	
Key Discussion Items/Context	Recommendation/Actionable Items
• Learning how things will look, while engaging all LEAs throughout the County. Building capacity to bill outside of Medi-Cal, and who can bill in school settings. • Gaps in the continuum of care should be addressed with additional funding. Expand continuum to provide more focus on early childhood care. • Analyzing the continuum and being intentional of where dollars are going. • Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis for strategic planning. • Access to care- specifically addressing access times. • Behavioral Health Workforce shortage impacts the whole system; need competitive pay and flexibility in disciplines. • Intentionality in analyzing current resources and services, utilizing community input, leveraging resources and partnerships, forging collaboration with community partners. • What is working well in other counties? Leverage successes.	**#8** Look across the region and state at school and community-based programs to see what is working well- scale up evidence-based programs based on positive outcomes. **#9** Focus on Workforce Development strategies, including incentives for providers. **#10** Fund services to individuals prior to obtaining Medi-Cal.

CYF Council
Fiscal Year 2024-25 Strategic Planning Notes
Considering the needs of children and youth in the context of State initiatives

Knowledge Exchange
Facilitator: Celica Garcia-Plascencia
Scribe: Shaun Goff
Participants: Zach Guzik-*Assistant Director SDRC*, Laura Beadles- *Director of Services SDYS*, Samantha Augment-*VP CYF Term BHS*, Faye Saunders- *Therapist Vista Hill*, Rosa Ana Lozada- *Harmonium*, Sol Gomez- *Clinician School-Based Counseling*, Simmone Ruff- *Director Corporate for Supportive Housing*, Lorie Chen *LMHC Pathways to Well-Being*, Christine Davies- Asst Program Director PERT, Evan Hodges- *Admin Analyst III BHS*
Key Discussion Items & Input – Notes to be Leveraged for Final Recommendation Document • Noted that there is a complexity to the funding streams. Discussed engaging CYF Council as a body to provide priorities and recommendations regarding funding/budget and advocacy opportunities • Having an understanding of the budget allows for council to pivot accordingly to meet changing needs • More formalized communication regarding resources available, including criteria for accessing those resources would be helpful for directing them to appropriate services • Request that BHS CYF Services Directory and other directories be updated according to new changes • Can there be council member participation in the design of the Services Directory? • Is there specific discussion around how delivery of services for youth, specifically 5150 holds, will be changed based on SB 43? • What is the status of the County plan regarding policy for BHS workforce previously noted in County Supervisor Nathan Fletcher's Plan?
Primary summary statement - recommendation or actionable request to BHS Director Can a Council member be involved in the design component of the Children, Youth, and Families Services Directory to ensure that the "End User" has all relevant information readily available.
Secondary summary statement - recommendation or actionable request to BHS Director Provide the plan being used for workforce development. How does this relate to the previous workforce development plan published and dispersed in 2022 by the Board of Supervisors?

Additional Notes
• **Discussed having one summary statement be around recognizing CYF Council as formalized council for discussing and developing budget so that members can pivot according to system/client needs.**

NOTES LEVERAGED TO DEVELOP FINAL RECOMMENDATION TO BEHAVIORAL HEALTH DIRECTOR

CYF Council
Fiscal Year 2024-25 Strategic Planning Notes
Considering the needs of children and youth in the context of State initiatives

