Children, Youth and Families (CYF) Council

Agenda

December 9, 2024 | 9 to 10:30 a.m.

Zoom meeting link for registration sent via Outlook meeting invitation:

https://sdcounty-ca-gov.zoom.us/meeting/register/tZ0rdeuqqDMoE90DA1NFCRZdlmGNhvvAVERL

I. Welcome Council members, alternates, and meeting attendees - (Celica Garcia-Plascencia) **5 minutes**

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

- **Thank you**, Delona King - Alternate – Public Safety Group/Probation
- **Welcome**, Yovana Cortez - Alternate - Public Safety Group/Probation

Culture Share: - The Children's Partnership A Child is a Child: American Indian Alaska Native and Indigenous Children's Health Handout – **Pages 5-9**

II. Review of Meeting Summary (Yael Koenig) **10 minutes**

- September 9, 2024, Meeting Summary - Handout - **Pages 10-14**
- Action Items
  1. CYF Council Strategic Planning Summary and Cover Letter was delivered to the BHS Director on September 10, 2024 Handouts - **Pages 15-17**
  2. August 12, 2024 Hot topic: Review of CYF Services Directory - Handouts - **Page 18**
     In addition to Service Directory August revision located at: CYF Services Directory Updated August 2024.pdf (sandiegocounty.gov)
     The Five Regional School Directories for Children and Youth have been updated and posted in September 2024.

III. Business Items (Yael Koenig) **20 minutes**

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

Board Letters / Board Actions

September 24, 2024

- **Item 07:** Receive an Update on Homekey Programs – ACTION: ON MOTION of Supervisor Montgomery Steppe, seconded by Supervisor Desmond, the Board of Supervisors (BOS) took action as recommended, on Consent
- **Item 11:** Requesting Resources Needed to Implement Senate Bill 43 – ACTION: ON MOTION of Supervisor Desmond, seconded by Supervisor Anderson the BOS took action as recommended - Handout – **Pages 19-23**
- **Item 12:** Creating a Children, Youth, and Transition Age Youth Behavioral Health Continuum Framework for San Diego County ACTION: ON MOTION of Supervisor Lawson-Remer, seconded by Supervisor Montgomery Steppe, the BOS took action as recommended - Handout – **Pages 24-36**
- **Item 13:** Update on and Authorization to Execute Agreements for the Partnership with the University of California, San Diego Health for Behavioral Health Services Within the East Campus Medical Center – ACTION: ON MOTION of Supervisor Montgomery Steppe, seconded by Supervisor Lawson-Remer, the BOS took action as recommended

October 8, 2024

- **Item 05:** Authorize Acceptance of Behavioral Health Bridge Housing Grant Funds, Authorize a Competitive Solicitation for Provision of Recuperative Care Services, Authorize Reallocation of American Rescue Plan Act Evergreen Funds Supporting Recuperative Care Services, and Add Access to Recuperative Care to the Legislative Program – Action: ON MOTION of Supervisor Montgomery Steppe, seconded by Supervisor Desmond, the BOS took action as recommended on Consent
- **Item 08:** Reducing Gun Violence Through Responsible Firearm Procurement Ordinance – ACTION: A motion was made by Supervisor Lawson-Remer, seconded by Supervisor Montgomery Steppe, for the Board of Supervisors to take action as recommended. 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 10:** Create a Unit Dedicated to Reproductive Health, Justice and Equity – ACTION: ON MOTION of Supervisor Vargas, seconded by Supervisor Montgomery Steppe, the BOS took action as recommended
- **Item 11:** Receive the Analysis of How Changes to Proposition 47, Through the Potential Passage of Proposition 36, Could Impact Funding For Services Offered By The County of San Diego; Board to Consider Taking a Position on Proposition 36: Motion failed due to lack of a majority vote - Handouts - **Pages 37-59**

October 22, 2024

- **Item 24:** Reducing Gun Violence Through Responsible Firearm Procurement Ordinance – ACTION: ON MOTION of Supervisor Lawson-Remer, seconded by Supervisor Vargas, the Board of Supervisors took action as recommended
- **Item 27:** Authorize Competitive Solicitations, Single Source Procurements, Amendments to Extend Existing Contracts, and Acceptance of Mental Health Student Services Act Grant Funds from the Mental Health Services Oversight and Accountability Commission ACTION: ON MOTION of Supervisor Montgomery Steppe, seconded by Supervisor Vargas, the BOS took action as recommended - Handout includes presentation - **Pages 60-85**

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

Information

- 2024 Revision of SAMHSA Overdose Prevention and Response Toolkit Revised 2024 - (Bill Stewart) **–** Handout – **Page 86**
- The 2025-26 Budget: California's Fiscal Outlook - Handout - **Pages 87-102**
- Assembly Bill (AB) 3216 Phone Free School Act - Handout - **Page 103**
  Bill Text - AB-3216 Pupils: use of smartphones. (ca.gov)
- Department of Health Care Services (DHCS) Behavioral Health Transformation Policy Manual Module 1 Webinar
  Handout – **Pages 104-164**
- Behavioral Health Transformation [DRAFT] Policy Manual – Module 2, Version 0.2.0 – Handout – **Page 165**
- DHCS Statewide Multi-Payer School-Linked Fee Schedule – Cohort 3 Participants - Handout – **Page 166**
- Children and Youth Behavioral Health Initiative (CYBHI)
  CYBHI October, November, and December newsletters - Handouts - **Pages 167-169**
- Medi-Cal Transformation: Justice Involved Reentry Initiative: - Handout - **Pages 170-172**
- Next Move program flier and Referral form – Handouts - **Pages 173-176**
- 2023-2024 Live Well San Diego Annual Report – Handout - **Page 177**
- San Diego Advancing and Innovating Medi-Cal - Handouts – **Pages 178-183**
  Enhanced Care Management
  Community Supports
  Transportation for Medi-Cal Members
- San Diego Wellness Collaborative / Neighborhood Networks - Flier - **Pages 184-185**
- Home Start TAY/Pregnant and Parenting Housing Resources – Handout - **Pages 186-187**
- Behavioral Health Director's Report (October, November, and December) - Handouts- **Pages 188-201**
  https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html
- Mobile Crisis Response Team (MCRT) for K-12 Schools – Presentation and Fact Sheet – **Pages 202-220**
  BHS MCRT (sandiegocounty.gov)
- Youth Services Survey (YSS) -May 2024 Survey Period – November 2024 – Handout - **Pages 221-228**
- Mid-Year CYF Council Committees/Groups updates Updates- Due December 18, 2024 - Handout - **Page 229**
- Fiscal Year 2024-25 **Advancing the System of Care Principles Awards –** Handout – **Page 230**
  Recognition form

IV. Hot Topic: Engagement Overview & Stakeholder Input Session **50 minutes**
BHS Communication & Engagement Unit: Kat Casabar Briggs, MPH
Stakeholder Input Session Facilitators:
University of California, San Diego (UCSD) – Danielle Fettes, PhD, Krystal Lira, PhD, and Katie Wan, MPH, MSW
Presentation – Handout – **Pages 231-240**

- Engagement Overview
  - o BHS' Communication & Engagement (C&E) Unit
  - o Engagement Opportunities
  - o How to Connect With Us

- Stakeholder Input Session
  1. What are the most pressing issues related to Mental Health and Substance Use for children and youth in your community?
  2. What are some of the biggest challenges to accessing resources for Mental Health and Substance Use for children and youth?
  3. What are some ideas that might help address priority Mental Health and Substance Use needs of children and youth?

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

- Poll Question
- **NAMI San Diego Community Advocacy Training:** All about Policy Making – December 12, 2024 - Flier - **Page 241**
- Save the Date for the California Behavioral Health Planning Council: Out in the Open: Honest conversations about Youth Mental Health and Drug Use on January 16, 2025 at 6 p.m. at the San Diego County Office of Education (SDCOE) - Flier – **Page 242**
- Fifth Annual Birth of Brilliance Virtual Conference**:** "Legacy of Healing" (February 27, 2025) and **Cultural Fair** (February 28, 2025) - Handouts - **Pages 243-244**
- Save the Date for the10th Annual Critical Issues in Child and Adolescent Mental Health Conference (CICAMH) (April 25, 2025) Flier - **Page 245**
- Save the Date for the 45th California Mental Health Advocates for Children and Youth (CMHACY) (June 11-13, 2025) - Flier - **Page 246**

Next Executive Committee Meeting:
Date: January 23, 2025
Time: 11:30 a.m. to noon

Next Meeting
Date: Monday, January 13, 2025
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

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

Community

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

Initiated 12/6/2019 | Updated 10//26/2023, 8/22/2024

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

WHAT IS CULTURE SHARE?

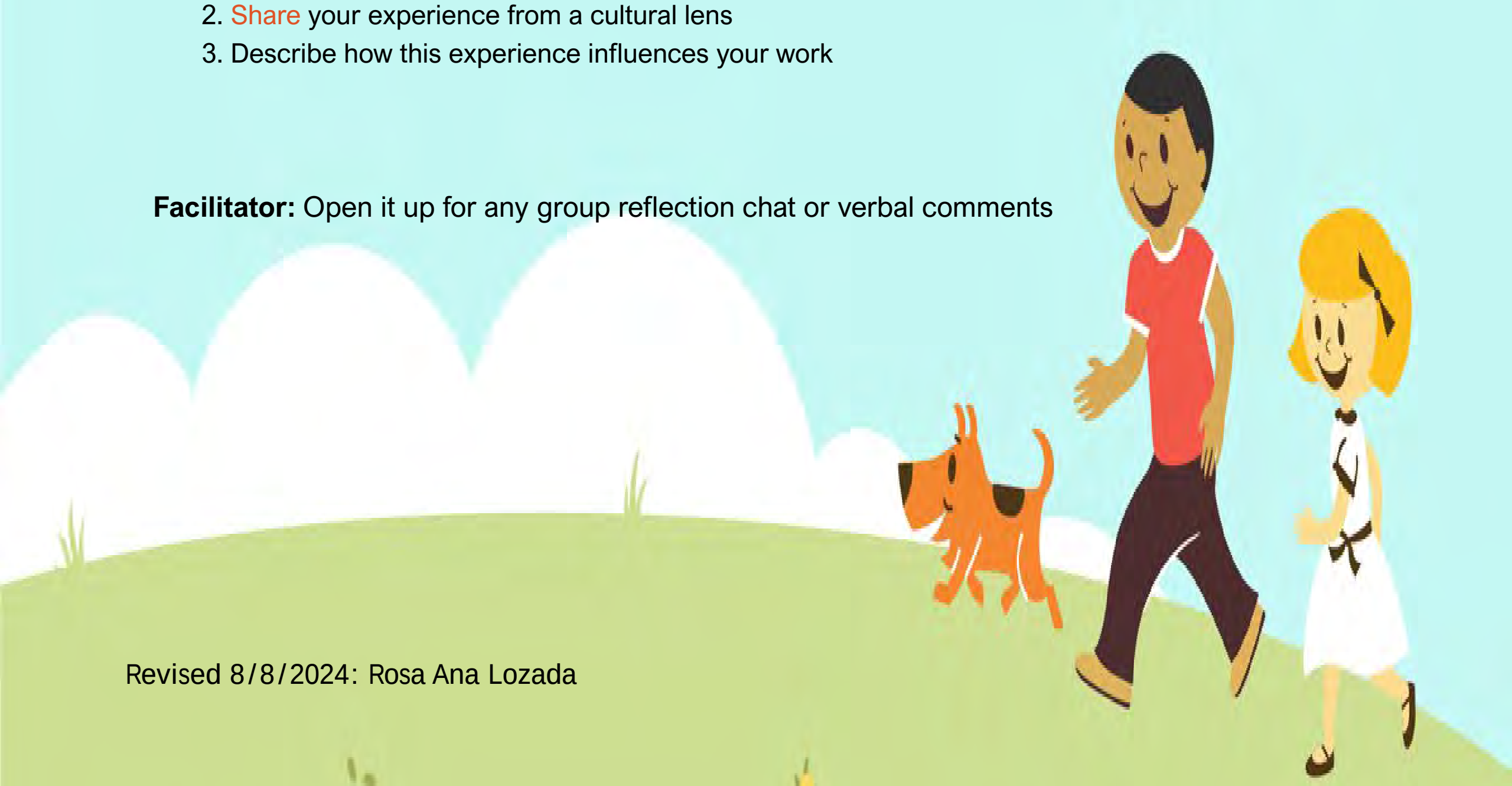
Culture share is a time to advance and integrate cultural learning, understanding, and practices into our work. Through this sharing we can honor and celebrate family, history, traditions, experiences, and practices that may bring joy and well-being. It can also bring discomfort, curiosity and **bias 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)*

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

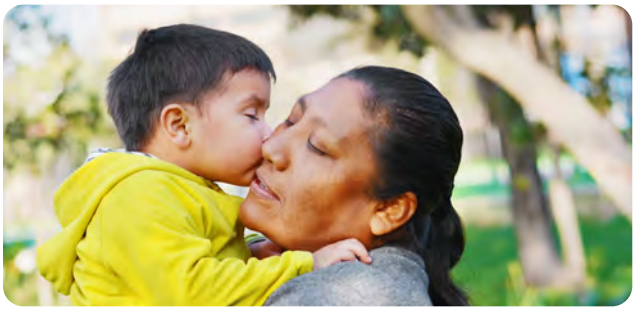
Facilitator: Open it up for any group reflection chat or verbal comments



Revised 8/8/2024: Rosa Ana Lozada

A Child is a Child

2024 SNAPSHOT:
California Children's Health



American Indian Alaska Native and Indigenous Children's Health

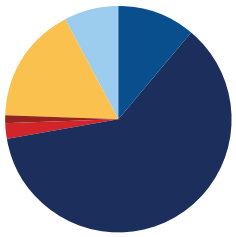
We know that when children are healthy, they are more likely to succeed in school and in life. We work to address the underlying causes of health inequities by improving the conditions in which children live, learn, grow and play so that young people from historically marginalized communities have the resources and opportunities they need to achieve their dreams and reach their full potential. This infographic provides an overview of key child health facts to inform the work we must do together to make CA the best state to raise healthy, thriving children. All data is specific to California unless noted explicitly as national data.

HIDDEN HEALTH INEQUITIES

American Indian, Alaska Native, and Indigenous (AI/AN/In) communities have been greatly undercounted, uncounted, and miscounted/miscategorized in data collection efforts across state, county, and federal agencies—including in the census—presenting stark challenges to accurately highlighting inequities impacting AI/AN/In children. Data collection tools at the state and federal level are not created by or adapted to AI/AN/In culture and communities and lack questions that are relevant to or understanding of them, leading to data that drastically underestimates, overlooks, or miscategorizes their experiences and challenges. There is a critical need for accurate, meaningful, culturally-relevant and responsive, and timely data collection in AI/AN/In communities in order to shed light on and address hidden health inequities.

POPULATION

California is home to more AI/AN/In people than any other state. There are at least **346,00** children and youth under 18 who identify as AI/AN/In, including those who also identify with another race or ethnicity, **making up about 4% of the state's 9 million children**. Of these children at least –



- **155,422** identify as AI/AN/In alone.
- **130,174** identify as AI/AN/In and Latine.
- **5,156** identify as AI/AN/In and Black.
- **712** identify as AI/AN/In and Asian American.
- **35,760** identify as AI/AN/In and white.
- **16,090** identify as AI/AN/In and another race/ethnicity not included in census categories.

Of these children, at least –

2,509 are Navajo
2,022 are Cherokee
1,666 are Apache
1,311 are Yaqui
1,255 are Zapotec
1,179 are Yurok
1,178 are Purepecha
921 are Chumash
907 are from the Hoopa Valley Tribe
864 are Choctaw
751 are Pomo
681 are Karuk
551 are from the Blackfeet Tribe
548 are Miwok/Me-Wuk
542 are from the Pit River Tribe
508 are from the Tule River Indian Tribe
505 are Sioux
489 are from the Quechan Tribe of the Fort Yuma Indian Reservation
443 are Castonoan
400 are Paiute
396 are from the Pechanga Band of Luiseno Mission Indians
390 are from the Tohono O'odham Nation
377 are Gabrielino
44,688 are Maya and from other Mesoamerican Indigenous groups
35,184 are Aztec
2,651 are Mixtec

Click here a full list of detailed demographic data of AI/AN/In children in CA from the 2020 census.

Nearly 90% of the AI/AN/In population live in **URBAN AREAS.**

1 in 10 (11%) AI/AN/In children have at least one parent who was born outside of the United States, and most come from Mexico and Central and South America. California is home to ~**170,000 Indigenous people** from the Oaxaca, Guerrero, and Michoacán, including Mixtecs, Zapotecs, and Purépechas.

Definition of AI/AN/In

The US Census definition of American Indian refers to a person who is a member or descendant of any Indigenous group of North, Central or South America. While most data does not recognize Indigenous groups outside the borders of the country, The Children's Partnership believes that not making an effort to include data we have on American Indians contributes to Indigenous erasure. TCP is excited to provide the information we have on Mesoamerican Indigenous children. According to the Department of Health and Human Services, the definition of American Indian Alaska Native eligible to receive care refers to people who are members, or first- or second-degree descendants, of a tribe or an organized group whose residence is indigenous to the occupied lands of what is now known as the United States. These populations are most often recognized in data collection and protections offered by the state and federal governments.

Notation for Census Data

The 2020 census has information on 89 tribes across the Americas. The information shown includes the 26 most populous tribes represented in California.

PROTECTIVE FACTORS

AI/AN/In children and youth come from diverse cultural and linguistic backgrounds and are resilient despite facing a legacy of historical trauma from violence, discrimination, family separation, and land dispossession from state and federal policies and practices intentionally designed to break apart culture, communities, family, and identity. The persistent inequities that impact AI/AN/In children are rooted in this history of marginalization and indicate that mainstream evidence-based practices are not sufficient to advance health equity for AI/AN/In communities.

AI/AN/In communities have challenged and actively subverted racist structures in medicine to care for their own health by utilizing community-defined practices and care that develop and reinforce protective factors in AI/AN/In children and families.

In an important step forward for health equity, in late 2024, California announced that it is expanding access to culturally based substance use disorder (SUD) treatment services, the first time Medi-Cal will cover traditional healing practices that are deeply rooted in culture and have been shown to improve health outcomes.

Community-defined protective factors–conditions or attributes in children defined by communities, youth, and families themselves–are critical in preventing and reducing health inequities impacting children from historically marginalized communities.

These practices aim to shift the power dynamics in research, evaluation, and decision-making processes, recognizing that diverse communities have unique knowledge and evidence that should be respected and incorporated.

Indigenous knowledge

Indigenous knowledge is rooted in the cultural, spiritual, and historical power of Indigenous communities. Indigenous knowledge often takes a holistic approach to health and well-being, recognizing the interconnectedness of physical, mental, emotional, and spiritual aspects of health, and respects and acknowledges the unique traditions, practices, and beliefs of Indigenous peoples. Centering Indigenous knowledge and approaches within suicide prevention positively contributes to suicide-related outcomes. Initiatives built upon Indigenous culture, knowledge, and decolonizing methods have been shown to have substantial impact on suicide-related outcomes at the individual and community levels. Indigenous approaches to suicide prevention are diverse, and reflect local culture, knowledge, need, and priorities.

Culture, family, community, and peer connectedness

Connectedness with one another, nature, family, and culture support positive health and mental health outcomes for AI/AN/In youth. Peer programs where AI/AN/In youth provide each other with guidance or support in a school or community organization can increase feelings of connectedness to culture, family, and community. AI/AN/In community leaders have recommended and utilized long-established AI/AN/In practices such as drumming, dancing, bead making, sage preparation, and basket making to help improve and create positive mental health through strong connections to community and culture.

Cultural-based healing

Cultural-based healing is an approach to healing and healthy development for AI/AN/In children and youth that focuses on preserving and restoring Indigenous cultural identity as the foundation of well-being and healthy development, including learning or remembering Indigenous cultural values, customs, and traditions. Two Feathers Native American Family Services offers community-defined and culturally based programming for youth and families, including the A.C.O.R.N. Youth Wellness Program where youth learn cultural values and how they apply physically, mentally, spiritually, and culturally in their everyday life. The California Consortium for Urban Indian Health developed the Culturally Relevant Integration Model designed to strengthen and center the use of AI cultural practices in systems of health care to increase access to traditional knowledge and community-centered, culturally relevant wellness practices. United American Indian Involvement supports the physical, behavioral, and spiritual well-being of AI/AN/In youth and families through services and programs that incorporate AI/AN/In cultures and traditions, including beading, drumming, singing and dancing, medicine gathering, and talking circles.

HEALTH COVERAGE AND ACCESS

About 95% of AI/AN/In children 18 and under have health insurance, leaving at least **5%** or **6,258 AI/AN/In CHILDREN UNINSURED**–**nearly double the uninsured rate** for all children in California (3.2%).

65%

Nearly **65%** of AI/AN/In children enrolled in Medi-Cal did not receive the preventive health services they are entitled to.

14% of AI/AN/In children 18 and under don't have a usual source of receiving health care–over double the rate of white children (9%).

32% of AI/AN/In children rely on a community clinic for their usual source of care–almost double the rate of white children (19%).

FOOD ACCESS

Within California, nearly **1 in 2** AI/AN/In households with children are **FOOD-INSECURE**, higher than the rate for all populations, **2 in 5**.

A recent study co-designed and conducted by four AI tribes in the Klamath Basin in northern California found that while **92%** of the households suffered from food insecurity, households with better access to Native foods had significantly higher levels of food security, indicating that **increased access to culturally relevant foods will result in improved household food security.**

Across the US, many areas with the highest numbers of AI/AN/In community members are **FOOD DESERTS**, meaning communities have to **travel long distances to purchase healthy food.**

TRUTH AND HEALING

Truth-telling and reparations are fundamental components of equity, healing, and closure. Many of the government-sponsored human rights violations commmitted against AI/AN/In communities—boarding schools that tore AI/AN/In youth away from their families and culture, the forced removal of AI/AN/In communities from their lands, and genocide from government-authorized wars, attacks, and raids—have largely been ignored or overlooked by US governments and society. There has never been a national truth and healing commission focused on AI/AN/In communities; the Truth and Healing Commission on Indian Boarding School Policy Act was introduced in 2020, but has not passed. California is one of only two states in the nation that has formally established a truth commission: through its Truth and Healing Council, California has the opportunity to use truth-telling to support AI/AN/In children, families, and communities through reparation and restoration that acknowledges and accounts for historical wrongs committed against California's Native communities. Currently, the California Truth and Healing fund has launched a multi-year grantmaking initiative to provide AI communities with opportunities and resources associated with the council's mission. By 2025, the council will be submitting a final report to the Governor containing "a holistic understanding of the historical relationship between California Native Americans and the State," (California Truth & Healing Council, 2023) as well as recommendations aimed at reparation, restoration, and prevention.

MATERNAL AND INFANT HEALTH

Nationally, AI/AN/In people are **2x MORE LIKELY** to experience **pregnancy-related mortality** compared to white people. Despite the alarming disparity and having the highest population of Native American people in the US, California's Pregnancy Mortality Surveillance System doesn't report the pregnancy-related mortality ratio for AI/AN/In people in our state "due to small numbers."

Nationally, AI/AN/In children suffer **2x the rate of INFANT MORTALITY** as white people, with AI/AN/In babies under 1 year **50% MORE LIKELY** to die from complications due to short gestation or low birth weight. In California, the rate of infant mortality in AI/AN families is just over the average across all populations and white populations: **4.5** among AI/AN/In families, **4.3** among all families, and **3.6** among white families.

Maternal mortality has more than doubled in the last 20 years for all populations. Nationally, maternal mortality rates for AI/AN/In people in 2019 was **49.2** per 100,000 births. With CA being one of the states with the lowest rates of maternal and infant mortality, AI/AN/In people still face disproportionately high rates of deaths per birth. From 2015-2017, the rate of infant deaths for AI/AN/In populations was **4.2** deaths per 1,000 births, and the rate for white people was **3.4** per 1,000 births.

MENTAL HEALTH

More than **1 in 3 (34%)** AI/AN/In youth in middle and high schools experienced feelings of **CHRONIC SADNESS AND HOPELESSNESS**, with the number rising to nearly **1 in 2 (39%)** AI/AN/In 9th graders who have experienced feelings.

At least **1 in 3 (34%)** AI/AN/In teens and **65%** of AI/AN teen girls needed help for emotional or mental health problems, yet nearly **80%** of all AI/AN/In teens did not receive psychological or emotional counseling.

Almost **1 in 6 (16%)** AI/AN/In middle and high schoolers considered attempting suicide–higher than the rate of all middle and high schoolers **(15%)**.

In 2019, suicide was the **second leading cause of death** for AI/AN/In youth, teens, and young adults in the US between ages 10 and 34.

988 Suicide & Crisis Lifeline is a network of local crisis centers that provides free, confidential support. **CalHope Redline** is a phone, chat, and video service providing resources, referrals, and trauma-informed support for urban Indian and tribal populations.

SCHOOL SUCCESS AND SAFETY

Mixtec, an indigenous language from Mexico, is spoken by at least **4,000** students in California's public schools and is **number 14 of the top 20 languages** spoken by our state's English learner students.

There are at least **29,000 AI/AN/In students enrolled in California's public schools**, making up **0.5%** of the public school student population.

AI/AN/In students **LOSE OUT ON MORE LEARNING TIME** compared to their peers: the **suspension rate** among AI/AN/In students is **5.4%, DOUBLE THE RATE** of all students (2.5%). Nearly **1 in 4 (22%)** of AI/AN/In students **have missed 10% or more of the academic year**, compared to slightly over 1 in 10 (12%) of all students.

AI/AN/In students are **2x MORE LIKELY** than white students to be arrested at California schools.

HOUSING AND ECONOMIC WELL-BEING

Over 1 in 3 (34%) or at least **17,742** AI/AN/In children live in families whose income falls below the **FEDERAL POVERTY LEVEL**, **double the rate** of all children in California (17%).

1 in 4 (25%) AI/AN/In children live in households that are burdened by **HOUSING AND UTILITY COSTS**. Over **1 in 3 (39%)** live in households that **DO NOT OWN THEIR HOME**.

DIGITAL CONNECTEDNESS

Nationally, **34%** of AI/AN/In households with children have **NO HIGH-SPEED INTERNET** access at home, and almost **16% HAVE NO COMPUTER.**

In California, nearly **10%** of AI/AN/In children live in a household **without a broadband connective device.** AI/AN/In communities in California have the lowest access to broadband internet compared to any racial/ethnic demographic.

CHILD WELFARE

AI/AN/In children and youth are **REMOVED FROM THEIR HOMES** at **4x** the rate of all children and youth in CA.

This alarming inequity highlights the need to safeguard the **Indian Child Welfare Act (ICWA),** a federal law designed to address the past and present racism that exists within the child welfare system and leads to AI/AN/In children being **disproportionately torn apart** from their families.

In an effort to help safeguard ICWA, The Children's Partnership supported CA AB 81, which was signed into law in fall 2024. This bill was introduced to strengthen California child welfare provisions leading up to the Supreme Court case Haaland v. Brackeen. AB 81 (Ramos) strengthens CA protections by further emphasizing the state's commitment to protecting a tribe's right to safeguard their people's health, safety, and welfare, and ensure that state law provisions remain regardless of what happens to the federal act. This bill was co-sponsored by California Tribal Families Coalition and Morongo Band of Mission Indians, and supported by ACLU California Action, Agua Caliente Band of Cahuilla Indians, Cachil Dehe Band of Wintun Indians of the Colusa Indian Community, California Open, Habematolel Pomo of Upper Lake Hoopa Valley Tribe, and Jamul Indian Village of California Picayune Rancheria of Chukchansi Indians.

ORAL HEALTH

Nationally, AI/AN/In preschool children ages 3-5 have the highest rate of **TOOTH DECAY** among any group in the United States: more than **2 in 3 (71%)** AI/AN/In children between 3-5 years old have tooth decay, compared to **1 in 4 (25%)** of white children.

When compared to other population groups, AI/AN/In children in the United States are also **4X MORE LIKELY** than white children to have **untreated tooth decay**: slightly more than **43%** of AI/AN/In children between **3-5 years of age have untreated tooth decay** compared to only 10% of white non-Latine children.

COVID-19

Nationally, AI/AN/In people are over **2x MORE** likely than white people to be hospitalized or die from COVID-19. In California, AI/AN/In COVID-19 deaths and cases have been undercounted due to racial misclassification. AI/AN/In children make up at least **7,046** of COVID-19 cases in CA.

COVID-19-Associated Orphanhood and Caregiver Death in the US

According to The United Nations Children's Fund (UNICEF), orphanhood is defined as the loss of one's primary or secondary caregiver, including the loss of one parent based on the increased risk of the child experiencing adverse childhood experiences such as abuse, unstable housing, and household poverty.

National Rates, 2023

- About **8,368** AI/AN/In children were orphaned (lost one or both parents)
- About **9,299** AI/AN/In children lost a primary caregiver
- About **10,067** AI/AN/In children lost a primary or secondary caregiver
- AI/AN/In children are **4X MORE LIKELY** than white children to lose a primary or secondary caregiver to COVID-19

California, 2023

- 337 AI/AN/In children lost a primary or secondary caregiver
- California was ranked the highest in absolute numbers for children losing a primary or secondary caregiver

PRESENTED BY:

all in HEALTH CARE FOR ALL FAMILIES
A PROJECT OF The Children's Partnership

www.allinforhealth.org
www.childrenspartnership.org

IN PARTNERSHIP WITH:

California Consortium for Urban Indian Health
CCUIH

www.ccuih.org

United American Indian Involvement, Inc.

www.uaii.org

AI/AN/In children and families are resilient despite the inequities they face. For those seeking more resources to address the challenges described in this fact sheet, visit the CalHope Redline.

The Children's Partnership collected data on AI/AN/In children from the U.S. Census Bureau's 2016-2020 American Community Survey 5-Year Estimates and 2021 1-year estimates; pooled data from the 2019, 2020, 2021 CA Health Interview Survey; the 2017-2019 California Healthy Kids Survey; the California Department of Education and a few other discrete sources. All data is from California unless noted explicitly as national data.

Citations can be found at: bit.ly/AChildIsAChild

Children, Youth and Families (CYF) Council Meeting Summary

September 9, 2024 | 9 to 10:30 a.m.

ITEM	SUMMARY AND ACTION ITEMS
I. Welcome Council members, alternates, and meeting attendees • Culture Share - Handout - **Page 5** (Rosa Ana Lozada)	Sten Walker welcomed meeting attendees. Rosa Ana Lozada provided the Culture Share focused on Spanish Heritage month.
II. Review of Meeting Summary (Yael Koenig) • August 12, 2024, Meeting Summary - Handout - **Pages 6-10** • Action items o Annual Strategic Planning Summary input period extended to August 26, 2024 o Ad Hoc virtual meeting offered to work on Annual Strategic Planning meeting summary o Updated draft Strategic Planning documents to be delivered to the BHS Director - Handouts - **Pages 11-13** o "Refresh" of CYF Council E-mail distribution lists – E-mail sent August 15, 2024 o Hot Topic: Children, Youth and Families Services Directory- Handout - **Pages 14-21** Behavioral Health Services Directories for Children, Youth, and Families (sandiegocounty.gov)	Yael Koenig reviewed the meeting summary and action items from August 12 , 2024.
III. Business Items (Yael Koenig)	
Public Comment	Rosa Ana Lozada acknowledged the September 4, 2024 school shooting in Georgia and invited meeting participants to reflect on how we can support families.
Board Letters / Board Actions August 27, 2024: • **Item 04:** Authorize Competitive Solicitation and an Interim Contract with Behavioral Health for Medical Services Group Services • **Item 05:** Support for Proposition 36: The Homelessness, Drug Addiction, and Theft Reduction Act – Handout – **Pages 22-28** Substitute motion: Return to the Board on October 8, 2024, with a multiple-scenario analysis so Board can take a position • **Item 06:** Affirmative Litigation Against Social Media Companies for Their Role in the Youth Mental Health Crisis – Handout – **Pages 29-33** • **Item 15:** Establishing an Unsafe Camping Ordinance to Prevent Wildfire Hazards and Ensure Public Safety in Our Communities • **Item 16:** Reassessing Actions Related to the Compassionate Emergency Solutions and Pathways to Housing for People Experiencing Homelessness in East County in Light of Forthcoming Enterprise-Wide Assessment of County Programs on Homelessness • **Item 17**: Development of A Homelessness Outreach and Services Pilot Program in the City of Lemon Grove • **Item 18:** Protect the Freedom of San Diego County Residents to Read "Challenged & Banned Books" at Their Local County Libraries • **Item 21:** A Resolution of the Board of Supervisors of the County of San Diego to Support the California Legislative Black Caucus' 2024 Reparations Legislative Package • **Item 22:** Enhancing Equity and Community Strength Through Procurement and Technical Assistance Programs • **Item 23:** Supporting San Diego's Schools with Solutions to the Youth Mental Health Crisis and Smartphone Access During School Hours - Handout – **Pages 34-41**	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
Information • Governor Newsom urges schools to restrict phones in the classroom Handouts - **Pages 42-44** • Accountability tools to track Proposition 1 implementation progress Handout – **Page 45** Mental health for all (ca.gov) • Department of Health Care Services Updates – Handout - **Page 46** • Children and Youth Behavioral Health Initiative (CYBHI) San Diego Expand Mental Health Support with Wellness Coaches - Handout - **Page 47** CYBHI September newsletter -Handout - **Page 48** • California Mental Health Services Authority (CalMHSA) Take Action for Mental Health Suicide Prevention Week: **September 8-14, 2024** • September 2024 Behavioral Health Director's Report - Handout - **49-58** https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html • **Fifth Annual Birth of Brilliance Virtual Conference** (February 27, 2025) and **Cultural Fair** (February 28, 2025) Theme: **"Legacy of Healing"** (Aisha Pope and Melanie Morones - Conference Chairs) - birth of brilliance - YouTube Handout (Access QR code for Birth of Brilliance 2021-2024 Memories) - **Page 59** E-mail birthofbrilliance@gmail.com if interested in presenting	Yael Koenig provided an overview of State and local updates, and informational items. • Aisha Pope and Melanie Morones presented a video with highlights of the 2024 Birth of Brilliance (Bob) conference and Cultural Fair and invited meeting attendees to participate in the 2025 events as attendees, and/or speakers.

IV. Hot Topic: Enhanced Case Management (ECM) and Community Supports (CS) **Facilitators: Janelle Battaglia and Chelsea Prout** Presentation – Handout – **Pages 60-81** DHCS Enhanced Care Management & Community Supports San Diego Advancing and Innovating Medi-Cal - SDAIM (sandiegocounty.gov) Universal ECM Referral Form 211 - Enhanced Care Management - 211 (211sandiego.org) **San Diego Center for Children** **Janelle Battaglia**, LCSW **Chelsea Prout**, LCSW https://www.centerforchildren.org/our-services/wraparound/enhanced-care-management/ **Fred Finch Youth & Family Services** **Cristobal Hernandez**, Psy.D, MBA, MAOB Enhanced Care Management | Fred Finch Youth & Family Services | California **CRF Behavioral Healthcare** **Michael Hammell**, MPH https://www.crfbehavioralhealthcare.org/services/enhanced-care-management/ **Full Circle Health Network** **Jessica Rosenbaum**, MSW, MBA **Egypt Davis-Evans** Full Circle Health Network (fullcirclehn.org) Full Circle Health Network ECM **Health Plans** Blue Shield of California Promise Health Plan Community Health Group Molina Healthcare CalAIM Programs in California | Kaiser Permanente Questions and Answers	Janelle Battaglia and Chelsea Prout facilitated an ECM presentation. Presenters included representatives from Children's Behavioral Health Services providers and Healthcare Plans. Highlights: • ECM was created based on Whole Person Care • Anyone can refer to ECM • Eligibility includes being enrolled in a managed care plan • There is not enough awareness of ECM services; no outcomes are available yet • Additional information about ECM, including eligibility, providers can be found through 211 at Enhanced Care Management - 211 (211sandiego.org) Documents embedded below were shared during the meeting via the chat feature. Fred Finch ECM.pdf ECM.SD Collaborative Refer ECM San Diego Wellness Collaborat Spanish ECM San Diego Wellness Coll

V. Announcements (Sten Walker) • Poll Question • Combined Councils meeting: Tentatively: October 14, 2024. Note that meeting is from 10 to 11:30 a.m. • Due to the Veteran's Day holiday, the November CYF Council meeting is "dark". Next regular meeting is December 9, 2024 • **NAMI San Diego Community Advocacy Training:** Telling Your Story on September 12, 2024 – Flier **– Page 82** Reimagining Crisis Response on September 16, 2024 - Flier - **Page 83** • **Family Voice Meeting:** The Magic of Neurodiversity Gifts on September 19, 2024 Flier **– Page 84** • **CYF Council Family Sector** - Member position open - Handout - **Page 85** • **National Recovery Month Activities**- Flier - **Page 86** National Recovery Month (sandiegocounty.gov) • 15th annual We Can't Wait Early Childhood Conference - September 26-27, 2024 Handouts - **Page 87** • Live Well Advance Conference and School Summit - November 21, 2024 Flier - **Page 88**	• Sten Walker 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
1. Annual Strategic Planning Summary input period extended to August 26, 2024. • Two Ad Hoc virtual meetings took place on August 28 and 29, 2024 to work on Annual Strategic Planning meeting summary	1. New Cover Letter and edits to the document were presented at the September 9, 2024 Council meeting • Opportunity for additional edits was provided, due to Darwin.Espejo@sdcounty.ca.gov by the close of business of September 9, 2024 -Completed • Final document delivered to the BHS Director on September 10, 2024
2. Hot Topic: Children, Youth and Families Services Directory. A summary document of input, discussion, and action was shared at the September 9, 2024 Council meeting	2. August 2024 revision is located at: CYF Services Directory Updated August 2024.pdf (sandiegocounty.gov) including updates to 5 Regional School Directories located on site
3. "Refresh" of CYF Council E-mail distribution lists outside of members and alternates E-mail sent August 15, 2024	3. E-mail Darwin.Espejo@sdcounty.ca.gov and Edith.Mohler@sdcounty.ca.gov to be added to the CYF Council distribution list.

Next Executive Committee Meeting:
Date: 10.24.24
Time: Noon to 12:30pm

Next CYF Council Meeting:
Date: Monday, December 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

+=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	O	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	+	Norma Rincon	O
5	Homeless Solutions and Equitable Communities	Katie Gordon	+	Rosa Gracian	O
6	Public Health	Dr. Thomas R. Coleman	O	Rhonda Freeman	O
7	Medical Care Services	Dr. Kelly Motadel	O	Heather Summers	+
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	+
15	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	Vacant	
16	ADSPA	Marisa Varond	+	Claudette Allen Butler	O
17	Mental Health Contractors Association (MHCA)	Julie McPherson	E	Vanessa Arteaga	+
18	MHCA	Laura Beadles	+	Golby Rahimi	O
19	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	Marcelo A. Podesta	O
20	Managed Care Health Plans	Vacant		James Trout	O
21	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	Jennifer Kennedy	O
	FAMILY AND YOUTH SECTOR				
22	Family Youth Advocacy/Liaison	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	Vacant	
	COMMITTEES (Non-voting members unless a member of the Council)				
-	Executive	Celica Garcia-Plascencia Sten Walker	E/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson Marisa Varond	E/+		
-	Early Childhood	Stephanie Gioia-Beckman Jennifer Kennedy	O/+		
-	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: 109			
Aisha Pope	Dina Ali	Katie Gordon	Rafael-Ortiz Gomez
Alexis Spratt	Donna Moore	Kelly Bordman	Reigel Javinal
Alicia Castro	Dori Gilbert	Kelly Motadel	Rhonda Crowder
Amanda Lance-Sexton	Edith Mohler	Kenia Urrutia	Rosa Ana Lozada
Angela Rowe	Eileen Quinn-O'Malley	Kevin Richardson	Samantha Aument
Aprille Pena	Eliza Reis	Kimberley Saelens	Shea Prophet
Autumn Gabin	Elizabeth Dauz	Kristen Martin	Sherry Casper
Azmin Granados	Emily Gaines	Kristin Garrett	Simonne Ruff
Babbi Winegarden	Eric Camerino	Laura Vleugels	Sonia Lira
Barbara Ryan	Erick Mora	Leslie LaMay	Stacy Musso
Beatriz Valencia	Erika Hernandez	Leslie Manriquez-Jimenez	Sten Walker
Beth Brown	Fran Cooper	Lily Hohloch	Steven Wells
Bill Stewart	Francisco Medrano	Linda Puebla	Susana Antonio
Brenda Es	Gabriela Contreras-Misirlioglu	Lori Sorenson	Tais Millsap
Carmen Pat	Ginger Bial Cox	Lorie Chen	Tanya Mercado
Caryl Montillano	Golby Rahimi Saylor	Margarita Hernandez	Tanya Ramirez
Celeste Hunter	Grisel Ortega-Vaca	Maria Norris	Taylor Valdivia
Chelsea Prout	Heather Nemour	Maria Ventura	Terri Kang
Chelsea Rode	Jamie Pellegrino	Marisa Varond	Tzuting Lin
Christina Hambleton	Janelle Battaglia	Mayra Gonzalez-Munoz	Vanessa Arteaga
Christine Davies	Jennifer Busico	Melanie Morones	Yael Koenig
Christine Maggio	Jennifer Kennedy	Michael Hammel	Yuka Sakamoto
Claudia Velasquez	Jessica Rosenbaum	Michelle Alcantar	Yvette Leyva
Cristobal Hernandez	Jodi Erickson	Michelle Houle	Zach Guzik
Danyte Mockus-Valenzuela	Julian Lopez	Nilanie Ramos	Zoe Kornweibel
Darwin Espejo	Kacie Rodvill	Pam Hansen	
David Baker	Katharina Krison	Patty Brown	
Delona King	Katie Demmler	Pradeep Gidwani	

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: Effective September 2024, meets the fourth Wednesday of the month 11 a.m. to 12:30 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 in November 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

September 10, 2024

RE: FY-2024-25 Children, Youth & Families System of Care Council Strategic Planning Recommendations

Dear Dr. Luke Bergmann:

The Children, Youth, and Family System of Care Council (CYF Council) has developed a set of actions to advance the priorities for FY 2024-25. These were established in response to anticipated policy and funding changes created by the passage of Proposition 1. We recognize that this proposition will transform the future of policies, funding, and services for children, youth, and families served by the San Diego County Behavioral Health in conjunction with other County Departments.

We respectfully request you to leverage the expertise of the CYF Council to help shape this transformation. This Council provides multi sector representation, historical knowledge, experience and perspective that we believe could be mutually beneficial to the behavioral health community including the children, youth, and families we serve.

The CYF Council Strategic Plan Recommendations focuses on four areas: Knowledge Exchange, Community Engagement, Prevention and Early Intervention, and Service and Funding Priorities. See attachment for full list of recommendations.

We are requesting your partnership regarding two specific overarching themes that will advance the CYF Strategic Plan Recommendations:

1. Provide the CYF Council with timely information/knowledge to exchange ideas with BHS executive decision makers to influence policies and program priorities.

2. Recognize and dedicate resources to advance the continuum of care across the lifespan inclusive of infants to youth and focused on the full continuum of care prevention to clinical intervention.

We are ready for the opportunity to work together to serve the needs of children and youth as the behavioral health system evolves. The CYF Council looks forward to hearing from you on the next steps.

Sincerely,
CYF Council Stakeholders

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

The Children, Youth and Families 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 the needs of children and youth in the context of State initiatives inclusive of the Behavioral Health Transformation and Proposition 1. 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 priorities. Below is the summary of the recommendations. On behalf of the CYF Council, please accept these areas of focus and recommendations as County Behavioral Health Services in conjunction with other departments works to advance the care for children, youth, and families in San Diego. The Council looks forward to your feedback on each of the recommendations and is available to answer any clarifying questions about this document.

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 with BHS. Participants should include 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 with BHS that includes regular and concrete opportunities for children, youth, and family Council to provide input to BHS leaders at critical decision-making and priority-setting junctures. **#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 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 expand services to encourage early access to caregivers 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 Services Directory Updated August 2024.pdf (sandiegocounty.gov)

Schools (sandiegocounty.gov)

JIM DESMOND

SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: **September 24, 2024** **11**

TO: Board of Supervisors

SUBJECT: REQUESTING RESOURCES NEEDED TO IMPLEMENT SENATE BILL 43 (DISTRICTS: ALL)

OVERVIEW
We have seen a sharp increase in homelessness in the State of California over the past 7 years. There is a clear need for additional resources for those who need it most.

Recently, the County of San Diego received a letter from Governor Newsom admonishing the delayed implementation of State Senate Bill 43 (SB 43), which expands the criteria for conservatorship to include those who are gravely disabled due to Substance Use Disorder. Governor Newsom signed this Bill into law in October of 2023, and the Board voted to implement SB 43 on January 1st, 2025. The expanded criteria offer a promising avenue for getting more people into treatment and off the streets.

However, this expansion requires additional resources. It is not enough to simply have more people placed into a conservatorship if we don't have the treatment, programs, and facilities needed.

Governor Newsom issued an Executive Order on July 25th, 2024, urging local jurisdictions to clear homeless encampments. After decades of ineffective state policies—many of which, including the continuation of the failed Housing First policy, increased housing regulations, and the transfer of prison populations to local jails, occurred under his own leadership—the State is now placing the burden of these failures on local governments.

Nonetheless, we share a common goal: getting people off the streets and into the help they need. Achieving this requires more than just policy changes; we need additional resources. With the collaboration of the County of San Diego's department of Behavioral Health Services, today's action directs the Chief Administrative Officer to send a letter to Governor Newsom requesting the funding necessary to implement SB 43. SB 43 implementation is only a part of the solution

for clearing homeless encampments, as not all individuals living in encampments will qualify for conservatorship. However, we must use every tool at our disposal to address this challenge.

The funding for resources needed includes:

- The region-wide implementation of SD-Relay, a 24/7 behavioral health peer support program for those in emergency rooms who are placed in an involuntary hold or who have suffered a non-fatal overdose. This program alleviates the overcrowding of emergency rooms.
- Funding for secure Behavioral Health residential facilities.
- Funding for withdrawal management beds.
- Funding for involuntary Substance Use Disorder treatment in hospitals.

RECOMMENDATION(S)
SUPERVISOR JIM DESMOND

1. Direct the Chief Administrative Officer to send a letter to the Governor of California, in response to his letter dated July 28, 2024, requesting:

    a. $10 million, ongoing annually, for the regionwide implementation of SD-Relay.
    b. $12 million, ongoing annually, for secure Behavioral Health residential facilities.
    c. $26 million, ongoing annually, for Medically Managed Substance Use Disorder Residential treatment beds.
    d. $3 million, ongoing annually, for Chemical Dependency and Recovery Hospital services.

EQUITY IMPACT STATEMENT
The implementation of Senate Bill 43 and the effort to address homelessness in San Diego County will disproportionately impact vulnerable populations, particularly those suffering from substance use disorders and mental illness. Expanding conservatorship criteria provides an opportunity to help individuals who are otherwise unable to access necessary treatment and support. However, without adequate resources such as treatment programs and housing facilities, marginalized groups may continue to be underserved. It is essential to ensure that equitable access to these resources is prioritized, with special attention to communities disproportionately affected by homelessness and poverty. This action aims to create a more inclusive and supportive system but must be backed by comprehensive services to achieve meaningful outcomes. Equity will be measured by how well services are distributed and accessed across all affected groups.

SUSTAINABILITY IMPACT STATEMENT
The proposed initiative aligns with the County's sustainability goals by addressing homelessness through a holistic approach that improves environmental, social, health, and economic outcomes. By expanding conservatorship under SB 43 and implementing programs like SD-Relay, the County will reduce the strain on emergency services and provide equitable care for vulnerable

populations. These measures will not only enhance public health and wellbeing but also create a more sustainable and resilient community in the long term.

FISCAL IMPACT
There is no fiscal impact associated with today's recommendation. We anticipate there will be extensive one-time and ongoing costs for the implementation of SB 43, including costs for services and potential facility improvements. Full potential for billing capacity to offset these costs is unknown at this time. There is currently $15 million in one-time bridge funding available to support implementation through existing General Purpose Revenue under the Maximize ARPA Revenue Strategy. 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
We have seen a sharp increase in homelessness in the State of California over the past seven years. There is a clear need for additional resources for those who need it most.

Recently, the County of San Diego received a letter from Governor Newsom admonishing the delayed implementation of Senate Bill 43.

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. This new statute significantly updates California's civil detention and conservatorship laws by establishing new diagnostic criteria and by broadening the definition of "grave disability". The criteria by which people may be civilly detained under the LPS Act includes:

- Danger to self,
- Danger to others, or
- Grave disability.

Prior to SB 43, the LPS Act defined "gravely disabled" as either a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, or shelter.
SB 43 expands the definition "gravely disabled" to include:

- 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.

This process usually begins with the initiation of a "5150 hold" of an individual by a peace officer, or other designated personnel like a mobile crisis response team member, where they will be transported to an LPS-designated facility**.** County LPS Designated facilities are mental health treatment facilities that are designated by the county for evaluation and treatment, approved by the State Department of Health Care Services, and licensed as a health facility.

Governor Newsom signed this Bill into law in October of 2023, and the Board voted to implement SB 43 on January 1st, 2025. The expanded criteria offer a promising avenue for getting more people into treatment and off the streets.

However, this expansion requires additional resources. It is not enough to simply have more people placed into a conservatorship if we don't have the treatment, programs, and facilities needed. It would have been irresponsible to implement these new criteria merely 3 months later.

Governor Newsom issued an Executive Order on July 25th, 2024, urging local jurisdictions to clear homeless encampments. After decades of ineffective state policies—many of which, including the continuation of the failed Housing First policy, increased housing regulations, and the transfer of prison populations to local jails, occurred under his own leadership—the State is now placing the burden of these failures on local governments.

Nonetheless, we share a common goal: getting people off the streets and into the help they need. Achieving this requires more than just policy changes; we need additional resources. With the collaboration of the County of San Diego's department of Behavioral Health Services, today's action directs the Chief Administrative Officer to send a letter to Governor Newsom requesting the funding necessary to implement SB 43. SB 43 implementation is only a part of the solution for clearing homeless encampments, as not all individuals living in encampments will qualify for conservatorship. However, we must use every tool at our disposal to address this challenge.

Today's action directs the Chief Administrative Officer to send a letter to Governor Newsom requesting funding for:

- The region-wide implementation of SD-Relay, a 24/7 behavioral health peer support program for those in emergency rooms who are placed in an involuntary hold or who have suffered a non-fatal overdose. This program alleviates the overcrowding of emergency rooms.
- Funding for secure Behavioral Health residential facilities. A residential facility provides a supportive environment for individuals with Substance Use Disorder, fostering recovery, accountability, and community. If an individual is conserved, they will be in a secure residential facility.
- Funding for withdrawal management beds. A withdrawal management or detox bed is a specialized clinical facility providing supervised care for individuals undergoing

withdrawal from substance abuse, aiming to ensure safety and comfort during the withdrawal process.
- Funding for involuntary Substance Use Disorder treatment in hospitals.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed action supports the Safety, Restorative, and Quality of Life Initiatives of the County of San Diego's 2024-2029 Strategic Plan by enhancing public safety and offering alternatives to incarceration.

Respectfully submitted,

JIM DESMOND
Supervisor, Fifth District

ATTACHMENTS
A- LETTER FROM GOVERNOR NEWSOM

TERRA LAWSON-REMER

VICE-CHAIR

SUPERVISOR, THIRD DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: **September 24th, 2024** **12**

TO: Board of Supervisors

SUBJECT
CREATING A CHILDREN, YOUTH, AND TRANSITION AGE YOUTH BEHAVIORAL HEALTH CONTINUUM FRAMEWORK FOR SAN DIEGO COUNTY (DISTRICTS: ALL)

OVERVIEW

The youth behavioral health crisis is now well-documented, and evidenced through innumerable health advisories, surveys, and research from leading institutions including the U.S. Surgeon General, the Centers for Disease Control (CDC), the American Academy of Pediatrics, the American Psychological Association, and the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) among many others. [1][2][3][4][5]

Since 2010, nearly every indicator of mental well-being among children and youth has deteriorated. Ensuring access to prevention and intervention services and to primary care clinicians and behavioral and mental health specialists are critical components of any plan to address the youth behavioral health crisis and to support children and youth as they navigate these challenges. Additionally, the long-lasting benefits of early detection and intervention extend beyond the individual themselves with estimates that for every dollar invested in early childhood prevention and intervention returns $2 to $13 in long-term public savings.