Community Engagement
Facilitator: Jennifer Kennedy
Scribe: Terri Kang
Participants: Stephanie Gioia-Beckman, Marie Hommel, Annika Manlutac, Sten Walker, Evan Hodges, Jennifer Busico, Jasmine Tavarez, Mina Arthman, Jamie Pellegrino, Bill Stewart, Katie Gordon
Key Discussion Items & Input – Notes to be Leveraged for Final Recommendation Document • Opportunities to engage and have dialogue are needed, i.e., forums for feedback, such as on the process and what community engagement will look like, opportunity to weigh in on funding decisions and be informed at critical junctures along the way. Forums are needed at the regional level as well as the state. Forums should be focused and open broadly to stakeholders – a wide range of community members, including the general public and people benefitting from the system. • Because of the tendency for adult stakeholders to dominate existing forums, specific forums need to be dedicated to children, youth, and families. There are youth and families who want to be involved in these conversations and need a place to go to give their input and information on what to expect and how to get involved, such as an easy-to-find landing page or link tree directing people to meetings and discussions that the public and peers and attend. These conversations should take place where youth and families are, in environments where safety has already been established for youth and families. Consider whether stipends are available to youth for participation to recognize the time commitment of participants. Want wide range of insights and perspectives. • Child and Family Strengthening group provides opportunities for engagement (Stephanie Gioia-Beckman). • Face-to-face events tend to achieve higher participation from youth, especially when there has been intentional outreach to youth with incentives and access to information. • Would like access to already-established forums and perhaps involve the Community Engagement division of the County.
Primary summary statement - recommendation or actionable request to BHS Director • Create a community engagement plan that includes regular forums for children, youth, and family input at critical decision-making and priority-setting junctures and dialogue open to a broad range of stakeholders.
Secondary summary statement - recommendation or actionable request to BHS Director • Ensure child, youth, and family constituents who are accessing services have an opportunity to participate in spaces that are accessible and comfortable for them and consider their needs and preferences.

Additional Notes
• If anyone has any events or meetings you would like engaged community members to attend, NAMI San Diego has connections with many community advocates looking for more ways to get involved. You can email Mina Arthman (MinaArthman@namisd.org) with your event/meeting information and she will pass it along to NAMI's community advocates.

NOTES LEVERAGED TO DEVELOP FINAL RECOMMENDATION TO BEHAVIORAL HEALTH DIRECTOR

CYF Council
Fiscal Year 2024-25 Strategic Planning Notes
Considering the needs of children and youth in the context of State initiatives

Prevention and Early Intervention
Facilitator: Mara Madrigal-Weiss & Fran Cooper
Scribe: Kelly Bordman
Participants: Christine Maggio, Kelly Motadel, Delona King, Ginger Bial Cox, Tais Millsap, Natalie Elms, Beth Brown, Kenia Urrutia, Eliza Reis, Divya Kakaiya, Melanie Morones, Celeste Hunter, Linda Puebla, Vanessa Arteaga, Barbara Ryan, TzuTing Lin, Samira Manjarrez, Alicia Castro, Brenda Estrada, Tanya Mercado, Lisa Klemp, Jose Villalobos, Rosa Ana Lozada, Caryl M., Erin Murphy, Natalie Elms

Key Discussion Items & Input – Notes to be Leveraged for Final Recommendation Document

- Change in state focus for Prevention (shifted to state) Early Intervention to exist through county efforts
- Prevention
  - Neurofeedback – if we are instituting at all of our centers, we are giving the trauma-impacted brain a chance to re-wire to reduce trauma in the brain. Establishes healthy brainwave patterns. Would like this technology to be available to children in the community. (Juv Justice, Foster Care)
  - Juvenile Justice – would like to intervene at earliest moment possible to prevent the trauma and treat the traumas
  - FASD – in-utero exposure to drugs, more prevention focused on preventing in-utero exposure to substances
  - Suicide Prevention - younger age (elementary age) how can we target youth to talk about mental health, stigma reduction, suicide prevention, in an age-appropriate way
  - Birth to 5 – funding to support these youngest children.
  - The state will be looking at what counties identify as priorities to address on a state-wide level
  - SUD prevention for earlier age group – middle school and elementary age prevention
- Early Intervention
  - Juvenile Court/Juvenile Justice (having impact much earlier 0-5 so that these youth never make it to the justice system)
  - Suicide Prevention – implementing interventions to address in younger children
  - Public Awareness and leveraging technology to inform parents about early intervention (also directed at FASD and suicide prevention)
  - Community-defined and Evidence-Informed Practices
  - Early Intervention to children under 5yo, as their brain is developing
    - Waitlist for this age group is long – up to one year.
    - Workforce shortage, need additional services for this age group in our community
    - Need a better means to identify children who need interventions.
    - The resulting impact of intervening sooner a youth's life will yield county-wide
    - Would like county to commit to ongoing funding to this age group
  - Pre-school intervention – crucial to impact healthy development and outcomes
  - Critical to incorporate community thoughts into these Early Intervention Plans
    - Parents, Teachers, community members, etc.

NOTES LEVERAGED TO DEVELOP FINAL RECOMMENDATION TO BEHAVIORAL HEALTH DIRECTOR

- Efforts related to SUD in middle school youth to impact early use
    - Lack of referrals to programs due to issues/struggles not identified (MHS, NInland TRC)
    - Doing presentations in school districts to provide awareness
    - Site locations are in: Fallbrook, Ramona, Escondido, Poway (transport provided)
    - Would like to work with schools on identifying youth needs
    - Current Barrier is lack of referrals (or parent declines referral for service)
- Services for Infant and Early Child Mental Health to promote and maintain healthy relationships, responsive caregiving and thriving families.
- Focus on early developmental trauma via neurofeedback. A sophisticated technology that is available. Train providers in Neurofeedback for birth to 5. Neurofeedback is preventions for addictions too.
- Evidence-based promising or community-defined evidence practices and meet one or more of the following
- conditions:
    - Target the entire population of the state, county, or particular community to reduce the risk of individuals developing a mental health or substance use disorder.
    - Target specific populations at elevated risk for a mental health, substance misuse, or substance use disorder.
    - Reduce stigma associated with seeking help for mental health challenges and substance use disorders.
    - Target populations disproportionately impacted by systemic racism and discrimination.
    - Prevent suicide, self-harm, or overdose.
- Population-based prevention programs may be implemented statewide or in community settings.
- Population-based prevention programs shall not include the provision of early intervention, diagnostic, and
- treatment for individuals.
- Early childhood programs for children 0 to 5 years of age, shall be provided in a range of settings.

Primary summary statement - recommendation or actionable request to BHS Director

Dedicated funding for workforce development and service provision for youth and families for children ages birth to 5 to address Infant and Early Child Mental Health to promote and maintain healthy relationships, responsive caregiving and thriving families. Funding and services to encourage early access to caregivers in the community to assist them in developing their skills.

Secondary summary statement - recommendation or actionable request to BHS Director

Additional Notes

NOTES LEVERAGED TO DEVELOP FINAL RECOMMENDATION TO BEHAVIORAL HEALTH DIRECTOR

CYF Council
Fiscal Year 2024-25 Strategic Planning Notes
Considering the needs of children and youth in the context of State initiatives

Service and Funding Priorities
Facilitator: Heather Nemour & Amanda Lance-Sexton
Scribe: Emily Gaines
Participants: Teresa Chapa, Cheryl Rode, Tanya Ramirez Ramirez, Kristin Garrett, Dora Arnold, Melissa Penaflor, Rafael Ortiz-Gomez, Leslie LaMay, Grisel Ortega-Vaca, Mayra Gonzalez-Munoz, Maria Ventura, Embrie Tapia, Marisa Varond, Rebecca Raymond, Gabriela Contreras-Misirlioglu, Laura Vleugels, Dori Gilbert
Key Discussion Items & Input – Notes to be Leveraged for Final Recommendation Document • Multi-payor fee schedules. Learning how things will look, while engaging all LEAs throughout the County. Building capacity to bill outside of Medi-Cal, and who can bill in school settings. • Funding is confusing, what do we want first and how will we fund. So much on table. Concern is what do we have and how can we build on it and make it better. Holes in continuum of care. ECM for a specific population, but only for managed medi-cal recipients. How can we look at care coordination and tighten up. Expand continuum to look at inclusion of early childhood care. • Have County analyze what is being allocated on Prop 1 for early childhood. Childhood services may be swept aside. As a whole, it's not easy to see what is going towards youth. Analyzing the continuum and being intentional of where dollars are going. County should look across departments and be intentional where dollars or needs are. Just because 0-5 doesn't mean not BHS responsibility. CFWB, First 5, but not talking to each other across departments, it's very fragmented. Analysis before talking about which programs get cut. • SchooLink/districts don't use these services because the wait is very long (2-6 months), youth need help now. Fragmented, great services, but also needs to be analyzed. What percent of youth are actually getting services and what is the timeline. Data driven, what is working, what is not. • If strategic planning session: consider a Strength, Weakness, Opportunity, Threats (SWOT) analysis, basically prioritize funding for programs that can achieve positive outcomes. We want results and a return of those dollars/deliverable outcomes. Conduct internal SWOT analysis. Talk to the partners. Lessons learned to address behavioral health needs: we talked to SD county, learned that partners had resources, key component. Folks are competing for same pocket of funding. Service recipients and stakeholders. Supplement and complement each other. • Important to look at not just benefits through medi-cal, but settings in which they are delivered. Leverage services/look at what is underutilized. Utilize medi-cal billable services. Enhanced Care Management (ECM): anything that can support enhancing youth accessing Managed Care benefit. SchooLink: is there anything that can be done for youth that could benefit, but don't have medi-cal. CYF services, perinatal programs include youth with much higher risk of developing BH conditions, how can we make investments there? • Intensive Case Management (CM) for ECM: youth, lack of ABA therapy. Shocked how youth are being dropped. Care Coordination mental health for adults; homelessness; lack of stability, there is only so much one can do as a case manager. Duplication of services. Health Plan not approving relational therapy. SchooLink helpful, having mental health resources in school. • Mental health workforce shortage. Limited and strained workforce. We can't pay as much as other settings can. Being flexible in bringing on interns and registered clinicians. Mental health workforce shortage impacts everything. • Being intentional about analyzing current resources and services, utilizing community input, leveraging resources and partnership, forging collaboration with community partners.