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[1] U.S. Surgeon General. (2021). *Protecting Youth Mental Health* [Review of *Protecting Youth Mental Health*]. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf?null

[2] Centers for Disease Control and Prevention. (2023, December 6). Connection Is Key to Good Adolescent Mental Health | Adolescent and School Health | CDC. Www.cdc.gov; U.S. Department of Health & Human Services. https://www.cdc.gov/healthyyouth/mental-health/index.htm

[3] American Academy of Pediatrics. (2021, October 19). AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. Www.aap.org; American Academy of Pediatrics. https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/

[4] Abrams, Z. (2023, January 1). Kids' mental health is in crisis. Here's what psychologists are doing to help. American Psychological Association. https://www.apa.org/monitor/2023/01/trends-improving-youth-mental-health

[5] SAMHSA. (2022, November 10). HHS Releases New National Guidelines for Improving Youth Mental Health Crisis Care. Www.samhsa.gov. https://www.samhsa.gov/newsroom/press-announcements/20221110/hhs-releases-new-national-guidelines-improving-youth-mental-health-crisis-care

Yet, the broader public and private behavioral health system of care has struggled to meet the needs of our children and youth. The Children's Report Card 2024, which grades California's ability to support better outcomes for kids from prenatal to age 26 has consistently awarded the state a D grade for mental health supports. Additionally, California ranked 51 (out of 50 states and D.C.) in 2024 for parents reporting it was not possible to obtain mental healthcare for their child, citing denials by health plans as a major barrier.[6] Locally, the UCSD Health Partnership Community Engagement Annual Report (FY 2023 -24) found that mental health and substance use across the county were of major concern with youth-specific challenges cited as vaping, anxiety, depression, bullying, suicide risk, and social media influence and/or peer pressure.

The County plays a critical role in caring for the well-being of children, youth, and transition age youth (TAY) and focuses on serving, primarily through partnerships with community-based organizations (CBOs), children, youth, and TAY from 0 up to age 25 who are Medi-Cal members or who have no insurance. While the County has a robust system of care in place, the growing needs among youth and families for behavioral health services and the mounting pressure on schools and CBOs to provide these services, are proving untenable. These needs are exacerbated by a wider behavioral health workforce shortage. Furthermore, these challenges are playing out in the context of state-level policy and programmatic shifts in behavioral health and other youth-focused programs, including shifts in First 5 programs, recent changes to the Mental Health Services Act (MHSA) via the passage of Proposition 1, and Medi-Cal Transformation efforts.

The convergence of these factors, plus demographic trends, and historic public spending focused on expanding behavioral health services all raise major concern our region is not prepared to meet the specialized behavioral health needs of our children, youth, and TAY.[7] This presents a major opportunity to develop a Children, Youth, and Transition Age Youth Behavioral Health Continuum Framework for our region.

Today's actions request that the Chief Administrative Officer work with the Health and Human Services Agency (HHSA) to create a Children, Youth, and TAY Behavioral Health Continuum Framework across the 0 to 25 age continuum that considers current changes within the broader behavioral healthcare system and that is based on data analytics, consistent with the previous work performed on the Optimal Care Pathways Model (OCP) developed by Behavioral Health Services (BHS), that will quantify optimal service levels to inform a comprehensive long-term plan to address identified gaps in services. Additionally, today's action requests the engagement of stakeholders during the development process.

The County has already taken bold action to move our behavioral health continuum from a model of care driven by crises to one centered on continuous care and prevention. We have focused on

[6] 2024 California Children's Report Card (2024). Children Now. https://www.childrennow.org/portfolio-posts/2024-california-childrens-report-card/

[7] MEDI-CAL TRANSFORMATION: BEHAVIORAL HEALTH. (n.d.). https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-BH-a11y.pdf

adding capacity and recalibrating the Continuum of Care to more appropriately service the behavioral health needs of adults, particularly those experiencing homelessness and/or experiencing concurrent diagnoses of serious mental illness and substance use disorders.

With this progress well underway, the County is now poised to turn its attention to the child and youth behavioral health crisis and to build upon the work done for adults. Specifically, BHS' development of the OCP model, which uses data-informed algorithms to quantify optimal utilization across the behavioral health system.

If approved, today's actions will enable the transformative vision required during a time of crisis and ensure the equitable investment of resources placing the County on an accelerated path to operating a Continuum of Care that supports San Diegans' behavioral health across the entire lifespan.

RECOMMENDATION(S)
VICE-CHAIR TERRA LAWSON-REMER

1.) Direct the Chief Administrative Officer to work with the Health and Human Services Agency (HHSA) to create a Children, Youth, and Transition Age Youth Behavioral Health Continuum Framework across the 0 to 25 age continuum. This effort will consider current changes within the broader behavioral healthcare system and identify strategies to maintain and/or enhance services, including but not limited to leveraging Payment Reform through Medi-Cal Transformation and workforce development investments. The Framework will be based on data analytics and evidence-based research, consistent with the previous work performed on the Optimal Care Pathways (OCP) Model conducted by the Behavioral Health Services Department, and will quantify optimal service levels to inform a comprehensive long-term plan to address identified gaps in services. This effort will also be in collaboration with other respective HHSA departments, with each deliverable reflecting a planful approach to community input and feedback with a report back to the Board in six months (1.1) and return to the Board in 18 months (1.2):

    1. Six (6) months with an outline of any interim strategies to maintain and/or enhance services and an outline of a long-term plan approach for creating a comprehensive framework, timeline for deliverables, report drafting, methods for community engagement, and any estimated costs, identified funding, and resourcing necessary for the creation and/or implementation of the plan, and
    2. Eighteen (18) months with a final report to include prioritized recommendations for action and investment, contingent upon the approval of resourcing and funding identified at the report back under Recommendation 1.1.

2.) Direct the Chief Administrative Officer to seek out methods to optimize payments for all payers that hold Medi-Cal products to support the implementation of prioritized actions identified in Recommendation 1.

EQUITY IMPACT STATEMENT

If approved, today's actions will support County efforts to enhance behavioral health services for children, youth, and TAY throughout San Diego County. The stark economic, gender, racial, and ethnic disparities shaping American childhoods today are disproportionately resulting in and contributing to troubling behavioral health issues among many subsets of children and youth. Included here are the effects of the COVID-19 pandemic which brought children trauma and tremendous loss with research showing the pandemic amplifying disparities with certain minority groups.

Comparing pre-pandemic to the first year of the COVID-19 crisis, the share of children struggling to make it through the day due to anxiety and depression rose nearly 26% — from 9.4% (5.8 million kids) in 2016 to 11.8% (7.3 million kids) in 2020. In 2021, 9% of all high school students had attempted suicide. This rate rose to 12% for Black students, 13% for students of two or more races, and 26% for American Indian or Alaska Native high schoolers. Among LGBTQ+ youth, the statistics were similarly skewed, with 23% of gay, lesbian or bisexual students reportingly having attempted suicide compared to just 6% of their heterosexual peers.[8]

Furthermore, recent data suggests that 44% of youth are struggling with their mental health versus an estimated 39% of adults. Prioritizing every child's ability to access the mental health care they need — when and where they need it – and bolstering a health continuum framework that considers young people's experiences and identities is imperative to ensuring equity and well-being throughout the lifespan in the County.[9][10]

BHS already has plans to weave in efforts currently underway through the Community Experience Partnership (CEP). The CEP is a collaboration between BHS and the University of California San Diego to integrate data and community engagement to advance behavioral health equity. Behavioral Health Equity Index allows the public to view behavioral health equity data through dashboards that include data from surveys, vital records, hospitalization, and emergency departments, along with service and outcome data for individuals receiving services through BHS. It also includes indicators of equity over time and across neighborhoods by race/ethnicity, gender, sexual orientation, age, justice involvement and more.

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8 2022 KIDS COUNT Data Book. (n.d.). The Annie E. Casey Foundation. https://www.aecf.org/resources/2022-kids-count-data-book

9 Centers for Disease Control and Prevention. (2022, March 31). New CDC data illuminate youth mental health threats during the COVID-19 pandemic. Centers for Disease Control and Prevention. https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html

10 (2023, March 20). Latest Federal Data Show That Young People Are More Likely Than Older Adults to Be Experiencing Symptoms of Anxiety or Depression. KFF. https://www.kff.org/mental-health/press-release/latest-federal-data-show-that-young-people-are-more-likely-than-older-adults-to-be-experiencing-symptoms-of-anxiety-or-depression/

BHS will pursue efforts to connect the Behavioral Health Equity Index work to the OCP model and now the Child and Youth Behavioral Health Continuum Framework integrating three immensely impactful bodies of work to inform where the highest priority area of future investment to address current inequities exists. This will support regional distribution of services across the communities most in need to ensure they have access to behavioral health care in close proximity to where they live.

SUSTAINABILITY IMPACT STATEMENT
Transforming the children, youth, and TAY behavioral health continuum of care in San Diego County will result in sustainability enhancements in terms of health, wellbeing, and equity as we advance access and the regional distribution of services that will allow children, youth, and TAY to receive care that is in close proximity to their support systems and provides a wider availability and range of connections to care.

Today's actions will evaluate and allow for a strategic approach to supporting children, youth, and TAY with behavioral health needs in order to prevent individuals from not receiving the right care at the right time in the right place. Additionally, the County of San Diego Health and Human Services Agency, Behavioral Health Services will continue to explore thoughtful and sustainable designs for infrastructure, programs, and service delivery that are in alignment with the County's Sustainability Goals.

FISCAL IMPACT

Recommendation #1

For Recommendation 1.1, it is anticipated that the Health and Human Services Agency can absorb the impact to staffing and consultant needs in the Fiscal Year 2024-25 Operational Plan to address the six month return back. For Recommendation 1.2, it is anticipated that the final report will require a significant investment in staffing costs and consultant needs to report back with prioritized recommendations for action and investment. The resource needs to address Recommendation 1.2 is contingent upon the approval of resourcing and funding identified at the report back under Recommendation 1.1. At this time, there will be no change in net General Fund cost and no additional staff years associated with today's actions.

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
N/A

BACKGROUND

The challenges today's young people face are unprecedented and uniquely hard to navigate. And these challenges are having a devastating effect on their behavioral health with direct impacts to

their mental and emotional well-being. The youth mental health crisis is now well-documented, and evidenced through innumerable health advisories, surveys, and research from leading institutions including the U.S. Surgeon General, the Centers for Disease Control (CDC), the American Academy of Pediatrics, the American Psychological Association, and the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) among many others.[11]

Since 2010, nearly every indicator of mental health and psychological well-being among youth has deteriorated. In 2019, one in three high school students reported persistent feelings of sadness or hopelessness, an overall increase of 40% from 2009. And a 2023 CDC report found that three in five (57%) female students reported persistent feelings of sadness or hopelessness, representing a nearly 60% increase since 2011 and the highest level reported over the past decade. In California, from 2016 to 2020, the percentage of children ages 2 to 17 who had anxiety or depression increased by 70%. Trend data related to eating disorders, substance use, cyberbullying, social media usage, and emergency room visits for anxiety and depression among youth are all heading in the wrong direction.[12][13][14][15] The most alarming of these trends being a 62% increase in the suicide rate among youth ages 10 to 24 since 2007. Additionally, more than 1 in 10 (12%) LGBTQ+ youth reported attempting suicide in the past year and 39% reported they seriously considered attempting suicide – including 46% of transgender and nonbinary young people. The same report found 50% of LGBTQ+ young people who wanted mental health care in the past year were not able to get it. Access to evidence-based prevention and intervention strategies and to clinicians, specialists, and other support services are critical components of any plan to support youth as they experience these challenges, especially more vulnerable youth who have more urgent and/or complex needs.[16]

Additionally, people are experiencing behavioral health symptoms at younger ages. One study demonstrated that 50% of people with a behavioral health disorder developed symptoms before adulthood, with the average age of onset around age 14 and the specific age of onset depended on the type of disorder. For example, anxiety and phobia disorders initiate on average around 5 years of age, stress disorders around 15 years of age, addiction around 19 years of age, and depression and other mood disorders around 20 years of age. According to the U.S. Department of Health and Human Services, one in five children 17 years old and under are currently receiving a diagnosis for some type of mental, emotional, behavioral or developmental disorder. Research also shows that the long-lasting benefits of early detection and intervention extend beyond the individual themselves with some estimates calculating that for every dollar invested in early childhood

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11 U.S. Surgeon General. (2021). *Protecting Youth Mental Health* [Review of *Protecting Youth Mental Health*]. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf?null

12 Hopkins, C. (2023, April 29). Eating Disorders among Teens More Severe than Ever. NBC News. https://www.nbcnews.com/health/health-news/eating-disorders-anorexia-bulimia-are-severe-ever-rcna80745

13 Schonfeld, A., McNiel, D., Toyoshima, T., & Binder, R. (2023). Cyberbullying and Adolescent Suicide. The Journal of the American Academy of Psychiatry and the Law, 51(1), 112–119. https://doi.org/10.29158/JAAPL.220078-22

14 DeAngelis, T. (2024, April 1). Teens are spending nearly 5 hours daily on social media. Here are the mental health outcomes. Apa.org. https://www.apa.org/monitor/2024/04/teen-social-use-mental-health

15 EXPLORING HEALTH DISPARITIES IN SAN DIEGO COUNTY BY AGE: A Report to Identify Opportunities to Achieve Health Equity. (2022). https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Health%20Equity%20Report%20Series_Age_2022.pdf

16 Nath, R., Matthews, D.D., DeChants, J.P., Hobaica, S., Clark, C.M., Taylor, A.B., Muñoz, G. (2024). 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People. West Hollywood, California: The Trevor Project. www.thetrevorproject.org/survey-2024

diagnosis, prevention and intervention, society saves $2 to $13 in healthcare costs, emergency services, long-term care, criminal justice expenses, and the avoidance of lost productivity.[17]

Yet, the current behavioral health system of care is struggling to meet the needs of our children and youth. The Children's Report Card 2024, which grades California's ability to support better outcomes for kids from prenatal to age 26 gave the state a D, D+, and D- for the following three issue areas, respectively–preventative screenings, supporting mental health, and preventing substance abuse. For supporting mental health specifically, California has consistently received a D grade since 2018. Additionally, California ranked 51 (out of 50 states and D.C.) in 2024 for parents reporting it was not possible to obtain mental healthcare for their child, citing denials by health plans as a major barrier.

Locally, the UCSD Health Partnership Community Engagement Annual Report (FY 2023 -24), commissioned by San Diego County's Behavioral Health Services, found that mental health and substance use across San Diego County (County) were of major concern to community members and lack of healthcare access, support systems, and behavioral health workforce were stated as priority areas of need. Youth-specific challenges that were voiced across the County included vaping, anxiety, depression, bullying, and social media influence and/or peer pressure. Also noted was the rise of suicide among LGBTQ+ youth. And regional differences ranged from an emphasis in the East region on lack of access to services to rising concerns over anxiety, depression, and substance use in the North region.

As a County, we play a critical role in caring for the well-being of children, youth, and transition age youth (TAY) and are responsible for the operation of an accessible, equitable, and responsive behavioral health system. BHS offers a variety of programs to support children, youth, and families, along with TAY who may benefit from mental health services and/or substance use treatment. County-funded behavioral health services are primarily provided by community-based organizations (CBOs) and focus on serving children, youth, and TAY from 0 up to age 25 who are Medi-Cal members or who have no insurance. BHS, in partnership with community-based providers and schools, provided treatment and support through over 120 programs specializing in serving children, youth, TAY, and their families, with additional TAY receiving care across other adult programs as well. In Fiscal Year 2022-23, across the behavioral health continuum care, nearly 20,000 children and adolescents received mental health services, over 3,500 received substance use care, and 12,500 were served through prevention and early intervention.

While the County has a robust system of care in place for San Diego's children, youth, and TAY, the growing and intense need among children, youth, TAY, and families for behavioral health services and the mounting pressure this demand is placing on schools and CBOs to provide these services, in the midst of a profound behavioral health workforce shortage, is proving untenable.

These challenges are playing out in the context of state-level policy and programmatic changes in behavioral health and other youth-focused programs. Among them are changes in the First 5

[17] ADVANCING PREVENTION AND EARLY INTERVENTION IN MENTAL HEALTH WELL AND THRIVING. https://mhsoac.ca.gov/wp-content/uploads/22-OAC-PEI-Final2rev4_31c.pdf

programs. First 5 San Diego, managed by the County's Child and Family Well-being Department, supports the health and well-being of young children ages 0 to 5 during their most critical years of development by providing parents and caregivers with a variety of programs to promote children's optimal development and school readiness. First 5 funding has funded more than $11 million in pediatric mental health services over the last 25 years for all San Diegans 0 to 5 years old. However, due to the success of smoking cessation programs, First 5 funding has been steadily declining with an anticipated reduction of $16 million in the next fiscal year. Exploring the local impact of shifts within the First 5 program is important to understanding service capacity for young children ages 0 to 5 under the County's care.

Recent changes to the Mental Health Services Act (MHSA) via the passage of Proposition 1 are also anticipated to impact funding categories for prevention and early intervention services and programs for children with serious mental illness or serious mental illness and a co-occurring substance use disorder(s). Historically, MHSA funds have funded counties to provide prevention and early intervention services directly, however, with the passage of Proposition 1 prevention services will now be provided by the state. Understanding how this transition will impact the provision of local prevention services for children and youth will be important in the months and years ahead.

Medi-Cal Transformation is yet another transition impacting the County's child and youth behavioral health services system of care. This multi-year initiative by California's Department of Health Care Services (DHCS) was implemented to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing a more comprehensive delivery system with program and payment reform across the Medi-Cal program. While this work began in February 2021 and the County is in the final stages of implementing its phased approach to transition providers and managed care plans from a cost reimbursement system to a fee-for-service system, uncertainty still remains about how to realize and maximize the opportunities envisioned by this initiative. Additionally, the County's Medicaid Ad Hoc Committee continues to explore additional opportunities to secure adequate reimbursement rates with the goal of improving access to care for Medi-Cal eligible clients. Incorporating child and youth behavioral health services into this body of work will be instrumental to addressing the growing need for these services within our communities.

Furthermore, San Diego County is facing a significant behavioral health workforce shortage. The 2022 report *Addressing San Diego's Behavioral Health Worker Shortage* estimated 17,000 behavioral health professionals were employed in 11 key occupations in 2022, including areas specific to child and youth behavioral health services. However, this is 8,000 workers short of the 25,000 needed to fulfill anticipated demand. The convergence of demographic trends, growing mental health and substance use crises, and historic public spending focused on expanding behavioral health services raises major concern our region is not prepared to meet the specialized behavioral health needs of our children, youth, and TAY.

Under the leadership of the San Diego County Board of Supervisors (Board), behavioral health care in San Diego has been undergoing a profound transformation. Since September 2022, the

SUBJECT: CREATING A CHILDREN, YOUTH, AND TRANSITION AGE YOUTH BEHAVIORAL HEALTH CONTINUUM FRAMEWORK FOR SAN DIEGO COUNTY (DISTRICTS: ALL)

County has been taking bold action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous care and prevention. These efforts, broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care), have been guided by data, focused on equity, and designed to engineer collaborative work across silos, within and outside of government.

The work performed thus far has been intensely focused on adding additional capacity and recalibrating the Continuum of Care to more appropriately service the behavioral health needs of adults, particularly those experiencing homelessness and/or experiencing concurrent diagnoses of serious mental illness and substance use disorders.

With this progress well underway, the County is now poised to turn its attention to the children and youth behavioral health crisis and to learn from and leverage the work done for adults. Specifically, BHS' development and utilization of the Optimal Care Pathways (OCP) model, a data-informed algorithm that quantifies optimal utilization across service areas within the behavioral health system. The OCP model recommends recalibration and expansion of existing services for adults, and suggests some additional types of services to remove barriers to care, reduce per capita cost, and most importantly, connect individuals to the care they need, when they need it to ensure wellness over the long-term.

To address gaps and barriers, the OCP model quantifies the optimal utilization needed across various service categories and specifically demonstrates the urgent need to develop and expand care and services, inclusive of infrastructure, specifically for Medi-Cal eligible adults who have behavioral health needs to facilitate connection to services and eliminate waitlists. It also outlines client care pathways to map where adults with behavioral health conditions are entering from, which levels of care they are going to, what barriers are in their way, and what is preventing them from receiving optimal care. It also identifies common characteristics and specialty needs among clients and any missed opportunities for optimization to inform the development of ways to anticipate need and necessary adjustments going forward.

The ultimate goal of the OCP model is to shore up a responsive and sustainable system of care that connects individuals with the right care and alleviates existing bottlenecks. The goal is set to be achieved through incentivizing payment models and data-driven adjustments to infrastructure and services to best align with client needs with an intentional effort towards prevention and health maintenance. An ideal way to ensure that there is a continuous and coordinated Continuum of Care that includes our children, youth, and TAY is to develop a Children, Youth and Transition Age Youth Behavioral Health Continuum Framework leveraging the OCP model.

Critical to developing a representative and comprehensive framework will be the inclusion of the voices and direct experiences of youth, parents/guardians, and service providers. To achieve this, BHS will continue to collaborate with existing departments, councils, and community members to advise and make recommendations on advancing equity for unserved and underserved children and youth with behavioral health needs across the region.

SUBJECT: CREATING A CHILDREN, YOUTH, AND TRANSITION AGE YOUTH BEHAVIORAL HEALTH CONTINUUM FRAMEWORK FOR SAN DIEGO COUNTY (DISTRICTS: ALL)

Today's actions are proposed to directly address the child and youth behavioral health crisis locally and the County's immediate need for a comprehensive, data-driven approach to set a defined trajectory for the portion of San Diego's Continuum of Care that services the behavioral health needs of children, youth, and TAY. By leveraging the OCP model, the County can assess and quantify the behavioral health needs of youth ages 0 to 25 and identify the gaps and barriers across the system of care, focusing specifically on Medi-Cal eligible individuals, as well as examining services within the broader context of current shifts in policies, programs, and larger system challenges. This will enable the transformative vision required during a time of crisis and ensure the equitable investment of resources.

Today's actions request that the Chief Administrative Officer work with the Health and Human Services Agency (HHSA) to create a Children, Youth, and TAY Behavioral Health Continuum Framework across the 0 to 25 age continuum that considers current changes within the broader behavioral healthcare system and identifies strategies to maintain and/or enhance services, including but not limited to leveraging Payment Reform through Medi-Cal Transformation and workforce development investments, and is based on data analytics, consistent with the previous work performed on the OCP Model developed by BHS, that will quantify optimal service levels to inform a comprehensive long-term plan to address identified gaps in services. Additionally, today's action requests the engagement of stakeholders during the development process.

If approved, today's actions will set the County on an accelerated path to operating a Continuum of Care that supports San Diegans behavioral health across the entire lifespan. Research consistently demonstrates that many factors influencing behavioral health can be modified during early childhood and adolescence, often preventing mental health and other challenges from emerging at all. Research also establishes that early intervention and support lessen suffering, reduces suicide, and improves quality of life well into the future. While the County continues to work diligently to maintain its current services and programs supporting children, youth and TAY, these additional steps requested today will further sustain and enhance the services, programs, infrastructure, and workforce needs of the County's Behavioral Health Continuum of Care for the betterment of today's children and youth who are tomorrow's adults.

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 Sustainability (Resiliency), Equity (Health) and Community (Quality of Life and Partnership) by ensuring the capability to respond to the immediate behavioral health needs of children, youth, and transition age youth, 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,

SUBJECT: CREATING A CHILDREN, YOUTH, AND TRANSITION AGE YOUTH BEHAVIORAL HEALTH CONTINUUM FRAMEWORK FOR SAN DIEGO COUNTY (DISTRICTS: ALL)

TERRA LAWSON-REMER
Supervisor, Third District

ATTACHMENT(S)
N/A

SAN DIEGO COUNTY SUPERVISOR
TERRA LAWSON-REMER
DISTRICT 3

FOR IMMEDIATE RELEASE

Media Contact: James Canning
619-372-7988 / James.Canning@sdcounty.ca.gov

SUPERVISOR LAWSON-REMER'S POLICY WILL INCREASE BEHAVIORAL HEALTH SERVICES FOR KIDS

District 3 County Supervisor Partners with Rady Children's Hospital and Other Providers to Step Up Access

SAN DIEGO (SEPTEMBER 16, 2024) – Standing with behavioral health providers and parents at a Rady Children's Hospital location that provides mental health services, Supervisor Terra Lawson-Remer announced a policy to leverage an existing county tool (Optimal Care Pathways) that's used for adult behavioral health services, to maximize services, infrastructure investments, and staffing for children, youth and transition-aged youth (0-25).

The Optimal Care Pathways model is a data-informed tool the County of San Diego's Behavioral Health Department created to quantify the best utilization of services across many categories of mental health and substance misuse treatment. Currently, the primary group being helped by the Optimal Care Pathways model is adults.

There is a growing and intense need for behavioral health services for kids. California ranked 51 out of the 50 states and the District of Columbia for parents reporting difficulty in accessing mental health care, and 50% of adults with behavioral health disorders developed symptoms around the age of 14.

"Using OPC is a smart approach to delivering behavioral health treatment. It will help use our resources better, and ensure the services needed are more accessible, especially for low-income children and youth, and those served by Medi-Cal," ***said Supervisor Lawson-Remer, Vice Chair of the San Diego County Board of Supervisors.*** "The statistics show earlier interventions are needed to ensure kids with behavioral health struggles don't become adults with the same challenges. It's a situation that requires us to do more and do it differently than we are doing it now, and my policy gives us a path forward."

Supervisor Lawson-Remer's policy, if passed by the San Diego County Board of Supervisors, on Tuesday, September 24, 2024 and implemented will:

- Initiate a critical dialogue within our community about the behavioral health challenges and unmet needs;
- leveraging data, quantify optimal service levels;
- identify service needs and gaps for youth care and treatment;
- Establish a long-term, comprehensive plan to ensure the strategic investment of resources to help young people;
- ensure our County has the workforce, infrastructure, and service capacity to support the mental and emotional well-being of kids;

- Find methods to optimize payments for all payers that hold Medi-Cal products to support the implementation of these actions.

Healthcare experts, providers, and advocates who serve kids support this policy. They are the people in the trenches every day helping kids with their behavioral health.

“As a pediatrician and child psychiatrist, I know first-hand how identifying a mental health issue early and providing timely support and treatment can positively change the trajectory for a young person,” ***said Anne Bird, M.D., Medical Program Director of Behavioral Health Integration at Rady Children’s Hospital-San Diego***. “Yet families frequently face substantial barriers to receiving the care they need, including long wait times and a shortage of qualified mental health specialists. Finding ways to advance San Diego County’s behavioral health system, particularly around early identification and early intervention, for our children and youth represents an important and critically needed step forward.”

“As the County's oldest provider of children's behavioral health services, we at SDCC are deeply concerned that resources and workforce are not keeping up with the significant and growing behavioral health needs in our community for children and families,” ***said Cheryl Rode, Vice President Clinical Operations, San Diego Center for Children. “***We appreciate and support the efforts of Supervisor Lawson-Remer to ask the Board to explore how our public and private institutions can better work together to address this challenge.”