NOTES LEVERAGED TO DEVELOP FINAL RECOMMENDATION TO BEHAVIORAL HEALTH DIRECTOR

- Can we learn about the programs we are discussing or services. Can we see the programs we have discussed. We get services, then may lose them. What types of discussions are taking place regarding the services?
- How can we take things that have been a success and leverage those.
- Analyze SchooLink: how do we make it effective and more accessible; how do we make better use of ECM; how do we coordinate with other departments to develop true continuums for all ages of kids?
- Fund services to individuals prior to obtaining Medi-Cal
- Look at school-based and community-based programs on a local and state level
- Schools worried about their slashed funds, where do we fit?

Primary summary statement - recommendation or actionable request to BHS Director

Look across the region and state at school and community-based programs to see what is working well- scale up evidence-based programs based on positive outcomes.

Secondary summary statement - recommendation or actionable request to BHS Director

Focus on Workforce Development strategies, including incentives for providers.

Tertiary summary statement - recommendation or actionable request to BHS Director

Fund services to individuals prior to obtaining Medi-Cal.

Additional Notes

NOTES LEVERAGED TO DEVELOP FINAL RECOMMENDATION TO BEHAVIORAL HEALTH DIRECTOR

Hot Topic: Children, Youth and Families Services Directory
August 12, 2024

[Behavioral Health Services Directories for Children, Youth, and Families (sandiegocounty.gov)]

BEHAVIORAL HEALTH SERVICES
3255 CAMINO DEL RIO SOUTH, SAN DIEGO, CA 92108 | 619-563-2700
Health & Human Services Agency (sandiegocounty.gov) Behavioral Health Services (sandiegocounty.gov)

Updated March 2024

[Children and Youth Behavioral Health Services Postcard ENG.pdf (sandiegocounty.gov)]

[Children and Youth Behavioral Health Services Postcard SPAN.pdf (sandiegocounty.gov)]

SDC
SAN DIEGO
COLLABORATIVE

Brunch Networking Event

THURSDAY, AUGUST 15, 2024
10:30AM-12PM

Don't miss out on this scrumptious event!
Mix, Mingle, and Make Connections - Free Brunch Included!
Bring plenty of business cards!

RSVP

CLICK HERE OR SCAN ME

SDC SAN DIEGO COLLABORATIVE

In Partnership with: LIVE WELL SAN DIEGO LIVEWELLSD.ORG

https://collabsd.org/

Every 11 minutes,
someone loses their life to suicide.

A mental health crisis
deserves a mental health response.