If Supervisor Lawson-Remer’s policy passes, families will have greater access to providers of all sizes – it's about providing options that work for the kids.

“Early identification and intervention in mental health issues can prevent more serious problems from developing. There is an urgent need and opportunity to build more capacity to detect and treat signs of mental health distress upstream before they escalate,” ***said Marlon Morgan, Founder and CEO, Wellness Together.*** “Supervisor Lawson-Remer’s Children and Youth Behavioral Health Continuum Framework proposal will support all stakeholders working together to more efficiently meet the overwhelming need for effective and accessible youth mental health services.”

Parents also see value in the policy. The lack of easily accessible mental health and addiction treatment resources for kids is constantly being battered by parents.

Kristina Halmai-Gillan, LMFT Director of Service Innovation for YMCA San Diego, and a District 3 parent spoke about her experience as a community-based clinician advocating for prevention, early intervention, and innovative treatment strategies to support children’s mental-emotional well-being. Children’s mental health deserves a robust continuum of care and a cross-disciplinary response. The Children and Youth Behavioral Health Continuum Framework is the best way forward and the time to act is now, children’s lives depend on it.

###

COUNTY OF SAN DIEGO

AGENDA ITEM

DATE: **October 8, 2024** **11**

TO: Board of Supervisors

SUBJECT

RECEIVE THE ANALYSIS OF HOW CHANGES TO PROPOSITION 47, THROUGH THE POTENTIAL PASSAGE OF PROPOSITION 36, COULD IMPACT FUNDING FOR SERVICES OFFERED BY THE COUNTY OF SAN DIEGO; BOARD TO CONSIDER TAKING A POSITION ON PROPOSITION 36 (DISTRICTS: ALL)

OVERVIEW

On August 27, 2024 (5), the San Diego County Board of Supervisors (Board) directed the County of San Diego (County) Chief Administrative Officer to work with relevant groups and departments to provide an analysis of how changes to Proposition 47 of 2014, through the potential passage of Proposition 36, may impact funding for County services, with a specific focus on behavioral health services, housing and development services, and homelessness-related program so the Board can consider taking a position on Proposition 36. Proposition 36, *The Homelessness, Drug Addiction, and Theft Reduction Act,* will be included on the November 5, 2024, statewide ballot.

In 2014, voters passed Proposition 47, *The Safe Neighborhoods and School Act*, which reclassified some crimes from felonies to misdemeanors, including certain drug possession offenses, crimes when the amount involved was $950 or less, unless the individual had previous convictions for violent crimes, and required resentencing for individuals serving felony sentences for these offenses, unless court found unreasonable safety risk. The savings generated from the implementation of Proposition 47 were to be applied to mental health and drug treatment programs, K-12 schools, and victim services, all of which were intended to reduce criminal justice system involvement and recidivism in California. According to the California Legislative Analyst's Office (LAO), Proposition 47 reduced the number of crimes punishable as felonies, thereby reducing the number of people that could be sentenced to state prison. LAO estimates statewide savings realized from Proposition 47 at approximately $100 million annually, which were redirected to local jurisdictions implementing mental health and substance use services, truancy and dropout prevention programs, and victim services.

According to the LAO, if Proposition 36 is passed, it would reverse some of the felony-to-misdemeanor classifications imposed by Proposition 47. Proposition 36 would make several key changes related to punishments for theft and drug crimes, including increase punishment for some of these crimes, create a new court process for certain drug possession crimes that is treatment-focused, and require courts to warn individuals convicted of selling or providing illegal drugs that

they may be charged with murder if someone dies from the drugs they provided or sold. The LAO analysis also indicates that Proposition 36 would have various fiscal effects on the state and local governments, although the overall impact would be dependent upon factors including but not limited to police and law enforcement actions, jail programming, and actions of local prosecutors.

Today's item provides an analysis of anticipated funding and service impacts of changes to Proposition 47 through the potential passage of Proposition 36, with a specific focus on behavioral health services, housing and development services, and homelessness-related programs. In addition, potential impacts have been included related to law enforcement and detention services, prosecution and defense of crimes, and supervision and support of clients in the community.

RECOMMENDATION(S)

A. CHIEF ADMINISTRATIVE OFFICER

Receive the analysis of how changes to Proposition 47, through the potential passage of Proposition 36, could impact funding for services offered by the County of San Diego.

B. BASED ON BOARD'S ACTION ON AUGUST 27, 2024

Board to consider whether to take a position on Proposition 36.

EQUITY IMPACT STATEMENT

Funding from Proposition 47 has assisted in addressing racial disparities by supporting several behavioral health, housing, and reentry programs which serve those at high risk of recidivism. This analysis is aligned with the County of San Diego commitment to equity, as it considers potential impacts that may result from the passage of Proposition 36.

SUSTAINABILITY IMPACT STATEMENT

Proposition 47 funding aligns with the County of San Diego (County) Sustainability Goal #2 to provide just and equitable access to County services and programs that protect the health and well-being of justice-involved individuals and the community. Additionally, Proposition 47 funding supports Sustainability Goal #4 to protect health and well-being of communities.

FISCAL IMPACT

There is no immediate fiscal impact associated with today's item. However, if Proposition 36 is passed by voters in November 2024, Proposition 47 funding for existing programs could be reduced or eliminated although the specificity and extent of the impact is unknown at this time. Currently, the County of San Diego (County) is using one-time Proposition 47 grant monies to support two distinct programs, each of which includes aspects of behavioral health care, housing and development, and/or support to people experiencing, or at-risk of homelessness.

The passage of Proposition 36 may eliminate future Proposition 47 grant opportunities that would support these types of programs into the future. Additionally, there could be additional costs for increased law enforcement and detention services, prosecution and defense of crimes, and supervision and support of clients in the community if Proposition 36 passes. At this time, there

will be no immediate change in net General Fund cost and no additional staff years. Any future fiscal impacts based on results of the November 2024 election would need to be identified, and staff return to the San Diego County Board of Supervisors for any further action and consideration.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This Board Letter was shared with the Behavioral Health Advisory Board as an informational item on October 3, 2024.

BACKGROUND

On August 27, 2024 (5), the San Diego County Board of Supervisors (Board) directed the County of San Diego (County) Chief Administrative Officer to work with relevant groups and departments to provide an analysis of how changes to Proposition 47, through the potential passage of Proposition 36, may impact funding for County services, with a specific focus on behavioral health services, housing and development services, and homelessness-related programs, and return to the Board on October 8, 2024 so the Board can consider taking a position on Proposition 36. Proposition 36, *The Homelessness, Drug Addiction, and Theft Reduction Act,* will be included on the November 5, 2024, statewide ballot. Today's item provides such an analysis. In addition, potential impacts have been included as it relates to law enforcement and detention services, prosecution and defense of crimes, and supervision and support of clients in the community.

Overview of Proposition 47

In 2014, voters passed Proposition 47, *The Safe Neighborhoods and Schools Act*, which reclassified some crimes from felonies to misdemeanors, including certain drug possession offenses, crimes when the amount involved was $950 or less, unless the individual had previous convictions for violent crimes, and required resentencing for individuals serving felony sentences for these offenses, unless court found unreasonable safety risk. The savings resulting from Proposition 47 were then redirected to mental health and drug treatment programs, K-12 schools, and victim services.

According to the California Legislative Analyst's Office (LAO), Proposition 47 reduced the number of crimes punishable as felonies, thereby reducing the number of people that could be sentenced to State prison. LAO indicates savings estimated at approximately $100 million annually across the state, which is redirected for mental health and substance use services, truancy and dropout prevention, and victim services.

An initial assessment of recidivism outcomes among Proposition 47-funded program participants by the San Diego Association of Governments (SANDAG) also point to the programs' impact on reducing further criminal justice system involvement. Approximately one-third of people participating in Proposition 47-funded programs as of December 31, 2023, had an arrest or conviction on their record after program enrollment. This is below statewide estimates that place the average recidivism rate for California at around 50%, according to the California Department

of Corrections and Rehabilitation. Program partners also continue to report success linking program participants to permanent housing and supportive services such as behavioral health treatment and employment services.

Overview of Proposition 47-Funded Programs

Locally, the County currently utilizes $6.0 million of one-time Proposition 47 grant funding across two distinct programs, Community Care Coordination Reentry Support (C3RES) and Peer Reentry Leadership Academy, which also leverages $4.7 million of County funding for a total of $10.7 million. Each program includes aspects of behavioral health care, housing and development, and/or support to people experiencing, or at-risk of homelessness.

Community Care Coordination Reentry Support

C3RES program provides comprehensive care coordination, service navigation, and housing assistance to justice-involved individuals with a history of behavioral health needs and at risk of or experiencing homelessness as they leave custody from local jails to return to their communities. This program was made possible by Proposition 47, an initiative that also enacted the *Safe Neighborhoods and Schools Act,* which designates that 65% of the State corrections savings from Proposition 47 to be used to fund housing support and connections to mental health and substance use disorder treatment programs to reduce recidivism. The County was awarded funds for Cohort III of the Proposition 47 Grant Program based on a project proposal developed in partnership with a Local Advisory Committee and with stakeholder and community input.

The C3RES contract term is projected for $15,178,890 over five years with the last two option years currently unfunded. Total budgeted amount for the first three years of C3RES is $5,190,000 from the State *Safe Neighborhoods and Schools Act* grant and $4,226,490 from 2011 Local Revenue Fund, Community Corrections Subaccount, which is being utilized until the grant term expires in January 2026. Additional funding of $6,071,556 will need to be identified to fund the last two option years of the program. While the County plans to apply for additional grant funding through Proposition 47 Cohort V, this may not be an option should Proposition 36 pass. If funding is not made available through Proposition 47, or if another source is not identified, this contract is set to expire at the end of the grant term.

This program is contracted to serve at any given time 100 individuals who are released from local jails and would otherwise experience homelessness. The services are provided for up to a year and include peer support and connecting each person, based on their individual needs, to behavioral health treatment, housing support, medical care, employment services, and other supportive services. Since becoming operational in May 2023, and up to July 31, 2024, the program has served 141 unique individuals and, of those released from custody, it has immediately housed 98% of them, connected 82% to medical care, 78% to mental health (MH) treatment and 76% to substance use disorder (SUD) treatment (for MH and SUD, the % is based only on those who needed it). Additionally, 74% of participants were connected to social services, including self-sufficiency benefits. This program was designed locally using evidence-based practices to address the cycle

of incarceration and homelessness. SANDAG is performing an independent evaluation of this program.

Peer Reentry Leadership Academy
The Peer Reentry Leadership Academy provides expanded services offered by a community-based provider in which justice-involved individuals receive training on barriers to reentry, resources, and effective communication. This program trains individuals with criminal justice lived experience to deliver information related to the importance of accessing community supportive services, including substance use disorder and mental health treatment, as well as educational and employment resources, and overcoming reentry barriers to individuals in Sheriff's Office detention and reentry facilities. Participants also receive a stipend to share information gained, including their own inspirational story, with incarcerated people to help them build confidence, skills, networking prospects for employment, and access to income and community resources. The Peer Reentry Leadership Academy hosts two cohorts of up to 20 individuals each year.

Since its first Proposition 47-funded cohort launched in September 2023, 30 participants have graduated from the Peer Reentry Leadership Academy across two cohorts. Graduates of former cohorts continue to remain engaged by leading speaking engagements in carceral settings to educate people about reentry resources and help them strengthen community ties post-release to reduce recidivism. This total budget for the Peer Reentry Leadership Academy is $510,000 of one-time funding, which is being utilized over a three-year period until the grant term expires in June 2026.

Forensic Assertive Community Treatment Services (FACT) - Pending Award of Proposition 47 Grant Funding
In Spring 2024, County Behavioral Health Services (BHS) applied for additional Proposition 47 Grant Program, Cohort 4 funding for the FACT program, and on September 17, 2024, BHS received a notice from the Board of State and Community Corrections (BSCC) indicating the application was recommended for funding, pending final approval by BSCC on October 3, 2024. The Cohort 4 grant funds will be utilized to expand the evidence-based Assertive Community Treatment (ACT) approach to create the Forensic ACT or FACT model. FACT serves people with serious mental illness who are involved with the criminal justice system. The needs of this population are complex and exacerbated by their involvement with the criminal justice system.

The FACT model provides customized adaptions based on criminogenic needs and risks while bridging the behavioral health and criminal justice systems. The program will expand available housing interventions and ancillary housing supports, embed criminal justice staff, provide substance use services and flexible funding for customized supports. It is anticipated these enhanced forensic services will reduce time spent in detention, avoid psychiatric visits to emergency rooms, reduce admissions to psychiatric hospitals, increase engagement with treatment, and increase public safety.

The Proposition 47 grant funding would serve approximately 330 adult individuals, 18-59 years of age, who have serious mental illness and who are involved with the criminal justice system with medium to high criminogenic risk. These individuals may also have co-occurring substance use, physical health disorders, chronic homelessness, and a history of non-compliance with criminal justice mandates. Proposition 47 funding would be utilized for housing payments, deposit assistance, flexible funding based on criminogenic needs, peer support specialists, and substance use counselors.

If approved for full funding by the BSCC on October 3, 2024, the Cohort 4 grant will provide up to $8.0 million of one-time grant funding for the FACT services from October 1, 2024, through June 30, 2028. BHS will return to the Board at a future date to seek additional authority to accept these funds. The enhancements to FACT services are anticipated to reduce time spent in detention, unnecessary emergency rooms visits, admissions to psychiatric hospitals, along with increasing engagement into mental health and substance abuse treatment and each participant's ability to function in the community.

Overview of Anticipated Proposition 36 Impacts to Proposition 47-Funded Services

LAO anticipates that Proposition 36 would reduce funding by tens of millions of dollars for mental health and substance use treatment, school truancy and dropout prevention, and victim services, for which funding is generated through savings from Proposition 47. Total statewide funding for these services is nearly $100 million annually. The LAO also anticipates other fiscal impacts on state and local governments, if increased punishments or mandated treatment reduce crime, resulting in a potential reduction of state and local criminal justice costs.

Locally, if Proposition 36 is passed, Proposition 47-funded programs, including C3RES and the Peer Reentry Leadership Academy program, would likely see reduced or eliminated funding if criminal justice system costs significantly increase due to the implementation of Proposition 36. Consequently, justice-involved individuals receiving care and support through these programs risk losing access to key reentry supports and may face negative impacts as a result. It could also include reduced or eliminated funding for future Proposition 47 funding for Cohort V, which would shorten the C3RES program by two years. The Cohort V grant funding was anticipated to fund the last two years of this program.

Additionally, if Proposition 36 is passed, the $8.0 million of Proposition 47 Cohort 4 grant funding that has been conditionally awarded could be potentially reduced or eliminated, resulting in the inability to expand housing options and services tailored to the justice involved population within FACT programs.

Overview of Anticipated Proposition 36 Impacts to the Criminal Justice System

According to the LAO, Proposition 36, if passed, seeks to reverse some felony-to-misdemeanor classifications imposed by Proposition 47 by making several key changes related to punishments for theft and drug crimes, as follows:

- Increase punishment for some crimes by turning some misdemeanors into felonies, lengthening some felony sentences, and requiring some felonies be served in prison.
- Create a new court process for certain drug possession crimes that is treatment focused.
- Require courts to warn individuals convicted of selling or providing illegal drugs that they may be charged with murder if someone dies from the drugs they provided or sold.

The LAO's analysis also indicates that the implementation of Proposition 36 would have various fiscal effects on the state and local governments, although the size of these effects would be dependent on factors, which may include decisions made by local prosecutors.

Anticipated Impacts to the State Criminal Justice System

The LAO anticipates that Proposition 36 would increase State criminal justice costs ranging from several tens of millions of dollars to the low hundreds of millions of dollars each annually. This is due to the requirement for some people currently serving sentences at the county level to serve them at the state level and potentially lengthening some prison sentences.

LAO estimates around 90,000 people currently in prison, which would likely increase by a few thousand people should Proposition 36 pass. Additionally, there would be an increase in State Court workloads because felonies take additional time to resolve when compared with misdemeanors and due to additional treatment-mandated felonies.

Anticipated Impacts to the Local Criminal Justice System

The LAO anticipates Proposition 36 would increase local criminal justice costs by tens of millions of dollars annually. This is due to the net increase of the county jail and community supervision population. Proposition 36 would likely reduce the jail and community supervision population because some individuals would go to state prison; however, would increase this population in other ways because individuals would spend more time in county jail or on community supervision.

LAO estimates around 250,000 people statewide are currently in custody at the county level, which would likely increase by a few thousand people should Proposition 36 pass. Additionally, there would be an increase in Court-related work for local prosecutors and public defenders since felonies generally require more time to resolve than misdemeanors, and for local county agencies, including but not limited to BHS and Probation, associated with treatment-mandated felonies.

Locally, the County may experience a minimum increase of approximately $58 million annually in criminal justice system costs due to Proposition 36-related impacts to law enforcement and detention services, prosecution and defense of crimes, and supervision and support of clients in the community.

Law Enforcement and Detention

The Sheriff's Office anticipates an estimated initial influx of arrests for the offenses articulated by Proposition 36, which may result in more than 5,000-8,000 additional new field arrests and court

remands/warrant bookings annually. Over time, these arrests may taper off as repeat offenders receive longer sentences, but the future impact of that is currently unknown. During the pandemic, the Sheriff's Office reduced the number of crimes that were deemed bookable. This was to reduce the health threat to individuals in our custody, while ensuring public safety. In addition, penalties for some crime types were reduced which made them a lesser offense and not bookable under local booking acceptance criteria. The Sheriff's Office has evaluated the current criteria and believes it strikes the right balance between keeping our communities safe, constitutionality and jail safety.

The current average daily population for the County's jails is about 4,000 people. The Sheriff's Office receives approximately 50,000 individual bookings per year. Proposition 36, if it passes, could increase the number of non-violent offenders being booked into custody and staying in jail, potentially pushing the incarcerated population beyond current system capacity. The ability to serve a larger population will be tested. More individuals in custody will translate to higher levels of medical needs, hospital/court/clinic transports, increased food, behavioral needs and a reduction of bed space and safe housing.

Increasing the incarcerated population will have three major effects on our detentions operations: 1) it will require Mandatory Overtime to be reinstituted to meet necessary staffing levels until existing authorized positions can be filled, 2) all Detention Services Bureau divisions would need additional authorized staffing to support current and future programs and services associated with this population, and 3) it will exacerbate the existing infrastructure and facility deterioration. Mandatory Overtime and additional authorized staffing would need to occur to best house and care for those booked into custody and specifically those designated as treatment-mandated felons under Proposition 36. Existing pilot programs and understaffed units such as the Medication Assisted Treatment Program, Americans with Disabilities Act (ADA) Unit, and Contraband Narcotics Interdiction Team would need to become fully funded units with full-time operational staffing. With constant occupancy and use, detention facilities have exceeded their useful life and are due for major renovations or replacement. The facilities have not only physically deteriorated, but require programmatic updates, additional staffing, and extensive ADA infrastructure accessibility accommodations to provide sufficient space for contemporary medical and mental health treatment, programming, and educational/vocational services for those in custody. An increase to the Supplemental Fund would be necessary to meet increased population demands on the infrastructure and facilities.

In addition, it is anticipated the Sheriff's Court Services Bureau will see an increase in individuals for court appearances. This, coupled with an already anticipated end to video arraignments, will severely impact current staffing levels. More court rooms will need to be opened, staffed, and operated.

Proposition 36, if it passes, will move some individuals from local custody to state prison. This will require more transports to prison facilities which are already closing, short staffed and relying on local jails to facilitate some of their operations. It is likely with the increased criminal justice system interactions defendants would face, that they will spend more time in local custody during

the court process. This will be due to increased motion hearings, longer jury trials, and evaluations and sentencing reviews. In addition, the transportation unit will see an increase in runs to court, prisons, hospitals, clinics, and other daily operations. Based on this, the Sheriff's Office has calculated initial annual costs of approximately $52.5 million for 230 additional staff should Proposition 36 pass. Although future annual costs may decrease over time due to potential arrests of repeat offenders tapering off as well as some individuals moving from local to state custody, that impact is currently unknown.

Prosecution and Defense of Crimes
The District Attorney's Office anticipates annual staffing cost increases ranging from $1,000,000 to $1,500,000 should Proposition 36 pass. This estimate is based on a minimum increase of approximately 600 additional criminal cases per year if Proposition 36 is enacted. The District Attorney's Office identified 583 misdemeanor theft and drug cases prosecuted by the City Attorney in Fiscal Year 2023-2024 that would be eligible for felony prosecution by the District Attorney under Proposition 36. This number represents non-unique defendants. Defendants with multiple cases would further reduce the demand on resources as these cases are consolidated. These are low-level, non-complex felonies that have a high rate of disposition.

The Public Defender's Office anticipates Proposition 36 will require additional staffing. Since the passage of Proposition 47, the Class 3 cases handled by Primary Public Defender (PPD) have decreased by 57% (14,387 Class 3 felonies in 2013 to 6,084 Class 3 felonies in 2023). Although the actual caseload impact is unknown, it is anticipated that for every 1,000 additional cases that would be handled by the PPD, the office would need to increase staff by 16.5 attorneys and 9 support staff. Due to this uncertainty, the estimated annual cost increase is based on a range of 1,000 to 8,000 individuals requiring felony representation. For every 1,000 additional cases the cost would be $4.5 million annually.

Community Supervision
The Probation Department anticipates annual staffing cost increases ranging from $230,000 to $1,328,000 should Proposition 36 pass. This is based on an estimated increase of two to seven full time Supervising Probation Officer, Deputy Probation Officer, and/or Probation Aide positions to provide regionalized community supervision to 500 or more clients for those crimes that will now qualify as felonies under Proposition 36.

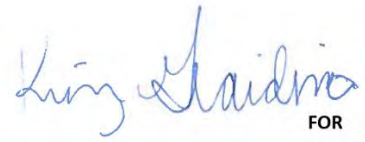
In addition, due to Proposition 36 designating these felonies as treatment-mandated felonies, the department anticipates increased costs for residential drug treatment, drug testing, and interim housing services for these clients. Current contracts exist for these services but there will be an increase in the number of referrals at an average cost between $5,800 to $10,500 per client.

General Summary of Proposition 36 Impacts
The passage of Proposition 36 will likely result in court-mandated mental health and drug treatment workload, along with a reduction to funding for existing Proposition 47-funded services; increased State criminal justice costs due mainly to an increase in the prison population; and

increased local criminal justice costs primarily due to county jail population increases, additional court-related work for local prosecutors and public defenders, and increased community supervision. Today's item requests the Board receive the analysis of how changes to Proposition 47, through the potential passage of Proposition 36, could impact funding for services offered by the County of San Diego.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's action supports the Equity (Health), Community (Quality of Life), and Justice (Safety) Initiatives in the County of San Diego's (County) 2024-2029 Strategic Plan, and the regional *Live Well San Diego* vision by supporting all County departments that provide services for people who are involved with the justice system.

Respectfully submitted,



EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)
N/A

Item 11: Receive the Analysis of How Changes to Proposition 47, Through the Potential Passage of Proposition 36, Could Impact Funding for Services Offered by the County of San Diego; Board to Consider Taking a Position on Proposition 36 (Districts: All)

Kimberly Giardina, DSW, MSW, Deputy Chief Administrative Officer, Health and Human Services Agency
Andrew Strong, Deputy Chief Administrative Officer, Public Safety
Pat Espinoza, Chief Deputy District Attorney

October 8, 2024

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Proposition 47: *Safe Neighborhoods and Schools Act*

Overview

- Reclassifies some crimes from felonies to misdemeanors.
- Redirects savings to mental health and substance use treatment, truancy prevention, and victim services.

Impact

- According to the **Legislative Analyst's Office**:
  - Reduced the number of crimes punishable as felonies.
  - Estimated statewide savings at approximately $100 million annually.

Proposition 36: *Homelessness, Drug Addiction, and Theft Reduction Act*

Overview

- Increases punishment for some theft and drug crimes.
- Creates new court process for some drug possession crimes.
- Requires warning of possible murder charges for selling or providing drugs.

Impact

- According to the **Legislative Analyst's Office:**
  - Increases state and local criminal justice costs.
  - Reduces funding for mental health and substance use treatment, truancy prevention, and victim services.

Proposition 47- Funded Programs
$6 Million

Community Care Coordination Reentry Support

- Care coordination, service navigation, and housing assistance.
- Served 141 individuals between May 2023 and July 2024.
- $5,190,000 one-time funding.

Peer Reentry Leadership Academy

- Training on reentry barriers, effective communication, and resources.
- 30 participants graduated between September 2023 and March 2024.
- $510,000 one-time funding.

Proposition 47- Recent Award
$8 Million

Forensic Assertive Community Treatment Services

- Approval of $8 Million of new Proposition 47, Cohort 4 funds.
- Enhanced forensic services to address criminogenic risks and needs.
- Funding to serve approximately 330 adult individuals, 18-59 years of age.

Proposition 36 Impacts to the Justice System - $58 Million

Sheriff's Office

Law Enforcement and Detention

Current Jail Population Numbers

- 50,000 individual bookings per year.
- Average Daily Population of 4,000.

Potential Proposition 36 Impacts to Jail Population

- Initial influx of more than 5,000 to 8,000 additional new field arrests and court remands/warrant bookings annually.
- Increased medical and behavioral health support, transportation, courtroom support.
- Impact on existing infrastructure and facility deterioration, reduction of bed space and safe housing.
- Impact on current supportive programs.
- Increased staffing of ~230 positions at a cost of ~$52.5 million.

Office of the District Attorney

Prosecution of Crimes

Qualifying Cases Under Proposition 36

- Nearly 1,500 drug and theft cases with 2 or more qualifying offenses are already being prosecuted by the District Attorney.
- The City Attorney handles ~600 as misdemeanor.

Potential Proposition 36 Impacts to Caseload

- Minimum increase of 600 additional criminal cases per year.
- These are low-level, non-complex felonies that have a high rate of disposition.
- Estimated annual staffing cost increase from $1 million to $1.5 million annually.

Office of the Public Defender

Defense of Crimes

Current Class 3 Felony Caseload

- Current Class 3 felony caseload of 6,000.
- Pre-Proposition 47 caseload was 14,000 cases.

Potential Proposition 36 Impacts to Caseload

- Estimated range of 1,000 to 8,000 new cases.
- Every 1,000 new cases would require an additional 16.5 attorneys and 9 support staff at a cost of $4.5 million annually.