Local Crisis Hotlines & Call Centers

Mobile Crisis Response Teams

Crisis Stabilization Units & Options

COMMUNITY ADVOCACY TRAINING:

REIMAGINING CRISIS RESPONSE

This training covers 988, mobile crisis response teams, PERT, local resources, and more! Virtual on Zoom!

Upcoming Training:
Friday, August 16
1:30 PM - 3:00 PM

8/16/24

Community Advocacy Program
NAMI SAN DIEGO & IMPERIAL COUNTIES

RSVP by clicking on a date or scanning the QR code

Family Sector Meeting

BECOME A SEAT MEMBER

Inviting all youth ages (16-26) and caregivers of youth who are part of the mental health and substance use community to join our Family Sector as a seat member.

Sign Up

NAMI San Diego and Imperial Counties
National Alliance on Mental Illness

LIVE WELL SAN DIEGO

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

MOBILIZE RECOVERY
DAY OF SERVICE

COMMUNITY. COLLABORATION. CONNECTION.

The Mobilize Recovery Day of Service is a constellation of connected public service events taking place nationally during the months of September and October, harnessing the power of people in recovery and their allies for positive change in their communities.

WHY CREATE A DAY OF SERVICE?

Many people in our communities need help more than ever before. The Day of Service is a perfect way to give back to a community that may have helped you at one time or another.

WHO CAN CREATE A DAY OF SERVICE?

Anyone! The recovery community includes people in substance use and/or mental health recovery, family, friends, service providers, community leaders, etc.

WHAT EXACTLY IS A DAY OF SERVICE?

Any event affects positive change in your community! A food donation drive, community clean up, pet food donations for an animal shelter, clothing drive - think outside of the box!

HOW DO I TELL PEOPLE ABOUT MY EVENT?

You can start by creating your own event page on the Day of Service website! Then share the link for your event out on your social media. Check out our Toolkit tab for additional resources!

If you or your organization are coordinating a large Day of Service event, we would love to highlight it on our social media!

Email Jaclyn at jaclyn@mobilizerecovery.org & let her know of the good work you are doing in your community!

Scan the QR code for the Day of Service website or check out: recoverydayofservice.org

#MRDOS2024
#MobilizeRecovery

15th Annual Early Childhood Mental Health Conference – We Can't Wait

September 26-27, 2024

We Don't Wait – Nurturing and Healing in Action

Hybrid Event – Attend Live or via Zoom

Sheraton San Diego Hotel and Marina

Keynote Sessions

- Family Engagement in Early Mental Health Services
  Rahil Briggs, PsyD, National Director of Zero to Three's HealthySteps Pediatric Primary Care Program, and Clinical Professor of Pediatrics, Psychiatry and Behavioral Services at Albert Einstein College of Medicine
- Systems Perspectives in Early Childhood Mental Health Services
  Richard Knecht, MS, Managing Partner at the Integrated Human Services Group, LLC, providing leadership, strategic planning and training to public and private healthcare and human service systems nationwide
- Where We Were and Where We Are Now: A 15-Year Perspective.
  Jeff Rowe, MD, Child and Adolescent Psychiatrist and **Pradeep Gidwani,** MD, MPH, FAAP, Pediatrician and Community Health Leader
- Building Relationships Within and Between Systems – Panel Discussion
  Lily Valmidiano, MPH, CHES**, Amy Zeitz**, LCSW, **Miriah de Matos**, MA, MPH, and **Ariane Porras**, SEP

Exhibit Opportunities Available

CME / CE Up to 16 Contact Hours At No Extra Charge

Thanks to SD County Behavioral Health!

Target Audience: Professionals involved in providing assessment, treatment, education, support, and advocacy for children and families. Attendees will include psychiatrists, pediatricians, marriage family therapists, social workers, psychologists, mental health workers, substance abuse and addiction professionals, counselors and case managers, nurses, OT/PT, teachers, educators, child welfare workers, early childhood education providers, childcare specialists, mental health administrators and other healthcare and educational providers.

Join us!