Probation Department

Supervision of Clients in the Community

Current Adult Supervision Caseload

- 8,400 clients are currently under community supervision.

Potential Proposition 36 Impacts to Caseload

- Increased community supervision of 500 or more additional clients.
- 2 to 7 new positions to provide regionalized community supervision at a cost of $230 thousand to $1.3 million.

New Treatment-Mandated Felony Designation

- Increased costs for drug treatment, drug testing, and interim housing.
- Average cost per referral ranging from $5,800 to $10,500 per client.

Recommendation

A. CHIEF ADMINISTRATIVE OFFICER

Receive the analysis of how changes to Proposition 47, through the potential passage of Proposition 36, could impact funding for services offered by the County of San Diego.

B. BASED ON BOARD'S ACTION ON AUGUST 27, 2024

Board to consider whether to take a position on Proposition 36.

Item 11: Receive the Analysis of How Changes to Proposition 47, Through the Potential Passage of Proposition 36, Could Impact Funding for Services Offered by the County of San Diego; Board to Consider Taking a Position on Proposition 36 (Districts: All)

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October 8, 2024

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

Home :: California Secretary of State

Proposition 36 Official Title and Summary | Official Voter Information Guide | California Secretary of State

PROP 36 ALLOWS FELONY CHARGES AND INCREASES SENTENCES FOR CERTAIN DRUG AND THEFT CRIMES. INITIATIVE STATUTE.

OFFICIAL TITLE AND SUMMARY PREPARED BY THE ATTORNEY GENERAL

- Allows felony charges for possessing certain drugs and for thefts under $950—both currently chargeable only as misdemeanors—with two prior drug or two prior theft convictions, as applicable. Defendants who plead guilty to felony drug possession and complete treatment can have charges dismissed.
- Increases sentences for other specified drug and theft crimes.
- Increased prison sentences may reduce savings that currently fund mental health and drug treatment programs, K-12 schools, and crime victims; any remaining savings may be used for new felony treatment program.

SUMMARY OF LEGISLATIVE ANALYST'S ESTIMATE OF NET STATE AND LOCAL GOVERNMENT FISCAL IMPACT:

- Increased state criminal justice costs, likely ranging from several tens of millions of dollars to the low hundreds of millions of dollars annually, primarily due to an increase in the prison population.
- Increased local criminal justice costs, likely in the tens of millions of dollars annually, primarily due to county jail, community supervision, and courtmandated mental health and drug treatment workload.

State Ballot Measure | 2024 Presidential General | California Secretary of State

		Proposition Title	Yes Votes	%	No Votes	%
Yes	36	Increased Sentencing for Certain Drug and Theft Crimes	10,306,879	68.4%	4,756,387	31.6%

COUNTY OF SAN DIEGO

AGENDA ITEM

DATE: **October 22, 2024** **27**

TO: Board of Supervisors

SUBJECT

AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE PROCUREMENTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND ACCEPTANCE OF MENTAL HEALTH STUDENT SERVICES ACT GRANT FUNDS FROM THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (DISTRICTS: ALL)

OVERVIEW

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services provides a comprehensive array of mental health and substance use services to people of all ages. These services are delivered through County-operated programs and contracts with community service providers. Those served include vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions.

If approved, today's action would authorize competitive solicitations, single source procurements, amendments to extend existing contracts, and acceptance of Mental Health Student Services Act grant funds from the Mental Health Services Oversight and Accountability Commission. These actions are designed to sustain critical behavioral health services, with the goal of building a better service delivery system for the San Diego region. Today's actions support the continuation of critical work to advance the behavioral health continuum of care throughout the San Diego region.

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 by upholding practices that align with community priorities and improving transparency and trust while maintaining good fiscal management.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. In accordance with Board Policy A-87, Competitive Procurement, and Section 401, Article XXIII of the County Administrative Code, approve and authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for each of the behavioral health

services listed below, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency.

a. 24-hour Mental Health Rehabilitation Centers
b. Locum Tenens Services
c. Children and Youth Crisis Stabilization Unit
d. Medi-Cal Training and Technical Assistance for Community-Based Behavioral Health Providers

2. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, approve and authorize the Director, Department of Purchasing and Contracting, to enter into negotiations for each of the behavioral health services listed below and subject to successful negotiations and a determination of a fair and reasonable price, award single source contracts for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency.
    a. Adult Substance Use Outpatient Program for Alcohol Use (Mental Health Systems, Inc.)
    b. School-Based Outpatient Behavioral Health Services (SBCS Corp.)
3. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and determination of a fair and reasonable price, to amend and extend the contracts listed below; expand services, subject to the availability of funds; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency.
    a. Substance Use Disorder Residential Treatment Program (553433 McAlister Institute for Treatment and Education) - Extend the contract term up to 12 months, and up to an additional six months, if needed.
    b. Behavioral Health Collaborative Court (551670 Telecare Corporation) – Extend the contract term up to 12 months, and up to an additional six months, if needed.
    c. San Diego's Web Infrastructure for Treatment Services (553427 FEI.com, Inc.) - Extend the contract term up to 24 months, and up to an additional six months, if needed.
    d. Breaking Down Barriers (559599 Jewish Family Service of San Diego) – Extend the contract term up to 18 months, and up to an additional six months, if needed.
    e. Suicide Prevention, Stigma Reduction, and Substance Use Prevention Multi-Media Campaign (561649 Rescue Agency Public Benefit, LLC) - Extend the contract term up to 17 months, and up to an additional six months, if needed.

4. Authorize the acceptance of an estimated $800,000 in Mental Health Student Services Act grant funding from the Mental Health Services Oversight & Accountability Commission and authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, or designee, to execute all required grant documents, upon receipt, including any annual extensions, amendments or revisions that do not materially impact or alter the services or funding level. Additionally, waive the Board Policy B-29 requirement for full cost recovery associated with the additional Mental Health Student Services Act grant for administrative overhead costs.

EQUITY IMPACT STATEMENT

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 within San Diego County who are experiencing serious mental illness (SMI) or serious emotional disturbance. BHS is also the service delivery system for Medi-Cal eligible residents with substance use care needs. In 2022, nearly one in three San Diegans were eligible for Medi-Cal, with Hispanic and Latino residents having the highest percentage of Medi-Cal eligibility at 38%.

For these Medi-Cal eligible residents who experience SMI or have a substance use care need, BHS offers County-operated and BHS-contracted programs that address the social determinants of health by being accessible, capable of meeting the needs of diverse populations, and culturally responsive, with the intent to equitably distribute services to those most in need. In doing so, BHS strives to reduce behavioral health inequities, identifying needs and designing services in a manner most impactful and equitable, and will yield meaningful outcomes for those served. A comprehensive array of behavioral health services is vital for BHS to continue providing access to treatment and care for populations who are underserved by social and behavioral health resources.

SUSTAINABILITY IMPACT STATEMENT

Today's actions support the County of San Diego Sustainability Goal #2 to provide just and equitable access to County services and Sustainability Goal #4 to protect the health and well-being of everyone in the region. These goals will be accomplished by providing a wider availability and range of supportive, inclusive, and stigma-free options to those in need of behavioral health services. Access to a comprehensive continuum of behavioral health services will improve the overall health of communities.

FISCAL IMPACT

Funds for these requests are included in the Fiscal Year (FY) 2024-26 Operational Plan in the Health and Human Services Agency. If approved, today's recommendations will result in approximate costs and revenue of $10.5 million in FY 2024-25 and $88.8 million in FY 2025-26. There will be no change in net General Fund cost and no additional staff years.

SUBJECT: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE PROCUREMENTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND ACCEPTANCE OF MENTAL HEALTH STUDENT SERVICES ACT GRANT FUNDS FROM THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (DISTRICTS: ALL)

Recommendation #1: Authorize Competitive Solicitations
If approved, this request will result in estimated costs and revenue of $0.5 million in FY 2024-25 and estimated costs and revenue of $76.2 million in FY 2025-26. The funding sources are Mental Health Services Act (MHSA), existing Realignment, and existing General Purpose Revenue under the Maximize American Rescue Plan Act Revenue Strategy. There will be no change in net General Fund cost and no additional staff years.

Recommendation #2: Authorize Single Source Procurements
If approved, this request will result in estimated costs and revenue of $1.7 million in FY 2024-25 and estimated costs and revenue of $3.4 million in FY 2025-26. The funding sources are MHSA, Drug Medi-Cal (DMC) and Short Doyle Medi-Cal. There will be no change in net General Fund cost and no additional staff years.

Recommendation #3: Authorize Amendments to Extend Existing Contracts
If approved, this request will result in estimated costs and revenue of $8.1 million in FY 2024-25 and estimated costs and revenue of $9.0 million in FY 2025-26. The funding sources are MHSA, existing Realignment, Substance Use Block Grant, DMC, California Department of State Hospitals, California Department of Social Services. There will be no change in net General Fund cost and no additional staff years.

Recommendation #4: Authorize Acceptance of Grant Funds from Mental Health Services Oversight and Accountability Commission
If approved, this request will result in estimated costs of $0.20 million and revenue of $0.18 million in FY 2024-25 which will be covered by existing appropriations, estimated costs of $0.20 million and revenue of $0.19 million in FY 2025-26, and estimated costs of $0.46 million and revenue of $0.43 million in FY 2026-27 for a total cost of $0.86 million and total revenue of $0.80 million from FY 2024-25 through FY 2026-27. The funding source is Mental Health Student Services Act. Funds for subsequent years will be incorporated into future operational plans. A waiver of Board Policy B-29 is requested because the funding does not offset all costs. The B-29 costs are $0.02 million for FY 2024-25, $0.01 million for FY 2025-26 and $0.03 million for FY 2026-27, for a total of $0.06 million for the term of this grant. The funding source for these costs will be existing Realignment allocated for this program. The public benefit for providing these services far outweighs these costs. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
At their meeting on October 3, 2024, the Behavioral Health Advisory Board voted to approve these recommendations.

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BACKGROUND

The County of San Diego (County) Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) provides a comprehensive array of behavioral health services to vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions. Services are provided through County-operated programs and contracts with local public and private agencies. If approved, today's action would authorize competitive solicitations, single source procurements, amendments to extend existing contracts, and acceptance of Mental Health Student Services Act grant funds from the Mental Health Services Oversight and Accountability Commission. This item supports the continuation of critical work to advance the ongoing transformation of the behavioral health continuum of care throughout San Diego County. Most of the contracts included are expiring in Fiscal Year (FY) 2024-25. All contracts are contingent upon the availability of funding, successful negotiations, and determination of a fair and reasonable price.

Recommendation #1: Authorize Competitive Solicitations

a. 24-hour Mental Health Rehabilitation Centers

On December 12, 2006 (7), the San Diego County Board of Supervisors (Board) authorized the single source procurements of 24-hour Mental Health Rehabilitation Centers (MHRCs) for clients with serious mental illness (SMI). Subsequently, on February 14, 2017 (6) and November 16, 2021 (5), the Board authorized contract term extensions of the Alpine Special Treatment Center up to June 30, 2022, and June 30, 2027, respectively, and up to an additional six months, if needed.

MHRCs are long term care programs that provide 24-hour residential behavioral health services to adults, ages 18-64, who have a primary diagnosis of a serious mental illness. MHRCs are intended to help clients develop skills to become self-sufficient and capable of increasing their levels of independence and functioning. The goal is successful transition to community-based housing and care. Care may include psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services. Services are provided countywide.

MHRCs operate with 100% program utilization of the available 299 beds and have an ongoing waitlist for additional admissions due to the high number of clients in the hospitals requiring these services as a step-down from acute psychiatric services. In FY 2023-24, these programs served a total of 432 unduplicated clients. Additionally, over 85% of the 136 clients with a planned discharge transitioned to a lower level of care, nearly reaching the 90% program outcome goal. Furthermore, only 7% of the 151 total discharges required a higher level of psychiatric care while placed in an MHRC, achieving the program outcome goal of less than 15% requiring a higher level of care.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of 24-hour MHRCs for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

b. Locum Tenens Services

On April 24, 2018 (3), the Board authorized the competitive procurement of locum tenens services which includes the staffing of locum tenens professionals, such as adult psychiatrists, medical doctors, internal medicine specialists, family practitioners, and advanced practice professionals to serve in County-operated mental health facilities. The goals of clinical services provided by locum tenens professionals include accurately diagnosing and treating conditions to alleviate severe symptoms, ensuring patient safety, reducing recidivism, increasing life and community living skills, and facilitating patients' reintegration into the community. Locum tenens professionals also provide consultation to multidisciplinary staff and participate in treatment team meetings. Services are patient-centered, culturally relevant and based on best practice according to their specialization. Services are provided countywide at specific sites including San Diego County Psychiatric Hospital, Edgemoor, public health clinics and outpatient mental health settings.

The County has relied upon locum tenens services to ensure coverage in various service areas throughout County-operated mental health facilities due to staff turnover, difficulty in recruiting and retaining psychiatrists and physicians, unexpected absences of psychiatrists and physicians, and the need to cover weekend, evening, and holiday shifts. The County has undertaken several steps to fill psychiatrist vacancies, including modifying qualifications at time of application, advertising in medical publications, attending booths at career fairs, and authorizing the use of agencies specializing in psychiatrist recruitment for employment, however, these efforts have been unsuccessful. While the County continues to explore avenues to fill such positions, a contract for Locum Tenens Services is needed to ensure operations continue.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of Locum Tenens Services for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

c. Children and Youth Crisis Stabilization Unit

On April 27, 2010 (10), the Board authorized the single source procurement of the Children and Youth Crisis Stabilization Unit (CYCSU), currently known as the Emergency Screening Unit. Subsequently, on November 7, 2023 (31), the Board authorized a contract term extension of this program up to June 30, 2026, and up to an additional six months, if needed.

The CYCSU is a certified outpatient behavioral health crisis stabilization program offering outpatient diagnostic and treatment services for children and youth under the age of 18. CYCSU services are provided countywide and are available seven days per week, 24 hours

per day, which includes psychiatric evaluations, mental health assessments, crisis intervention and stabilization, brief outpatient counseling, case management, and medication management. Services are delivered in a community-based setting, aimed at diverting children and youth from emergency departments and inpatient hospitalization and connecting them to ongoing care.

Crisis services are essential to behavioral health networks, supporting continuous care for managing mental health conditions, similar to other chronic health conditions. In FY 2023-24, the CYCSU received a total of 1,392 admissions and served a total of 998 unduplicated clients. Of these admissions, approximately 70% were diverted from inpatient hospitalization.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the CYCSU for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

d. Medi-Cal Training and Technical Assistance for Community-Based Behavioral Health Providers

On February 27, 2024 (11), the Board allocated $10.0 million of the Evergreen component of the American Rescue Plan Act Framework to expand the behavioral health workforce in San Diego County through the development of training and technical assistance. The goal is to support efforts that engage and expand the pool of organizations equipped to provide Medi-Cal funded behavioral health care. Engaging and equipping small and minority-owned community-based organizations (CBOs) to deliver Medi-Cal funded, mild-to-moderate mental health and substance use care, will broaden the diversity and array of providers in the region. This program is also anticipated to improve behavioral health outcomes for Black, Indigenous, and People of Color (BIPOC) who disproportionately experience adverse behavioral health symptoms by more closely aligning the behavioral health workforce to the community it serves.

Several CBOs currently provide behavioral health care in San Diego County but are not certified as Medi-Cal providers, thus are ineligible to receive reimbursements for services provided to Medi-Cal beneficiaries. State Medi-Cal provider enrollment requirements and standards can be complex and often impose a significant administrative burden on smaller agencies, despite their expertise and ability to provide services. A training and technical assistance program would support CBOs by providing funding and guidance to complete the necessary technical processes and mechanisms required by the California Department of Health Care Services. In addition to enabling reimbursements, technical support services are anticipated to better position such organizations for public and private contracts to provide Medi-Cal funded behavioral health care to those with mild-to-moderate behavioral health needs. This shift in the provider landscape could also create opportunities for BIPOC to

become interested and involved in the delivery of care, increasing representation of diverse communities in the local behavioral health care workforce.

Today's action requests the Board authorize a competitive solicitation for the procurement of a new Medi-Cal Training and Technical Assistance for Community-Based Behavioral Health Providers for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

Recommendation #2: Authorize Single Source Procurements

a. *Adult Substance Use Outpatient Program for Alcohol Use*
On December 1, 2016, under Board Policy A-87, the Department of Purchasing and Contracting authorized the single source procurement of the Adult Substance Use Outpatient Program for Alcohol Use, formerly known as Serial Inebriate Program. On November 16, 2021 (5), the Board authorized a contract term extension up to June 30, 2024, and up to an additional six months, if needed.

The Adult Substance Use Outpatient Program for Alcohol Use operates in the Central region, providing outpatient substance use treatment, recovery, and ancillary services to adults over the age of 18 with a primary alcohol use condition, and may include co-occurring mental health and other substance use conditions. Services include screenings, assessments, substance use group and individual counseling, intensive case management, peer support, and recovery services at a trauma-informed care facility that utilizes evidence-based practices, specific for alcohol use disorders. In addition, the program collaborates with the San Diego Police Department for direct referrals as an alternative to incarceration and to reduce recidivism. This program also supports the County efforts to address homelessness by providing stable housing for clients while engaged in treatment.

In FY 2022-23, the San Diego Police Department arrested 1,990 individuals for public alcohol intoxication and connected them to treatment services. In FY 2023-24, the program received 229 referrals and served a total of 159 unduplicated clients. Of the 26 program participants who completed treatment, 100% were housed at discharge after experiencing homelessness upon admission. Additionally, 92% of these participants were employed or in a formal education program at the time of discharge.

This program qualifies for a single source contract based on the following section of Board Policy A-87 Competitive Procurement, Section 1D-3: The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources. Mental Health Systems, Inc. (MHS) is the sole provider in San Diego County with an established alcohol use treatment program with unique knowledge of providing alcohol use treatment services to the target population of adults with a primary alcohol use condition who have recently had justice involvement and/or are experiencing homelessness. Furthermore, MHS provides 56 housing beds for clients engaged in treatment at this program. Providing clients

with stable housing while engaged in treatment enables the clients to be successful in maintaining sobriety and reaching their treatment goals.

Today's action requests the Board authorize a single source contract with MHS for the Adult Substance Use Outpatient Program for Alcohol Use for an Initial Term of six months, with four 1-year Options, and up to an additional six months, if needed.

b. School-Based Outpatient Behavioral Health Services

On January 24, 2017 (2), the Board authorized the single source procurement of School-Based Outpatient Behavioral Health Services. Subsequently on July 18, 2023 (14), the Board authorized the single source procurement of 13 School-Based Outpatient Behavioral Health Services contracts with existing contractors including San Ysidro Health for the Youth Enhancement Services program. The outpatient programs provide culturally competent behavioral health services at designated schools, home, community or office/clinic locations, as well as via telehealth. The regionalized services are provided countywide and include individual, group and family therapy, case management, rehabilitative services, crisis intervention, medication management as well as outreach and engagement to children and youth up to age 21, and their families.

Beginning in 2002, the Board began awarding and extending school-based contracts through a single source process. The County continues to work extensively with elementary, middle and high schools, and existing and potential providers to create an infrastructure that ensures that the entities selected to provide services on school campuses are the choice of the school districts. Over the years, this partnership has resulted in a system of care that emphasizes accessibility of behavioral health services on school campuses, with services tailored to the needs of the students, caregivers and schools.

During FY 2023-24, BHS had 28 school-based contracts, one of which was San Ysidro Health for the Youth Enhancement Services program serving the South region. However, the contract with San Ysidro Health has ended on June 30, 2024, as the organization has shifted focus to serving children and youth through their Federally Qualified Health Center. To maintain access to specialty mental health services at school campuses in the South region, it is recommended to establish a new contract with SBCS Corp., the School District choice, to continue the services previously provided by San Ysidro Health to 235 unduplicated clients annually in the South region. SBCS Corp. is already a current school-based services provider in the South region under a different contract.

SBCS Corp. has been selected by the San Ysidro School District to provide school-based mental health services, and has established agreement to provide these services, therefore this qualifies as a single source contract based on Board Policy A-87 Competitive Procurement, Section 1D-4: A service provider has an exclusive agreement with the supplier and no other entity may provide the services. This collaboration and partnership between BHS and school districts has resulted in significant expansion of behavioral health school-

based services where the contractors possess expertise, competencies, resources, and a partnership with the school district that cannot be replicated.

Today's action requests the Board authorize a single source contract with SBCS Corp. as the San Ysidro School District choice for school-based behavioral services in the South Region for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed. If approved, today's action will ensure efficient continuation of school-based behavioral health services in the South Region.

Recommendation #3: Authorize Amendments to Extend Existing Contracts

a. McAlister Institute for Treatment and Education (Contract #553433)

On March 27, 2018 (2), the Board authorized the single source procurement of the Drug Medi-Cal certified 24-hour Substance Use Teen Residential Treatment Program. Subsequently, on November 15, 2022 (28), the Board authorized a contract term extension of this program up to December 31, 2024. The Substance Use Teen Residential Treatment Program provides residential substance use treatment, recovery, and ancillary services countywide to youth ages 12-17 with substance use issues, including co-occurring mental health needs. Services are trauma-informed, developmentally appropriate, built on evidence-based practices, and include case management and community linkage, individual and group counseling, and coordination with the County Child and Family Well-Being Department and Justice Partners.

In FY 2023-24, 93 unduplicated clients were served. Of these clients, 98.5% had no new arrests, 100% of clients were referred to outpatient services, 94.1% were employed or in school, and 97.1% of those experiencing homelessness at intake were housed at the time of discharge.

Today's action requests the Board authorize an extension of the current contract with McAlister Institute for Treatment and Education up to 12 months, and up to an additional six months, if needed. If approved, this extension will allow time for fiscally viable rate development under Medi-Cal Transformation and exploration of options for maintaining this critical level of care and a potential redesign of the program's scope.

b. Telecare Corporation (Contract #551670)

On September 23, 2014 (9), the Board authorized the procurement of the Behavioral Health Collaborative Court behavioral health treatment program. Subsequently, on July 18, 2023 (14), the Board authorized the contract term extension of this program up to June 30, 2024, and up to an additional six months, if needed.

The Behavioral Health Collaborative Court includes an 18-month behavioral health treatment program that provides clinical case management, mental health services, substance-induced psychiatric disorder rehabilitation treatment, and recovery services to adults ages 18 and older with SMI. The countywide program assists participants in managing

SMI and co-occurring conditions to prevent future justice involvement and reduce recidivism by focusing on criminogenic risk and needs which will lessen the cost of repeatedly going through the criminal justice system for low-level, non-violent offenses. Participants of the program must be referred through the Collaborative Behavioral Health Court of San Diego County Superior Court.

This program has shown effectiveness in decreasing recidivism as participants transition from custody to community. In FY 2023-24, the program served a total of 169 unduplicated clients. Of those clients, 82.2% remained the same or showed improvement in their functional status and 80% remained the same or showed improvement in their clinical status. In FY 2023-24, 29 participants graduated from the behavioral health court program, with 100% of the participants successfully housed.

Today's action requests the Board authorize an extension of the current contract with Telecare Corporation up to 12 months, and up to an additional six months, if needed. A Memorandum of Understanding (MOU) is currently being developed to clearly define the roles, responsibilities and processes in the collaborative court setting. This MOU will inform the Statement of Work that is being developed for the Behavioral Health Collaborative Court treatment program and it is critical for both to be aligned. There is anticipated funding from the Board of State and Community Corrections that will further inform the scope of the behavioral health court treatment program. The implementation period for that grant is through March 2025. If awarded, the Board will be informed, and Board authority will be sought prior to implementation.

c. *FEI.com, Inc. (Contract #553427)*
On August 2, 2005 (15), the Board authorized the procurement of San Diego's Web Infrastructure for Treatment Services (SanWITS). Subsequently, on March 27, 2018 (2), the Board authorized a contract term extension up to June 30, 2025, to support the expanded substance use disorder (SUD) provider network capacity, its local oversight, and system-wide care coordination. SanWITS is the BHS clinical database that supports Medi-Cal billing for SUD programs. This database collects program and services, demographic and outcome information from adults and adolescents seeking substance use prevention and treatment.

BHS is transitioning to SmartCare as the clinical and billing database. However, SanWITS is still required to complete billing reconciliation activities after the transition date of September 1, 2024. Additionally, SanWITS will remain in use for providers to access former client information for care purposes on an ongoing basis. The extension of the current contract with FEI.com, Inc. is necessary to support retroactive billing reconciliation, clinical care continuity, data migration, and archival requirements for SUD contracted providers countywide.

Today's action requests the Board authorize an extension of the current contract with FEI.com, Inc. up to 24 months, and up to an additional six months, if needed.

d. Jewish Family Service of San Diego (Contract #559599)

On February 1, 2019, the Department of Purchasing and Contracting authorized the procurement of the Breaking Down Barriers Program. Subsequently, on July 18, 2023 (14), the Board authorized a contract term extension of this program up to December 31, 2024. On November 7, 2023 (31), the Board authorized a competitive solicitation for these services. Services were redesigned in alignment with community input as part of this new competitive solicitation, however, release of the solicitation was paused after the passage of Proposition 1 in March 2024 to align with new requirements and funding availability under the Behavioral Health Services Act (BHSA).

Beginning July 1, 2026, prevention funding under the existing Mental Health Services Act (MHSA), which funds the Breaking Down Barriers program, will shift to the California Department of Public Health (CDPH) and therefore will no longer be available as a funding source for the program. Additionally, BHSA will require counties to conduct more rigorous outreach, education, and engagement as part of the mandated Community Program Planning (CPP) process, which the Breaking Down Barriers program would support. Mandated engagement under MHSA was previously conducted with 11 identified stakeholder groups, but under BHSA, this will expand to over 20 distinct stakeholder groups. BHS is requesting an extension of the Breaking Down Barriers contract to support continuity of services while alternate funding options are explored and while awaiting detail and secondary BHSA guidance from the State, which will inform the future design of the Breaking Down Barriers program.

Today's action requests the Board authorize an extension of the current contract with Jewish Family Service of San Diego for up to 18 months, and up to an additional six months, if needed, due to the passage of Proposition 1 and new requirements associated with the implementation of the BHSA.

e. Rescue Agency Public Benefit, LLC (Contract #561649)

On September 23, 2014 (9), the Board authorized the procurement for a public education campaign to reduce suicide risk and stigma. Building on this effort, on November 13, 2018 (12), the Board authorized the competitive procurement for the It's Up to Us campaign. The procurements were subsequently combined, expanding the scope of the public messaging campaign series to include stigma reduction, suicide prevention, and substance use prevention. Recently, on April 30, 2024 (25), the Board authorized a revenue agreement with the City of San Diego allowing the County to accept $1.0 million of City of San Diego's Opioid Settlement Funds for overdose prevention and naloxone public messaging. These funds will leverage existing It's Up to Us campaign materials focused on overdose prevention and naloxone promotion and creation of new materials in collaboration with the City of San

Diego. The It's Up to Us campaign includes a series of multi-media public messaging focused on key behavioral health topics, including stigma reduction and substance use prevention. Additional public messaging campaigns to raise awareness for youth mental health, youth suicide prevention, crisis response services, and opioid overdoses are under development for release later this FY 2024-25.

Beginning July 1, 2026, Prevention funding under the existing MHSA, the primary funding source for the It's Up to Us campaign, will shift to the CDPH and will no longer be available to fund this program. Additionally, BHSA will require counties to enhance outreach, education, and engagement as part of the mandated CPP process, which includes public messaging to various audiences about multiple behavioral health topics, as well as ad-hoc and responsive campaigns related to services, and informing stakeholders of changes catalyzed by recent policy changes. BHS is requesting an extension of the It's Up to Us contract to support continuity of services while alternate funding options are explored and awaiting details and secondary BHSA guidance from the State, which will inform the future design of the It's Up to Us program.

Today's action requests the Board authorize an extension of the current contract with Rescue Agency Public Benefit, LLC for up to 17 months, and up to an additional six months, if needed, due to the passage of Proposition 1 and new requirements associated with the implementation of the BHSA.

Recommendation #4: Authorize Acceptance of an Estimated $800,000 from the Mental Health Services Oversight & Accountability Commission (MHSOAC)

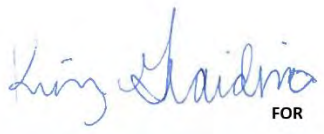
On February 25, 2020 (13), the Board approved the County BHS to apply for and accept Mental Health Student Services Act (MHSSA) grant funds of approximately $6.0 million through the MHSOAC. Additionally, in accordance with Board Policy B-66, a contract was executed on January 1, 2022, with the San Diego County Office of Education (SDCOE) to implement the Creating Opportunities in Preventing and Eliminating Suicide (COPES) program. BHS collaborated with SDCOE in the implementation of the MHSSA grant which focuses on suicide prevention services such as providing training and suicide awareness education for key staff and educating parents and students in suicide prevention efforts. On April 18, 2022, the MHSOAC released Request for Application (RFA-003) for MHSSA. BHS applied for and was awarded an additional $1.1 million in MHSSA grant funding to augment the COPES program. On May 16, 2024, the MHSOAC released Request for Applications (RFA-004) for additional MHSSA grant funds. RFA-004 is available only to current MHSSA grantees. The goal of the RFA-004 is to provide services through grants in the following categories: (1) Marginalized and Vulnerable Youth, (2) Universal Screening, (3) Sustainability, and (4) "Other Priorities" to allow applicants to identify and address their unique needs. Subsequently, on August 26, 2024, the MHSOAC issued the Notice of Intent to Award $800,000 to the County BHS for FY 2024-25 through FY 2026-27. The additional grant will build on the COPES services to develop a local planning team to create a roadmap for mental health universal screening and will be managed through SDCOE.

SUBJECT: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE PROCUREMENTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND ACCEPTANCE OF MENTAL HEALTH STUDENT SERVICES ACT GRANT FUNDS FROM THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (DISTRICTS: ALL)

Today's actions request the Board authorize the acceptance of an estimated $800,000 of additional MHSSA grant funding and authorize the Agency Director, Health and Human Services Agency, or designee, to execute all required grant documents, upon receipt, including any annual extensions, amendments or revisions that do not materially impact or alter the services or funding level. Additionally, today's action requests the Board waive the Board Policy B-29 requirement for full cost recovery associated with the additional MHSSA grant for administrative overhead costs. A waiver of Board Policy B-29 is requested because the funding does not offset all costs. The B-29 costs are $13,750 for FY 2024-25, $13,940 for FY 2025-26 and $32,342 for FY 2026-27 for a total of $60,032 for the term of this grant. The funding source for these costs will be existing Realignment allocated for this program. The public benefit of providing these services far outweighs the B-29 unrecoverable costs and allows for the maximization of grant funds used to implement the project. Without the revenues, the ability to improve children's and youth's access to behavioral health services at school sites will be impacted.

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 of healthy, safe, and thriving communities. This is accomplished by reducing disparities and disproportionality of individuals with mental health and substance use conditions 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 #27: Authorize Competitive Solicitations, Single Source Contracts, Amendments to Extend Existing Contracts, and Acceptance of Mental Health Student Services Act Grant Funds from the Mental Health Services Oversight and Accountability Commission

Kimberly Giardina, DSW, Deputy Chief Administrative Officer, Health and Human Services Agency
Luke Bergmann, PhD, Director, Behavioral Health Services

October 22, 2024

Transforming Mental Health Care

- Crisis Stabilization Units
- Mobile Crisis Response Teams
- Behavioral Health Hubs
- Outpatient Programs
- Inpatient Services
- Residential Programs
- Workforce
- Community-Based Care
- Early Intervention
- Primary Prevention

Transforming Mental Health Care

Crisis Stabilization Units

Mobile Crisis Response Teams

Behavioral Health Hubs

Outpatient Programs

Inpatient Services

Residential Programs

Workforce

Community-Based Care

Early Intervention

Primary Prevention

Overview of Recommendations 1-3

1. Authorize Competitive Solicitations

- 4 contracts
- $76.7 million

2. Authorize Single Source Contracts

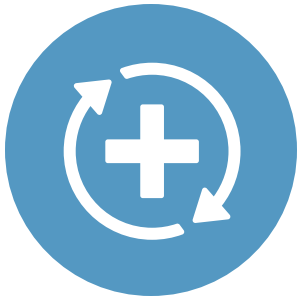
- 2 contracts
- $5.1 million

3. Amend and Extend Contracts

- 5 contracts
- $17.1 million

Total Estimated Investment: $98.9 million

Authorize Competitive Solicitations



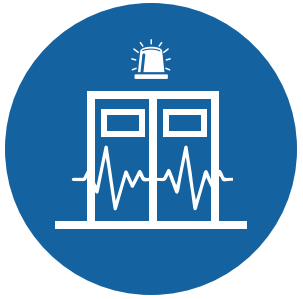
24-hour Mental Health Rehabilitation Center Services

- Long-term care programs for adults with serious mental illness
- Psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services

Locum Tenens Services

- Temporary clinical staff including psychiatrists, medical doctors, internal medicine specialists, family practitioners, and advanced care professionals
- Services ensure coverage in various service areas throughout the County

Authorize Competitive Solicitations



Children and Youth Crisis Stabilization Unit

- 24/7 outpatient and diagnostic treatment services for children and youth under the age of 18
- Psychiatric evaluations, mental health assessments, crisis intervention and stabilization, counseling, case management, and medication management

Training and Technical Assistance for Community-Based Organizations (CBOs)

- Provide operational support and technical assistance to CBOs to support Medi-Cal certification
- Equip small, minority owned CBOs to deliver mild-to-moderate mental health and substance use care to broaden the diversity of providers in the region

Authorize Single Source Contracts

Adult Substance Use Outpatient Program for Alcohol Use

- Outpatient substance use treatment, recovery, and ancillary services for adults with a primary alcohol use condition
- Focus on individuals who are justice-involved or experiencing homelessness

School-Based Outpatient Behavioral Health Services

- Individual, group, and family therapy, case management, rehabilitative services, crisis intervention and medication management
- Provided to school-aged youth at school, home, community offices/clinics, and via telehealth

Amend and Extend Existing Contracts

Substance Use Teen Residential Treatment Program

- Treatment, recovery, and ancillary services for youth ages 12-17
- Case management, community linkage, individual and group counseling, coordination with Family Well-Being Department and Justice Partners

Behavioral Health Collaborative Court

- 18-month behavioral health treatment program for justice-involved adults with serious mental illness to reduce recidivism
- Case management, mental health services, substance-induced psychiatric disorder treatment

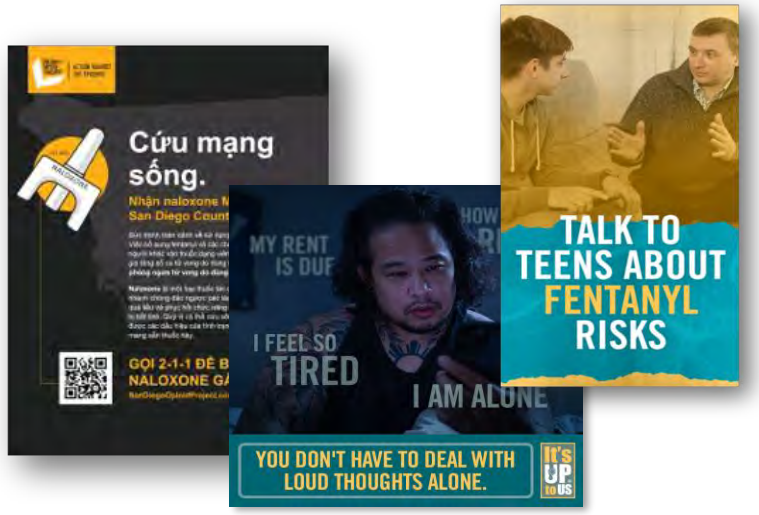
Web Infrastructure for Treatment Services

- Clinical database that supports Medi-Cal billing and data collection for program and services, demographic, and outcome information from clients

Amend and Extend Existing Contracts

Breaking Down Barriers

- Provides outreach, education, and engagement to underserved populations
- Facilitates educational conversations about mental health
- *Recent Activity*
  - Mobile Crisis Response Teams outreach & education
  - Afghan community messaging



It's Up to Us Multi-Media Campaign

- Provides county-wide public messaging across a variety of behavioral health priorities including suicide prevention, substance use prevent, and stigma reduction
- *Recent Activity*
  - San Diego Opioid Project
  - Youth & Parent Fentanyl Campaign
  - Suicide Prevention Month of Action

Recommendation 4
Authorize Acceptance of Grant Funds

Mental Health Student Services Act

Award Amount

- $800,000

Funding Utilization

- Creating Opportunities in Preventing and Eliminating Suicide (COPES)
  - Provides training and suicide awareness education for school staff, parents, and students

Recommendations

1. Authorize competitive solicitations for 24-hour Mental Health Rehabilitation Services, Locum Tenens Services, a Children and Youth Crisis Stabilization Unit, and Training and Technical Assistance for CBOs

2. Authorize single source contracts for an Adult Substance Use Outpatient Program for Alcohol Use and School-Based Outpatient Behavioral Health Services

3. Amend and extend contracts for Substance Use Disorder Residential Treatment Program, Behavioral Health Collaborative Court, San Diego's Web Infrastructure for Treatment Services, and Community Engagement and Messaging Programs

4. Authorize the acceptance of $800,000 in Mental Health Student Services Act grant funding from the Mental Health Services Oversight & Accountability Commission

Item #27: Authorize Competitive Solicitations, Single Source Contracts, Amendments to Extend Existing Contracts, and Acceptance of Mental Health Student Services Act Grant Funds from the Mental Health Services Oversight and Accountability Commission

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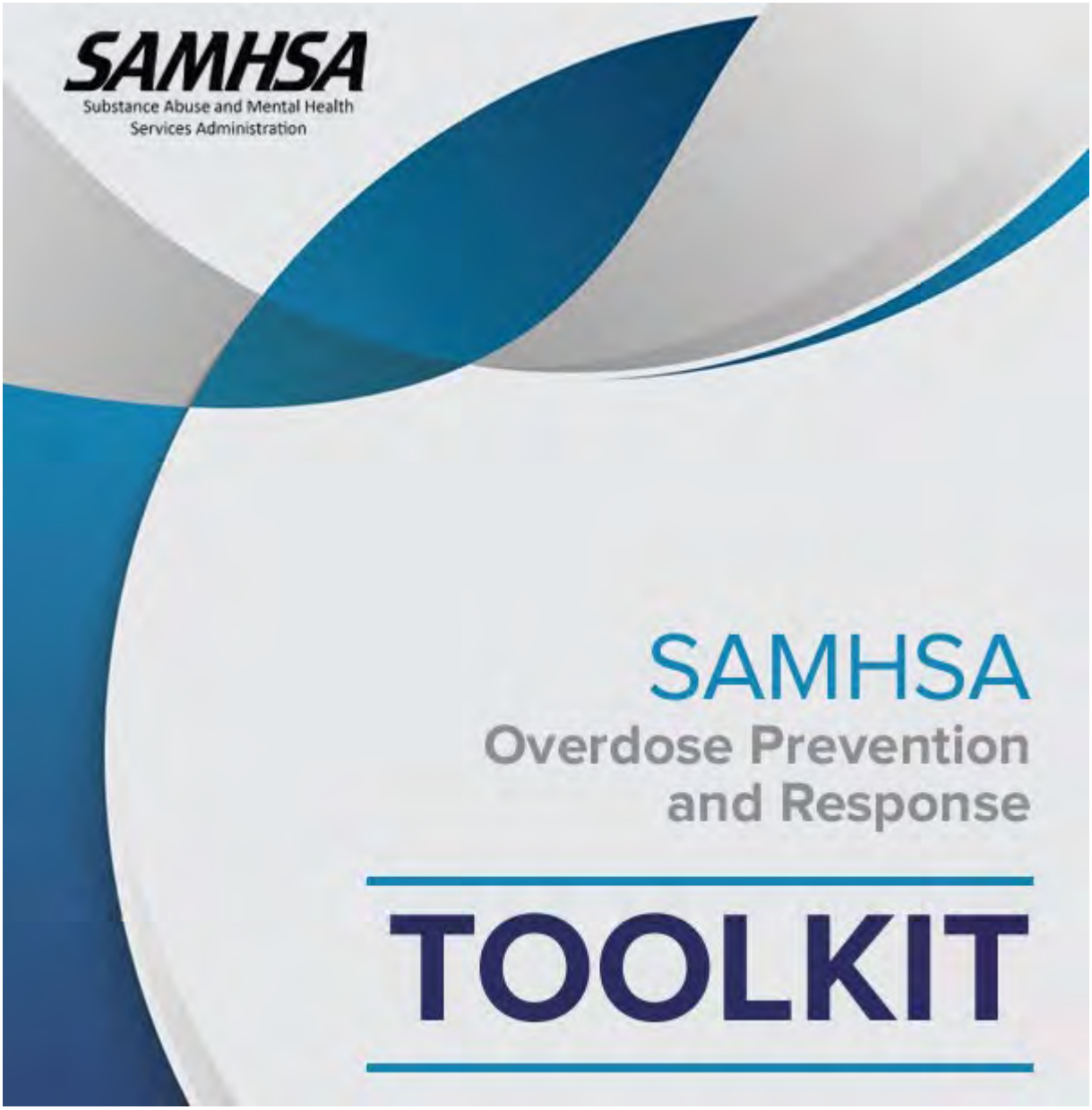
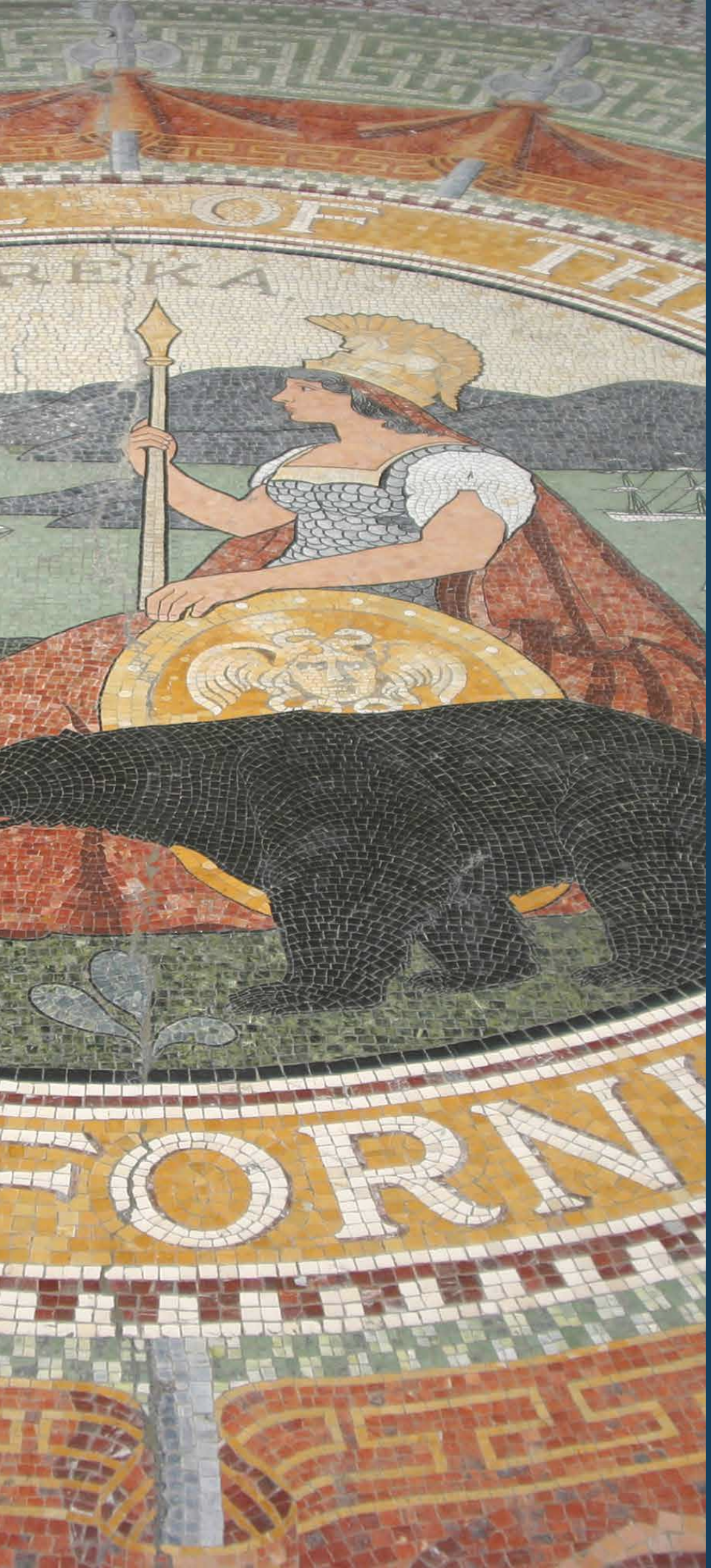
[Link to the full document]



SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA Publication No. PEP23-03-00-001. First printed 2013. Revised 2024.



The 2025-26 Budget:

California's Fiscal Outlook

LAO

GABRIEL PETEK
LEGISLATIVE ANALYST
NOVEMBER 2024

Executive Summary

The Fiscal Outlook gives the Legislature our independent estimates and analysis of the state's budget condition for the 2025-26 budget process. We evaluate the budget condition based on current law and policy at both the state and federal level. This means we are assessing the state's spending and revenues assuming no new laws or policies are enacted. This is not a prediction of what will happen—state and federal laws and policies will change in the coming years—but rather serves as a baseline to help the Legislature understand its starting place. Further, while changes in federal policy are being actively discussed, we cannot predict which changes may be enacted and therefore cannot estimate the effects on California's budget.

Legislative Action Last Year Addressed Anticipated Budget Problem Proactively. In the 2024-25 budget process, the Legislature not only addressed the budget problem for that fiscal year, but also made proactive decisions to address the anticipated budget problem for 2025-26. These choices included about $11 billion in spending-related solutions and $15 billion in all other solutions, including $5.5 billion in temporary revenue increases and a $7 billion withdrawal from the state's rainy-day fund. After these solutions, the spending plan assumed the 2025-26 budget would be balanced.

Revenues Running Ahead of Broader Economy. Despite softness in the state's labor market and consumer spending, earnings of high-income Californians have surged in recent months. Income tax collections have seen a similar bounce. This recovery in income tax revenues is being driven by the recent stock market rally, which calls into question its sustainability in the absence of improvements to the state's broader economy.

Revenue Improvement Offset by Higher Costs, 2025-26 Budget Remains Roughly Balanced. Although revenues are running ahead of budget act assumptions, those improvements are roughly offset by spending increases across the budget. On net, our assessment finds the state has a small deficit of $2 billion. Given the size and unpredictability of the state budget, we view this to mean the budget is roughly balanced. If a budget problem of this magnitude were to materialize by the end of the budget process in June, relatively minor budget solutions would be needed.

Revenues Are Unlikely to Grow Fast Enough to Catch Up to Atypically High Spending Growth. While the budget picture is fair for the upcoming year, our outlook suggests that the state faces double-digit operating deficits in the years to come. By historical standards, spending growth in this year's outlook is high. Our estimate of annual, total spending growth across the forecast period—from 2025-26 to 2028-29—is 5.8 percent compared to an average of 3.5 percent in other recent outlooks. Meanwhile, revenue growth over the outlook window is just above 4 percent—lower than its historical average largely due to policy choices that end during the forecast window. Taken together, we view it as unlikely that revenue growth will be fast enough to catch up to ongoing spending.

No Capacity for New Commitments. While out-year estimates are highly uncertain, we anticipate the Legislature likely will need to address deficits in the future, for example by reducing spending or increasing taxes. In our view, this year's budget does not have capacity for new commitments, particularly ones that are ongoing.

INTRODUCTION

Every year, our office publishes the Fiscal Outlook in anticipation of the upcoming budget season. This report gives the Legislature our independent estimates and analysis of the state's budget condition with the goal of helping lawmakers prepare for the 2025-26 budget process. As always, our Fiscal Outlook evaluates the budget's condition based on current law and policy at both the state and federal level. This means we are assessing the state's spending and revenues assuming no new laws or policies are enacted. This is not a prediction of what will happen—state and federal laws and policies will change in the coming years—but rather serves as a baseline to help the Legislature understand its starting place. Further, while changes in federal policy are being actively discussed, we cannot predict which changes may be enacted and therefore cannot estimate the effects on California's budget.

This year, our report has three takeaways:

- ***Revenues Running Ahead of Broader Economy.*** Despite softness in the state's labor market and consumer spending, earnings of high-income Californians have surged in recent months. Income tax collections have seen a similar bounce. This recovery in income tax revenues is being driven by the recent stock market rally, which calls into question its sustainability in the absence of improvements to the state's broader economy.
- ***2025-26 Budget Roughly Balanced.*** In the 2024-25 budget process, the Legislature not only addressed the budget problem for that fiscal year, but also made proactive decisions to address the anticipated budget problem for 2025-26. Although revenues are running ahead of budget act assumptions, those improvements are roughly offset by spending increases across the budget. This means the budget is roughly balanced this year.
- ***No Capacity for New Commitments.*** While the budget picture is fair for the upcoming year, our outlook suggests that the state faces double-digit operating deficits in the years to come. While these out-year estimates are highly uncertain, this is an indication that the Legislature might need to address deficits in the future, for example, by reducing spending or increasing taxes. In our view, this year's budget does not have capacity for new commitments, particularly ones that are ongoing.

REVENUES RUN AHEAD OF BROADER ECONOMY

State's Job Market and Consumer Spending Remain Lackluster... California's economy has been in an extended slowdown for the better part of two years, characterized by a soft labor market and weak consumer spending. While this slowdown has been gradual and the severity milder than a recession, a look at recent economic data—as in **Figure 1**—paints a picture of a sluggish economy. Outside of government and health care, the state has added no jobs in a year and a half. Similarly, the number of Californians who are unemployed is 25 percent higher than during the strong labor markets of 2019 and 2022. Consumer spending (measured by inflation-adjusted retail sales and taxable sales) has continued to decline throughout 2024.

...And Yet Incomes Are Growing Rapidly for High-Income Californians. Alongside these downbeat trends, a bright spot has emerged: strong growth in total pay to California workers. Total pay grew at a well above-average rate in the first half of 2024. The first quarter was especially strong, with 17 percent annualized growth in total pay, among the sharpest quarterly growth rates on record. Income tax receipts have followed suit, with withholding collections nearing 10 percent growth so far this year. Yet this pay bounce does not appear to be connected to the hourly wages and salaries that most workers receive. Estimates suggest pay from these traditional forms grew at an annualized rate of only a few percentage points in the first quarter. Instead, much of the

Figure 1

Most Economic Metrics Running Below Average

Each dot represents the annual growth rate in the specified economic category in each quarter between 1982 Q1 and 2024 Q2. The **purple dots** show the first two quarters of 2024. The **orange dot** shows the historical average. (Income and sales data adjusted for inflation.)

bounce appears to be tied to special forms of pay for high-income workers, such as bonuses and stock compensation.

Booming Stock Market Driving Income Growth. The recent run-up in the stock market, which appears tied to optimism surrounding artificial intelligence, is a primary driver of the rapid growth in pay to high-income workers. Stock compensation has become an increasingly important form of pay among California's high-income workers, especially those at major technology companies. In the first half of 2024, stock pay alone at four major technology companies accounted for almost 10 percent of the state's total income tax withholding. Because this form of compensation is tied to the company's stock price, it rises when stock prices rise. Other forms of pay, such as bonuses to workers in the financial sector, also tend to rise when financial markets are doing well. Early evidence suggests this has been the case in 2024 as well.

Without Broader Economic Improvements, Recent Gains Are on Shaky Ground. With a boost from the booming stock market, our forecast puts tax collections on track to beat expectations by $7 billion over the budget window (that is, from 2023-24 through 2025-26). This is entirely due to improving income tax collections, which would, under our forecast, end the current year 20 percent higher than two years ago. That being said, the ultimate outcome is highly uncertain. It is entirely plausible for revenues to end up above or below our estimates by $30 billion across the budget window. Contributing to the uncertainty this year is the fact that a recovery built on a stock market rally is especially precarious. We cannot predict with any confidence what the stock market will do next. Still, some cautionary observations are warranted. Current stock prices relative to companies' past earnings (a common measure of how "expensive" stocks are) are at levels rivaled only by the transitory booms of 1999 and 2021. Furthermore, a single company (Nvidia) accounts for about one-third of the total gains in the S&P 500 stock index over the last year. Overall, without more positive signs from the broader California economy, it is difficult to be highly confident in the recent revenue recovery.