Register Today! Visit: www.earlychildhoodmentalhealth-sandiego.com

Exhibitor Opportunities

15th Annual Early Childhood Mental Health Conference
We Can't Wait

September 26-27, 2024

We Don't Wait: Nurturing and Healing in Action

On behalf of the Early Childhood Mental Health Conference (ECMH) committee, we would like to invite you to join us at the 15th Annual Early Childhood Mental Health Conference which will be held at the Sheraton San Diego Hotel and Marina.

This conference will feature nationally and locally known speakers and leaders in clinical services, behavioral health, social services, and early childhood education highlighting both clinical and systems aspects of engaging families and young children in getting the care they need.

The target audience includes those involved in providing assessment, treatment, education, support, and advocacy for children and families. Attendees will include psychiatrists, pediatricians, marriage family therapists, social workers, psychologists, mental health workers, substance abuse professionals, counselors, case managers, nurses, art, occupational and physical therapists, teachers, educators, child welfare workers, early childhood education providers, childcare specialists, mental health administrators and other healthcare and educational providers.

As an exhibitor, you will have the opportunity to choose from 4 different exhibitor levels (detailed below) and be able to select the option that best fits the needs of your company, while advocating for the mental health needs of youth in San Diego County and throughout California. Our attendees value this dedicated time to meet with you and learn about your company's resources.

Our past conferences have brought over 600 attendees!

Planning Partners:

- County of San Diego Health & Human Services
- American Academy of Pediatrics – CA Chapter 3 San Diego and Imperial Counties
- San Diego Academy of Child & Adolescent Psychiatry
- San Diego County Office of Education
- Optum San Diego
- YMCA – San Diego
- UCSD Office of Continuing Medical Education

Exhibitor Opportunities at the Live In-Person Event on Thursday & Friday:

<u>Gold Partner - $5,000</u>

1. Provide Organization Tote, promotional materials, or give-away for attendees
2. Exhibit table with prominent placement in exhibit hall
3. Mention in introductory slide show each day
4. Mention in conference program
5. Mention on conference website
6. 4 Complimentary conference registrations (includes breaks & lunches)

Silver Exhibitor – $2,500

1. Exhibit Table with prominent placement
2. Mention in introductory slide
3. Mention in conference brochure
4. Mention on conference website
5. 3 Complimentary conference registrations (includes breaks & lunches)
6. Optional: Book or give-away of your choice for the opportunity drawing to engage attendees

Bronze Exhibitor, For-profit organizations - $1,500

1. Exhibit Table
2. Mention in introductory slide
3. Mention in conference brochure
4. Mention on conference website
5. 2 Complimentary conference registrations (includes breaks & lunches)
6. Optional: Book or give-away of your choice for the opportunity drawing to engage attendees

Non-profit or Small Business organizations - $500

1. Exhibit Table
2. Mention in conference brochure
3. 1 Complimentary conference registration (includes breaks & lunches)
4. Optional: Book or give-away of your choice for the opportunity drawing to engage attendees

If you are interested in partnering with us, please email mhelinski@health.ucsd.edu for additional information. You may also visit our website at: http://www.earlychildhoodmentalhealth-sandiego.com/

This rare opportunity of bringing clinicians from all fields of practice to participate in an educational activity and networking event would not be possible without the generous support of the County of San Diego as our major funding partner, and YOU, our community partners. We look forward to sharing this special event with your organization and hope you will join us.

Current Funding Partners:

LIVE WELL SAN DIEGO

LIVE WELL ADVANCE CONFERENCE & SCHOOL SUMMIT

Creating Healthy, Safe, and Thriving Communities Together

Ripples of Change: The Power of Partnerships

SAVE THE DATE!

Thursday, November 21, 2024
San Diego Convention Center
8:00 am - 5:00 pm

Enjoy a meaningful day connecting with thousands of partners and colleagues who are creating ripples of change in our region. We invite you to join us this year as an exhibitor, sponsor, or attendee!

Participant Registration and Exhibitor Application Open Fall 2024

Sponsorship opportunities are available.
Please contact sponsorship coordinator: Gabriel.Gutierrez@sdcounty.ca.gov

LiveWellSD.org/Advance

Stay up-to-date, sign-up for our monthly newsletter: LiveWellSD.org/news