Possible Paths to a Broader Economic Recovery. Over the coming months, if California's labor market and consumers begin to show signs of a broadening recovery, the state's fiscal position is likely to be on better footing. It remains to be seen whether this will occur, but there are some conceivable paths toward broader improvements. One path is falling interest rates and expansion of money available for lending and investment. A key driver of California's economic slump over the last two years has been the Federal Reserve's efforts to tamp down inflation by raising interest rates and shrinking how much money is available for lending and investment. As inflation has eased, the Federal Reserve recently has reversed course. Should inflation remain subdued and the Federal Reserve continue down its path toward looser money, California's economy could be lifted. Another potential path is continued strength in the stock market. Should enthusiasm around artificial intelligence prove warranted, stocks could solidify around current high levels. The solidification of this new wealth could encourage Californians to consume more and businesses to hire more workers.

2025-26 BUDGET ROUGHLY BALANCED

Legislative Action Last Year Addressed Anticipated Budget Problem Proactively. In the 2024-25 budget process, the Legislature not only addressed the budget problem for that fiscal year, but also made proactive decisions to address the anticipated budget problem for 2025-26. These choices included about $11 billion in spending-related solutions and $15 billion in all other solutions, including $5.5 billion in temporary revenue increases and a $7 billion withdrawal from the state's rainy-day fund, the Budget Stabilization Account (BSA). After these solutions, the spending plan assumed the 2025-26 budget would be balanced.

We estimate the 2025-26 budget remains roughly balanced this year. On a technical basis, the budget bottom line condition is the accumulated change in General Fund revenues and spending across the three fiscal years in the budget window—this year, 2023-24 through 2025-26—and reflected in the ending balance in the Special Fund for Economic Uncertainties (SFEU) in 2025-26 in Figure 2. On net, our assessment of the budget condition finds the state would have a small deficit of $2 billion. Given the size and unpredictability of the state budget, we view this to mean the budget is roughly balanced. If a budget problem of this magnitude were to materialize by the end of the budget process in June, relatively minor budget solutions would be needed.

Higher Revenues Offset by Higher Costs. Our assessment reflects some key assumptions, which we describe in the box on the next page. At a higher level, there are a few factors, some offsetting, that result in the roughly balanced budget. These are shown in Figure 3 and include:

- ***Small End Balance for 2025-26.*** The starting place for this year's budget is the planned spending and revenue level established by last year's budget package. In this case, the June 2024 budget package planned for a small balance in the SFEU—$1.5 billion—for the end of 2025-26.
- ***Revenues Exceed Budget Act Projections by $7 Billion.*** Collections data to date show stronger-than-anticipated revenue growth across 2023-24 and 2024-25, although our forecast for 2025-26 is mostly flat. Overall, our revenue projections are up by about $7 billion relative to the June 2024 estimates with more than half of that total attributable to the current year.
- ***Spending on Schools and Community Colleges Higher by $2.5 Billion.*** Proposition 98 (1988) establishes a minimum annual funding requirement for schools and community colleges, met with state General Fund and local property tax revenue. When General Fund revenue increases, the minimum requirement usually grows in tandem. Higher revenues, especially in 2024-25, result in a higher spending requirement on schools and community colleges. The box on page 9 describes overall spending on K-14 education under our outlook.
- ***All Other Spending Higher by $8 Billion.*** We estimate spending across the rest of the budget will be higher than the administration's June 2024 projections by about $8 billion over the budget window. The largest contributors include: the fiscal effects of recently passed

Figure 2

General Fund Condition Under Fiscal Outlook

(In Millions)

	2023-24	2024-25	2025-26
Prior-year fund balance	$47,119	$15,875	$13,881
Revenues and transfers	191,536	215,951	217,970
Expenditures	222,781	217,944	223,303
Ending fund balance	$15,875	$13,881	$8,549
Encumbrances	$10,569	$10,569	$10,569
SFEU balance	**$5,306**	**$3,312**	**-$2,020**
Reserves			
BSA balance	$22,796	$17,870	$10,770
Safety Net Reserve	900	—	—

SFEU = Special Fund for Economic Uncertainties.

Figure 3

Higher Revenues Offset by Higher Costs

(In Billions)

End Balance Assumed in 2024 Spending Plan	**$1.5**
Revenues Higher	$7.1
School and Community College Spending Higher	-2.5
All Other Spending Higher	-7.9
Rainy Day Fund Deposit Higher	-0.2
Budget Problem at LAO Fiscal Outlook	**-$2.0**

Note: Positive values improve the budget condition. Negative values erode the budget bottom line.

Key Assumptions Underlining This Outlook

How We Reflect Current Law and Policy. Our Fiscal Outlook uses a current law and policy baseline so as to give the Legislature a clear understanding of the budget's condition based on its most recent set of actions. Typically, our definition of "current law and policy" includes: (1) enacted law and (2) policies the Legislature has a track record of repeatedly enacting, including those to maintain current services. (So, our outlook does not reflect recent proposals by the Governor, like the expansion of the film tax credit.) In recent years, we have expanded this definition to include the costs associated with legislative intent language, as long as it meets certain conditions. This expansion was warranted due to the multiyear plans adopted by the Legislature when the state anticipated significant surpluses. Specifically, we include intent language when: (1) the Legislature voted on and approved the policy, (2) the policy is referred to in budget-related statutes (for example, in trailer bill) that have force of law, and (3) the policy as described in statute is specific and implementable. In addition, we include intent reflected in floor reports of the adopted budget when they include specific information regarding planned spending. This year, our expanded approach applies to legislative choices made for 2025-26 to proactively address the deficit anticipated for that year.

Includes Fiscal Effects of Recently Passed Ballot Measures. Our outlook reflects the fiscal effects of propositions approved by voters on the November 5, 2024 ballot. In particular, we have incorporated cost estimates for the two bond measures—one for school facilities and one for climate-related projects—Proposition 35, which extends the tax on managed care plans, and Proposition 36, which increases penalties for certain theft and drug crimes. Under our estimates, these measures together result in nearly $3 billion in added costs over the budget window, which are nearly exclusively due to increased costs as a result of Proposition 35.

Assumes Administration Does Not End Limitations on Deductions and Credits. The 2024-25 budget package enacted a temporary increase in corporation tax revenues by not allowing: (1) any businesses to use tax credits to reduce their taxes by more than $5 million and (2) businesses with $1 million or more in income to use net operating loss deductions. These limits apply to tax years 2024, 2025, and 2026; however, statute also gives the Department of Finance the discretion to trigger off these temporary limitations in the event the budget has the capacity to do so. Our projections indicate the budget does not have this capacity, so we have assumed these limitations remain in place. Under our estimates, this results in around $5 billion in revenue in 2025-26.

After 2025-26, Assumes Budget Stabilization Account (BSA) Deposits Are Not Suspended. As noted earlier, our outlook reflects the legislative decision to suspend BSA deposits and instead withdraw funds from the account in 2024-25 and 2025-26. However, our outlook does not assume that the state continues to suspend BSA deposits in 2026-27 and later. Suspending those deposits would result in an improvement in the budget bottom line condition by about $3 billion per year.

Does Not Account for Future Disasters. Our outlook accounts for higher costs associated with fighting forest fires as the state's fire season has become longer and more severe. However, we do not attempt to predict the occurrence of unanticipated, major disasters, for example, an earthquake, pandemic, or fire involving significant destruction of many buildings and other structures. In recent years, the state has experienced disasters—including the COVID-19 pandemic—that involved historically significant losses of life and carried increased budgetary costs. State costs associated with these and other major disasters are mostly offset by federal funds, although the level of funding for this purpose is contingent on decisions made by the federal government.

Funding for Schools and Community Colleges

Proposition 98 Creates School and Community College Budget Within Broader State Budget. By requiring the state to set aside certain amounts of funding each year, Proposition 98 (1988) creates a budget for schools and community colleges within the state's larger budget. The minimum size of this budget—the "minimum guarantee"—is determined by a set of constitutional formulas. Individual school and community college programs, in turn, represent the costs paid out of this budget. This budget also has its own reserve account earmarked exclusively for schools and community colleges. The state must deposit funding into this account when it receives high levels of capital gains revenue and the minimum guarantee is growing quickly relative to inflation.

Proposition 98 Guarantee Revised Up in 2024-25, Nearly All of the Increase Deposited Into Reserve. Compared with the estimates in the June 2024 budget, our estimate of the minimum guarantee is up $3 billion (2.6 percent) in 2024-25 (see **figure** below). Most of this increase reflects our higher estimates of General Fund revenue, but faster growth in local property tax revenue also contributes. Due to our higher estimate of capital gains revenue, nearly all of the growth in the guarantee must be deposited into the Proposition 98 Reserve. The balance in the reserve by the end of 2024-25 would be $3.7 billion.

Growth in School and Community College Funding

(Dollars in Millions)

	2024-25				2025-26		
			Change			Change From 2024-25 Enacted	
	Enacted Budget	LAO Estimates	Amount	Percent	LAO Estimates	Amount	Percent
Minimum Guarantee	**$115,283**	**$118,255**	**$2,973**	**2.58%**	**$116,799**	**$1,516**	**1.3%**
General Fund	$82,612	$84,796	$2,183	2.64%	$81,747	-$866	-1.0%
Local property tax	32,670	33,460	789	2.42	35,052	2,382	7.3

Proposition 98 Guarantee Grows Modestly in 2025-26. We estimate the guarantee in 2025-26 is $116.8 billion, an increase of $1.5 billion (1.3 percent) from the 2024-25 enacted budget level. Growth in General Fund revenue and local property tax revenue both contribute to the higher guarantee. An additional contributing factor is the expansion of transitional kindergarten. The June 2021 budget established a plan to expand this program to all four-year old children by 2025-26. The Legislature and Governor also agreed to adjust the guarantee upward for the additional students enrolling in the program each year. This adjustment accounts for nearly $800 million of the increase in the guarantee in 2025-26.

Legislature Would Have $2.8 Billion Available for New Commitments in 2025-26. Separate from the growth in the guarantee, $3.7 billion in existing Proposition 98 funding becomes freed-up in 2025-26. This adjustment is due to the expiration of one-time spending and several other offsetting changes. After accounting for the freed-up funding and the cost of providing a 2.46 percent statutory cost-of-living adjustment for existing programs, we estimate that $2.8 billion is available for new commitments. The Legislature could allocate this funding for any combination of one-time or ongoing school and community college priorities. For example, the Legislature could use a portion to eliminate the payment deferrals it enacted in the June 2024 budget.

propositions, higher-than-expected caseload in Medi-Cal and In-Home Supportive Services (IHSS), an assumption that the state does not achieve all of the state operations savings planned in the 2024 budget, and higher-than-expected costs for fighting fires.

- ***BSA Deposit Slightly Higher.*** The State Constitution typically requires the state to deposit funds into the BSA when revenues are higher. Consistent with legislative choices from last year, we assume the state suspends deposits into the BSA in 2024-25 and 2025-26, which means that changes in revenues for those years have no effect on the BSA. In 2023-24, a small upward revenue revision results in an additional deposit for that year.

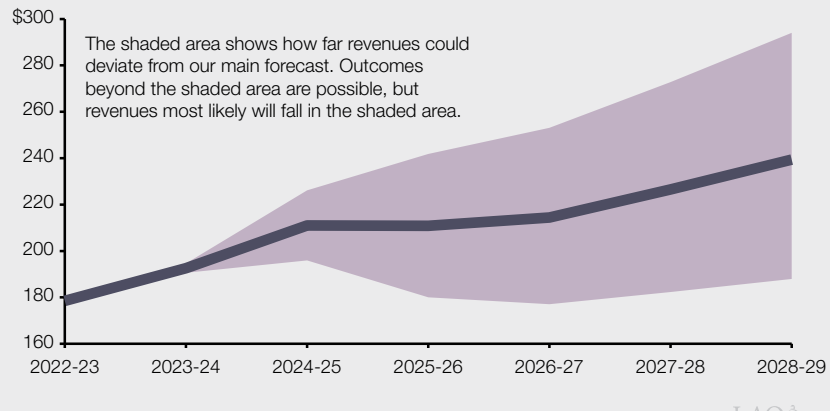
Revenue Uncertainty Always Present in Our Budget Outlook. Our Fiscal Outlooks are always highly uncertain. The main source of that uncertainty is our revenue forecast. As mentioned earlier, in the budget window alone, revenues could easily end up above or below our estimates by $30 billion. Further, as shown in **Figure 4**, uncertainty only grows into the future.

A Few Key Spending Uncertainties Impact Budget Bottom Line. In addition to revenue uncertainty, the state faces some key uncertainties in the spending estimates:

Figure 4

Revenues Are Highly Uncertain

Total General Fund Revenue (In Billions)



- ***Will State Operations Efficiencies Materialize?*** The 2024-25 budget package directed the Department of Finance (DOF) to: (1) reduce General Fund state operations expenditures by $2.2 billion ongoing beginning in 2024-25 and (2) revert $763 million to the General Fund associated with vacant positions in 2024-25 (this action was made ongoing through permanent reductions of state positions starting in 2025-26). To date, we have not been able to obtain any information from DOF about the implementation of these reductions among state departments. As such, it is not clear to us how much of these cost savings will materialize. While our outlook assumes the state is able to score some savings associated with each of these actions, the extent of those savings is still unknown. Ultimately, action by the administration could improve or erode those savings relative to our assumptions.
- ***How Much Will the Healthcare Minimum Wage Ultimately Increase Costs?*** Late last year, the Legislature passed a bill to increase the minimum wage for many health care workers, and those increases took effect in October of this year. The timing and magnitude of the costs associated with these wage increases—and in particular the costs to the Medi-Cal program—are uncertain. Estimates of the General Fund share of this cost have ranged from the low hundreds of millions of dollars to the low billions of dollars. Our outlook assumes a figure in between these estimates, but actual costs could be significantly lower or higher than this.
- ***Why Is the Senior Medi-Cal Population Growing Rapidly?*** In the first seven months of 2024, the senior caseload in Medi-Cal has increased sharply. The average monthly growth of 14,500 senior enrollees

during this period is about nine times faster than in the prior six-month period. We believe that the key driver of this caseload surge is the recent full elimination of the asset limit test—a condition of Medi-Cal eligibility for seniors that existed to some degree through December 2023. (In addition, IHSS enrollment recently has accelerated, however, readily available data do not specify whether the increased enrollment is concentrated to seniors.) The surge also aligns with the implementation of additional federal flexibilities meant to limit the impacts of eligibility redeterminations being conducted by counties for the first time since the beginning of the pandemic. We assume that the elevated senior caseload continues for a three-year period, roughly in line with the phase-in of past eligibility expansions. However, given only several months of data, projecting the exact trend is subject to uncertainty. To the extent that events play out differently, costs could differ significantly from those reflected in our outlook, particularly in 2025-26.

Further Improvements in Budget Condition Depend on Revenue Timing. Further improvements in revenues are possible, but this year, those improvements have a complicated effect on the budget's condition. Typically, as a rule of thumb, we say that when revenues improve by $1, the budget bottom line improves by $0.50 to $0.60. This is due to the state's constitutional formulas, mainly Proposition 98, which typically requires the state to spend an additional $0.40 on schools and community colleges for each $1 of additional revenue. This year, however, the dynamic is more complicated due to "maintenance factor," which is created when the state has provided less growth in K-14 funding than the growth in the economy. As a result of maintenance factor, all else equal, improvements in revenues in 2024-25 could result in a near dollar-for-dollar increase in school spending in that year with minimal benefit to the budget bottom line. Upward revisions in 2025-26, however, would have the typical effect of $0.50 to $0.60 in overall budget improvement for each dollar of new revenue. These dynamics are explained further in our report, *The 2025-26 Budget: Fiscal Outlook for Schools and Community Colleges.*

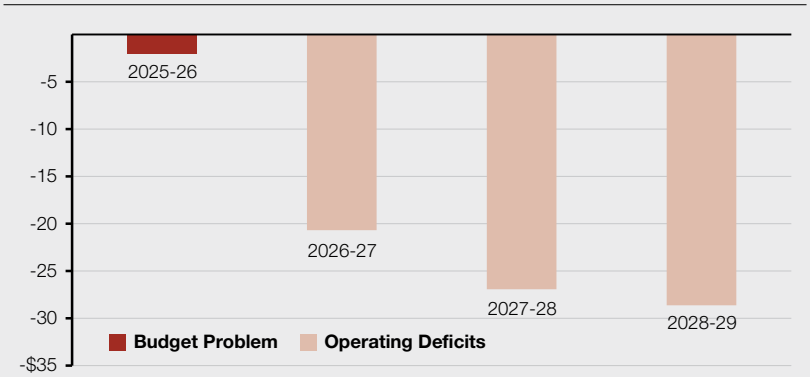
NO CAPACITY FOR NEW COMMITMENTS

State Faces Annual Multiyear Deficits of Around $20 Billion. Figure 5 shows our forecast of the multiyear condition of the budget. While the budget is roughly balanced in the upcoming fiscal year, the state faces annual operating deficits beginning in 2026-27—growing from about $20 billion to about $30 billion. Although highly uncertain, these represent additional budget problems the Legislature would need to address in the coming years, for example by reducing spending, increasing taxes, shifting costs, or using more reserves. The magnitude of these deficits also indicates that, without other changes to spending or revenues, the state does not have capacity for new commitments.

Figure 5

State Faces Growing Multiyear Deficits

(In Billions)



Remaining Reserves Could Cover Much of Deficit in 2026-27. The state has faced significant budget problems over the last two years—by our estimate, a $27 billion deficit in 2023-23 and a $55 billion deficit in 2024-25 (excluding early action taken this year). Yet, over this time, the Legislature did not use much of the state's reserves. Under our outlook, even assuming the state uses $7 billion in reserves in 2025-26, nearly $11 billion would remain in the BSA. Assuming the Legislature also suspended the otherwise required deposit in 2026-27, the state could cover about two-thirds of that year's budget problem with reserves alone. However, in years thereafter, the state would need to make other changes to address the shortfalls.

Faster Than Normal Spending Growth Contributing to Deficits. One reason the state faces operating deficits is growth in spending. Our estimate of annual total spending growth across the forecast period—from 2025-26 to 2028-29—is 5.8 percent (6.3 percent excluding K-14 education). By historical standards, this is high. For example, in our last five Fiscal Outlooks, the total annual spending growth rate was 3.5 percent and only 3 percent for spending excluding K-14 education. While there are always idiosyncrasies in spending patterns that can influence these growth rates—for example, the timing of one-time spending reductions or anomalies in federal funding—the increase in this growth is contributing to the state's multiyear deficits.

Spending Growth Driven by Past Program Expansions and Underlying Growth. Figure 6 shows some of the programs that are key drivers of the growth in spending. In some cases, for example IHSS and developmental services, faster growth is standard and largely due to underlying trends in caseload, utilization, and price. However, recent ongoing program expansions are also contributing factors. This includes, for example, the expansion of services, eligibility, and rates in Medi-Cal; an expansion of child care, including an increase in slots; and several other expansions to human services programs. (For context, our handout, *How Program Spending Grew in Recent Years*, provides more information on augmentations, including those that are ongoing, in recent budgets.)

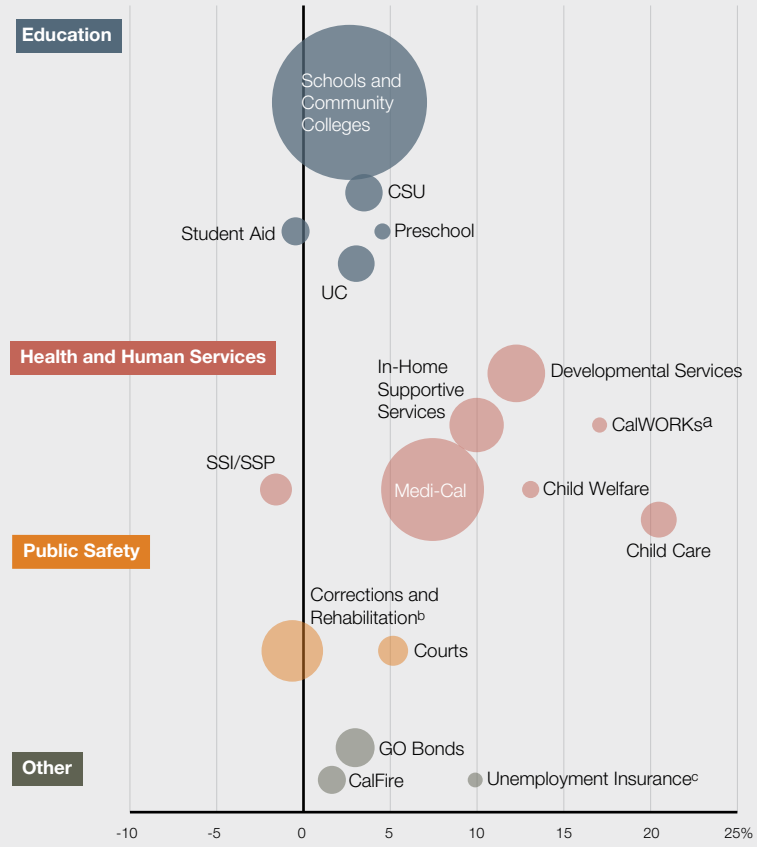
Revenues Are Unlikely to Grow Fast Enough to Catch Up to Spending. The state typically faces a *deficit* when spending exceeds revenues in the budget window and an *operating deficit* when spending exceeds revenue in future years. An operating deficit—like the ones we currently anticipate—can arise either because of a difference in the levels of revenues and spending (a stable gap over time) or a difference in growth rates (a gap that grows over time). Both are an issue currently, as seen in Figure 7. Our forecasted spending growth is about 6 percent over the forecast period—a growth rate that is high by historical outlook standards and slightly above what we consider to be long-term revenue growth. Meanwhile, revenue growth over the outlook window is just above 4 percent—this is lower than its historical average largely due to policy choices, namely the limitations on deductions and credits that end during the forecast window. Taken together, we view it as unlikely that revenue growth will be fast enough to catch up to ongoing spending. This means that although the state does not face much of a budget problem this year, in the coming years, legislative action could be necessary to close this gap.

Oversight Key to Budget Management. Understanding which programs are working well and those which are in need of adjustment is a key starting place for considering future budget solutions. As we anticipate future budget problems are more likely than not, we recommend the Legislature conduct robust oversight of programs this

Figure 6

Forecasted Growth in Major Programs

Average Annual Growth, 2024-25 to 2028-29



[a] Year-over-year General Fund growth in CalWORKs largely reflects a shift in the availability of federal funds. Year-over-year total fund growth for the program is closer to 1 percent.

[b] Excludes growth in employee compensation.

[c] Mainly, costs to repay federal loan to the state's UI program.

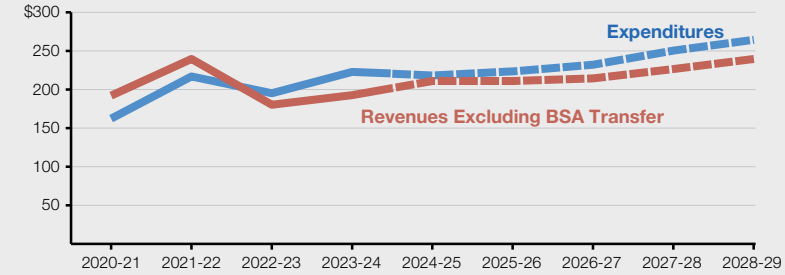
Note: Size of the bubble represents the size of the program in 2024-25.

GO = general obligation; CalFire = California Department of Forestry and Fire Protection; and UI = Unemployment Insurance.

Figure 7

Revenues Not on Track to Grow Fast Enough to Catch Up to Ongoing Spending

(In Billions)



BSA = Budget Stabilization Account.

budget season. Doing so can provide the Legislature necessary insight for whether the administration is implementing programs according to legislative intent as well as whether programs are achieving the desired outcomes. Particularly given the significant program expansions in recent years and the state's constrained fiscal capacity, the Legislature now has a key opportunity—if not a necessity—to assess the efficiency, effectiveness, equity, and priority of some of its recent augmentations and longer-standing programs.

APPENDIX

Appendix Figure 1

General Fund Spending by Agency Through 2028-29

(Dollars in Billions)

Agency	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	Average Annual Growth[b]
Legislative, Executive	$9.2	$4.4	$4.3	$3.3	$3.3	$2.7	-14.3%
Courts	3.4	3.2	3.5	3.6	3.8	3.9	4.2
Business, Consumer Services, and Housing	3.5	1.3	0.3	0.2	0.2	0.2	-8.6
Transportation	0.7	0.2	0.1	—	—	—	-43.6
Natural Resources	10.3	4.1	3.7	3.8	3.9	4.0	3.2
Environmental Protection	2.3	0.2	0.1	0.1	0.1	0.1	-0.1
Health and Human Services	73.4	74.2	78.7	82.8	93.6	100.7	8.5
Corrections and Rehabilitation	14.9	13.9	13.4	13.4	13.5	13.5	0.2
Education	20.6	20.2	19.5	20.7	22.0	22.3	4.6
Labor and Workforce Development	1.4	0.9	0.9	1.2	1.3	1.3	12.2
Government Operations	4.6	2.5	4.5	4.0	3.0	5.3	5.7
General Government							
Non-Agency Departments	2.8	1.3	1.2	1.2	1.7	1.2	-0.7
Tax Relief/Local Government	0.6	0.7	0.7	0.7	0.8	0.8	3.8
Statewide Expenditures	2.0	-0.4	4.4	5.3	6.6	7.0	16.9
Capital Outlay	0.8	0.6	—	0.1	—	0.1	32.3
Debt Service	5.3	5.9	6.1	6.3	6.5	6.8	3.7
Non-98 Spending Total	**$155.7**	**$133.1**	**$141.6**	**$146.9**	**$160.5**	**$170.1**	**6.3%**
Proposition 98[a]	**$67.1**	**$84.8**	**$81.7**	**$85.2**	**$89.7**	**$94.1**	**4.8%**
Proposition 2 Infrastructure	**0.7**	**—**	**—**	**—**	**—**	**—**	**—**
Total Forecasted Spending	**$222.8**	**$217.9**	**$223.3**	**$232.1**	**$250.3**	**$264.2**	**5.8%**

[a] Reflects General Fund component of the Proposition 98 minimum guarantee.
[b] From 2025-26 to 2028-29.

LAO PUBLICATIONS

This report was prepared by Ann Hollingshead, with contributions from others across the office, and reviewed by Carolyn Chu. The Legislative Analyst's Office (LAO) is a nonpartisan office that provides fiscal and policy information and advice to the Legislature.

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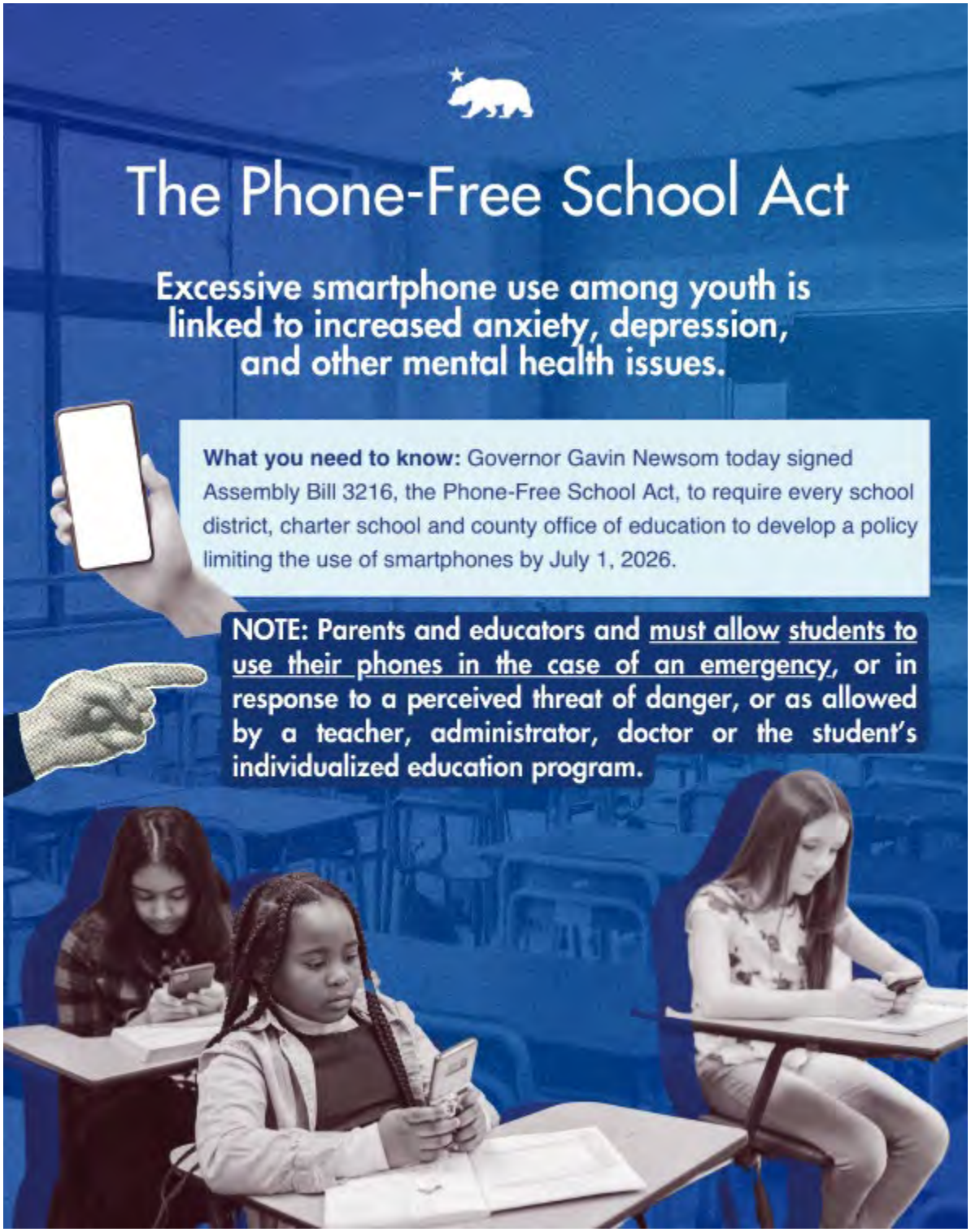
AB 3216: Pupils: use of smartphones. | Digital Democracy (calmatters.org)



Link to the County Behavioral Health Transformation Policy Manual Module 1

DHCS Behavioral Health Transformation Policy Manual Module 1 Webinar

Marlies Perez, Division Chief
BHT Project Executive
Department of Health Care Services

November 15th, 2024

DHCS

Table of Contents

Overview of the Behavioral Health Transformation Policy Manual

- This Behavioral Health Transformation Policy Manual provides counties and partner organizations with guidance necessary to implement Behavioral Health Transformation, a package of behavioral health policy reforms enacted by California voters through Proposition 1 (2024).

- Counties, providers, and other behavioral health stakeholders will find information on county planning, reporting, and fiscal requirements in this Policy Manual. The Policy Manual will also contain information about Behavioral Health Services Act service and program implementation requirements.

- Any questions or comments about the Policy Manual should be directed towards **BHTPolicyFeedback@dhcs.ca.gov.**

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Behavioral Health Transformation Policy Manual Modules

- The Policy Manual will be released in **smaller, more manageable parts, called "modules."** Each module will focus on specific aspects of the overall policy.
- By breaking down the Policy Manual into modules, DHCS aims to provide draft **detailed guidance in phases**, allowing stakeholders to thoroughly review and provide feedback on each section.
- This **module approach aims to** ensure that each component of the reform is carefully considered, effectively communicated, and efficiently implemented, ultimately leading to a more robust and responsive behavioral health system in California.
- DHCS will have a **Public Comment period** for each module release, providing the public with an opportunity to submit their feedback and participate in this important policy guidance process.

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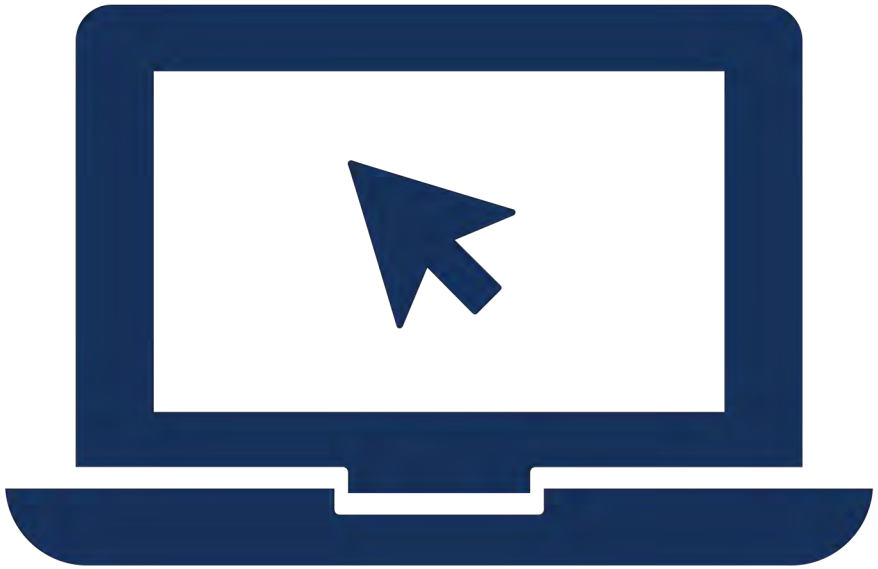
Technology Solutions



- The first draft module of the Policy Manual marks the initial release of **DHCS' new software solution** for managing policy and paves the way for future modules' release in the same manner.
- Policies related to Behavioral Health Transformation will be version-controlled, maintained online, and publicly available, **supporting easy navigation, review, and feedback.**
- These changes will also significantly improve the ability of the Department and policy stakeholders to **track and understand the impact of future changes** as policy evolves.

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How to Submit Public Comment

Public Comment for Module 1

- To share feedback, review the Behavioral Health Transformation Policy Manual Module 1 on the DHCS Behavioral Health Transformation webpage and provide input through the **user-friendly, online platform**.

- This innovative platform is designed to **simplify engagement and enable new search-friendly functions** to aid the content development process, allowing input to be easily provided and taken into consideration.
- An **instructional training video** on the DHCS Behavioral Health Transformation **webpage** will provide additional guidance on submitting comments.
- Comments must be submitted by **5:00 pm PST, December 2, 2024**.
- For any specific public comment-related inquiries, please email **BHTPolicyFeedback@dhcs.ca.gov.**

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Statewide Behavioral Health Goals

Vision for Behavioral Health

*"All Californians have access to behavioral health services leading to longer, healthier, and happier lives, as well as improved outcomes and reduction in disparities."**

Behavioral Health Transformation presents a historic opportunity to transform behavioral health service delivery for Californians through:

A coordinated behavioral health delivery system

A population health approach that reaches all in the behavioral health delivery system in need of services

Trust and collaboration across the behavioral health-delivery system

A data-informed approach using standard goals and measures

*See CalHHS *Policy Brief: Understanding California's Recent Behavioral Health Reform Efforts.* Available here.

Statewide Behavioral Health Goals

The Behavioral Health Transformation offers a historic opportunity to establish **statewide Behavioral Health Goals*** to drive improvements in quality and equity **across the behavioral health delivery system**. The Behavioral Health Goals will **initially support County Behavioral Health planning efforts**.

Proposed Population Behavioral Health Goals

↑ Goals for Improvement
Care experience
Access to care
Prevention and treatment of co-occurring physical health conditions
Quality of life
Social connection
Engagement in school
Engagement in work

↓ Goals for Reduction
Suicides
Overdoses
Untreated behavioral health conditions
Institutionalization
Homelessness
Justice-Involvement
Removal of children from home

Health equity will be incorporated in each of the Behavioral Health Goals

DHCS

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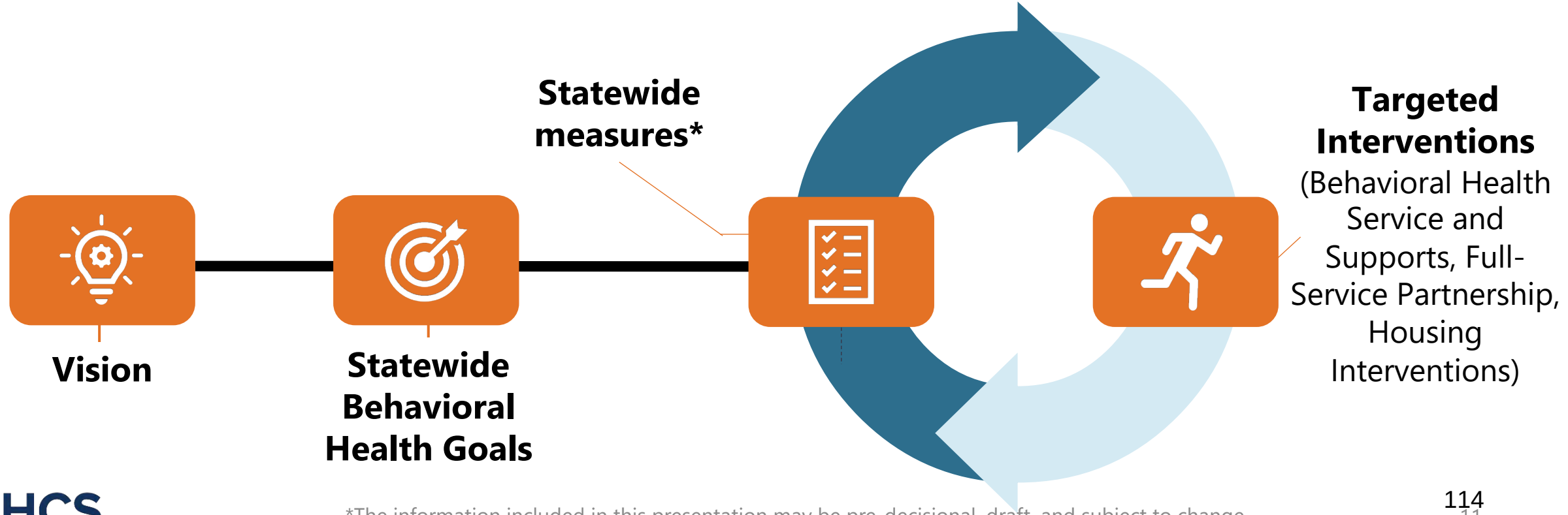
Population Behavioral Health Framework

- The population behavioral health framework is designed to enable County Behavioral Health to make data-informed decisions to better meet the needs of communities they serve.
- County Behavioral Health will document alignment with the statewide Behavioral Health Goals in their Integrated Plans; Medi-Cal Managed Care Plans (MCPs) will address it in future population health strategy deliverables.



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County Impact

What This Means for Counties:

- Each county will develop an Integrated Plan and annual update aligned with statewide Behavioral Health goals and their associated measures.

Considerations:

- DHCS, in consultation with behavioral health stakeholders and subject matter experts, has identified 14 statewide behavioral health goals.
- DHCS will identify and provide counties with measures of their performance relative to the statewide behavioral health goals in future guidance.
- Counties will use those measures to inform resource planning in their Integrated Plans and annual updates, describing their implementation of targeted interventions to drive progress on the statewide goals.

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Feedback

County Integrated Plan

County Integrated Plan for Behavioral Health Services and Outcomes

	Three-Year County Integrated Plan
Purpose	• Prospective plan and budget for Behavioral Health Services Act funding.
Goals	• Collect local and aggregate information on Behavioral Health Services Act programs statewide. • Increase transparency and accountability in county reporting and ensure counties are efficiently using federal dollars. • Conduct robust data analysis across counties, services, and funding streams and identify gaps in service delivery.
Timing	• Developed every three years. First one due on June 30, 2026.
Key Elements	• Plan developed through community planning process that details how counties plan to spend their Behavioral Health Services Act funds based on local needs. • Plan also includes a prospective budget that includes all county behavioral health funding sources.

DHCS

See Welfare and Institutions Code (WIC) Section 5963.02 (Senate Bill 326 Section 109)

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County Integrated Plan for Behavioral Health Services and Outcomes

- Three-year plans no longer focus on Mental Health Services Act funds only. Must include:
  - **All local, state, and federal behavioral health funding (e.g., Behavioral Health Services Act, opioid settlement funds, Substance Abuse and Mental Health Services Administration (SAMHSA) and Projects for Assistance in Transition from Homelessness (PATH) grants, realignment funding, federal financial participation) and behavioral health services, including Medi-Cal**.
  - A budget of planned expenditures, reserves, and adjustments
  - Alignment with statewide and local goals and outcomes measures
  - Workforce strategies
- Plans must be developed with consideration of the population needs assessments of each Medi-Cal Managed Care Plan and in collaboration with local health jurisdictions on community health improvement plans.
- Performance outcomes will be developed by DHCS in consultation with counties and stakeholders.

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Key Behavioral Health Services Act Integrated Plan Requirements

Stakeholder Engagement	Public Comment and Hearing	County Demographics and Behavioral Health Needs	Plan Goals and Performance Reporting
Stakeholder involvement on: • Mental health **and substance use disorder** policy • Program planning and implementation • Monitoring • **Workforce** • Quality improvement • **Health equity** • Evaluation • Budget allocation Also requires sufficient participation from diverse groups	• 30-day comment period and public hearing required for Integrated Plans • Counties must also provide summarized recommendations not included in plan	County demographics, unmet Behavioral Health needs and disparities, **collaboration with Managed Care Plans (MCPs) and local health jurisdiction**, plans to improve Behavioral Health outcomes for specified populations	**County goals and objectives and description of alignment with statewide and local goals**, outcome measures, and performance outcomes measures

DHCS

***Newly Added from Mental Health Services Act to Behavioral Health Services Act**

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Key Behavioral Health Services Act Integrated Plan Requirements

Service and Expenditure Plan	Workforce/ Personnel	Prudent Reserve	Local Certification
Description of all planned **local, state, and federally funded** Behavioral Health services, **including Continuum of Care capacity** and budget	**Strategy** to ensure Behavioral Health workforce is robust, well-supported, and culturally and linguistically concordant with populations served	Prudent reserve for Behavioral Health Services Act funded services	Compliance with all pertinent policies and fiscal accountability requirements

***Newly Added from Mental Health Services Act to Behavioral Health Services Act**

County Behavioral Health Funding

The Integrated Plan will also require counties to show how the county has considered other local program planning efforts in the development of the Integrated Plan to ***maximize opportunities to leverage funding and services*** from other programs, including federal funding, Medi-Cal managed care, and commercial health plans.[10]

The Integrated Plan will include a **budget template** for counties to provide information on their Behavioral Health funding sources and prudent reserve

[10] WIC Section 5963.03(a)(4)

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County Impact

What This Means for Counties:

- The Integrated Plan will include a more comprehensive look at a county's behavioral health system.

Considerations:

- A key goal of the Integrated Plan and Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) is for DHCS to be able to show at a statewide-level how counties are using their Behavioral Health Services Act dollars to address local needs.
- The Integrated Plan template will be developed and shared in a later module for feedback.
- Additionally, compliance and monitoring guidance will be developed and shared in a later module for feedback.

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Feedback

Community Planning Processes

Key Changes

- Counties already engage in extensive community program planning and engagement with their communities under Mental Health Services Act
- Behavioral Health Services Act builds upon the Mental Health Services Act requirements to meaningfully engage with stakeholders with a few key changes

Key changes to community planning process in WIC Section 5963.03:

- ✓ Stakeholder list expanded to include Substance Use Disorder
- ✓ Key stakeholder groups updated to include:
  - Historically marginalized communities
  - Representatives from organizations specializing in working with underserved racially and ethnically diverse communities
  - Representatives from LGBTQ+ communities
  - Victims of domestic violence and sexual abuse
  - People with lived experience of homelessness
  - Health Plans, Education, Housing and Social Services

Several Additional Stakeholder Groups have been added – Consult **WIC Section 5963.03** for details

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Stakeholder Engagement Requirements

Counties must meaningfully engage with stakeholders on:

- The county's Integrated Plan (WIC Section 5863.03)
- Proposed changes to allocation percentages in the county's Integrated Plan (WIC Section 5863.03)
- The county's plan for expenditure of funds exceeding the maximum amount of the prudent reserve (WIC Section 5892)

A key element of the Behavioral Health Services Act stakeholder engagement requirements is **providing transparency** into how the counties use their behavioral health funding so stakeholders can meaningfully participate in the community planning process.

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Key Stakeholder Groups

WIC Section 5963.03(a)(1) Each Integrated Plan shall be developed with local stakeholders, including, but not limited to, all of the following:

*Newly added

Eligible adults and older adults.	Families of eligible children and **youth**, eligible adults, and eligible older adults.	Youths or youth mental health or **substance use disorder organizations.**	Providers of mental health services and **substance use disorder treatment services.**	Public safety partners, including county juvenile justice agencies.	Local education agencies.
Higher education partners.	**Early childhood organizations.**	**Local public health jurisdictions.**	County social services and child welfare agencies.	**Labor representative organizations.**	Veterans.
Representatives from veterans organizations.	Health care organizations, including hospitals.	Health care service plans, including Medi-Cal managed care plans.	**Disability insurers.**	**Tribal and Indian Health Program designees.**	**The five most populous cities in counties with a population greater than 200,000.**
Area agencies on aging.	**Independent living centers.**	**Continuums of care, including representatives from the homeless service provider community.**	**Regional centers.**	**Emergency medical services.**	**Community-based organizations serving culturally and linguistically diverse constituents.**

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Requirements Related to Local Planning Processes

Counties must consider both Managed Care Plan (MCP) and Local Health Jurisdiction (LHJ) local planning processes throughout the development of their Integrated Plans. Specifically, each county must:

Work with its LHJ on the development of its **Community Health Improvement Plan** (CHIP) (WIC Section 5963.01.(b))

Work with each MCP that covers residents of the county **on the development of the MCP's Population Needs Assessment (PNA)*** (WIC Section 5963.01.(a))

Consider the CHIP of each LHJ that covers residents of the county in preparing their Integrated Plan and annual update (WIC Section5963.02.(b)(4))

Consider the Population Needs Assessment (PNA)* of each MCP that covers residents of the county in preparing their Integrated Plan and annual update (WIC Section 5963.02.(b)(3))

*SB 326 was written prior to the 2024 DHCS redesign of PNA requirements. MCPs no longer develop and submit a PNA to DHCS. Instead, beginning January 2024, MCPs must meaningfully participate in the development of LHJ CHAs and CHIPs and utilize them in their population health management initiatives.

Requirements Related to Local Planning Processes: Integrated Plan Alignment with PNA/CHA/CHIP

Starting January 2025, Counties must engage with LHJs and MCPs on CHAs/CHIPs across three main areas. Given that counties' Integrated Plans and LHJs' CHAs and CHIPs are driven by the unique needs of each community, the requirements outlined below provide overarching guidance rather than mandate a standardized process that all California communities must follow. These areas mirror MCP requirements for meaningful participation on LHJ CHAs/CHIPs.

Collaboration

Counties are required to:

- Work with MCPs and LHJs on each PNA/CHA/CHIP in that County.
- Attend key CHA and CHIP meetings and serve on CHA and CHIP governance structures, including CHA and CHIP subcommittees, at the request of LHJs.*

* Especially when discussions are relevant to behavioral health issues.

Data-Sharing

Counties are required to:

- Begin to identify priority areas to:
  - Share relevant data to support behavioral health-related focus areas of the PNA/CHA/CHIP.
  - Utilize and stratify relevant data from MCPs and LHJs to inform Integrated Plan development.

Stakeholder Engagement

Counties are required to:

- To the extent possible, coordinate stakeholder activities/findings for Integrated Plan development with MCP/LHJ engagement on the PNA/CHA/CHIP.
- Consider input from diverse populations and a wide range of community stakeholders.

County Impact

» What This Means for Counties:

- The community planning process will include a more diverse array of stakeholders, in part due to the addition of Substance Use Disorder services within the Behavioral Health Services Act as well as coordination with MCPs and LHJs.

» Considerations:

- Counties are still able to use 5% of their funds to support the community planning process, including participant training and support.
- DHCS encourages counties to provide feedback on how counties can show meaningful engagement and what types of activities can be pointed to as examples of meaningful engagement.

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Feedback

Behavioral Health Care Continuum

Behavioral Health Care Continuum and Reporting Framework

- The Behavioral Health Care Continuum is tailored to California's specific landscape and adjusted to reflect input from California stakeholders.
- The Behavioral Health Care Continuum, composed of a Substance Use Disorder and mental health framework, includes core service categories (displayed on the next slide) that make up the backbone of a robust behavioral health system.
- Reporting will be disaggregated across children/youth under 21 and adults.

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Behavioral Health Care Continuum Service Categories

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Non-Continuum Expenditure Categories

- While not considered part of the Behavioral Health Care Continuum, counties will report on four additional expenditure categories in the Integrated Plan related to behavioral health services, broken out by Substance Use Disorder and mental health.

Expenditure Categories
Workforce Investment Activities
Capital Infrastructure Activities
Quality & Accountability, Data Analytics, and Plan Management & Administrative Activities
Other Non-Clinical Service County Behavioral Health Agency Activities (e.g., Public Guardian, CARE Act, Forensic Services)

*The information included in this presentation may be pre-decisional, draft, and subject to change.

County Impact

- **What This Means for Counties:**
  - In the Integrated Plan, Counties will be expected to project funding distribution across the Behavioral Health Care Continuum.
- **Considerations:**
  - DHCS will develop a Behavioral Health Care Continuum Inventory that outlines its recommended service categorization within the BH Care Continuum.

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Feedback

Funding Allocations and Transfer Request

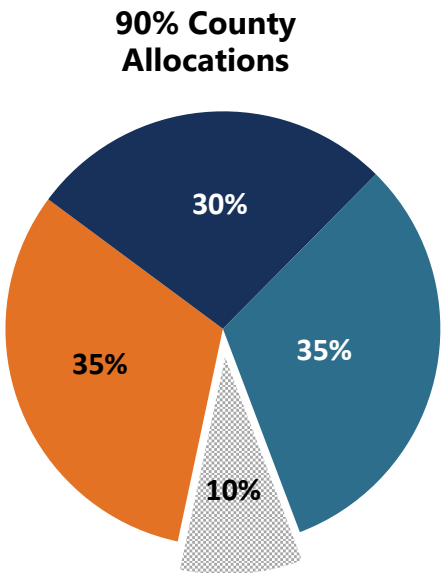
Behavioral Health Services Act Funding Breakdown

90% **County Allocations**

30% **Housing Interventions**
Interventions include rental subsidies, operating subsidies, shared housing, family housing for eligible children and youth, and the non-federal share of certain transitional rent.

35% **Full-Service Partnership Services**
Comprehensive and intensive care for people at any age with the most complex needs (also known as the "whatever it takes" model).

35% **Behavioral Health Services and Supports**
Includes early intervention, outreach and engagement, workforce, education and training, capital facilities and technological needs, and innovative pilots and projects.



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Funding Allocation Transfer Requests

- Starting with **FY 2026-2029 Integrated Plan**, all counties can **request a shift to funding allocation percentages.** (WIC Section 5892)
  - Housing Intervention Services (30%)
  - Full-Service Partnership Program (35%)
  - Behavioral Health Services and Supports (BHSS) (35%)
- Counties will have the flexibility within the above funding areas to move **up to 7%** from one category into another, for a **maximum of 14%** more added into any one category, to allow counties to address their different local needs and priorities – based on data and community input.

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Funding Transfer Request Process

- Counties may submit their funding transfer request within the portal prior to developing their Integrated Plan to support planning efforts. Counties may also submit their funding transfer request at the same time as they submit their Integrated Plan.
- These requests must specify how the transfer is responsive to community needs and include local data and community input in the planning process.
- Counties should be transparent with stakeholders throughout the community planning process and acknowledge where the Integrated Plan will need to be adjusted if the exemption request is not approved.

Note: these requirements can be found in WIC Section 5892

Proposed Funding Transfer Process

DHCS has 30 days to approve or deny funding allocation transfer requests following receipt of the request.

If DHCS does not respond within 30 days, the funding allocation transfer request will be considered approved.

If the transfer request is approved, funding allocation adjustments cannot be changed during the three-year Integrated Plan period, unless an annual change is approved by DHCS.

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Process for Appeals

- If the county does not agree with DHCS's decision to deny the transfer request, the county may submit an appeal to DHCS within 30 days of receipt of the denial.
- DHCS has 30 days to approve and/or deny the appeal, starting with the date that DHCS confirmed receipt of the appeal.
- DHCS will have 10 days from confirming receipt of the appeal to request additional documentation from the county. Counties will supply additional documentation within 10 days of confirming receipt of the request.
- If the county already submitted their Integrated Plan and budget and the county receives notice that their funding transfer request was denied, the county is required to update the Integrated Plan and budget to reflect the correct allocation amounts within 90 days of receipt of the denial from DHCS.

County Impact

» What This Means for Counties:

- Counties will be able to request a funding transfer as early in their planning process as desired, or they can wait to submit the funding transfer along with their Integrated Plan.

» Considerations:

- Submitting a funding transfer request early in the planning process could be beneficial to ensure counties have the full picture of their funding allocations before completing their Integrated Plan.
- DHCS encourages feedback on how submitting a request early in the process versus alongside their Integrated Plan might work in practice in local planning efforts.

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Feedback

Housing Interventions

Housing Interventions Component

The development of the Housing Interventions Component reflects the following policy priorities:

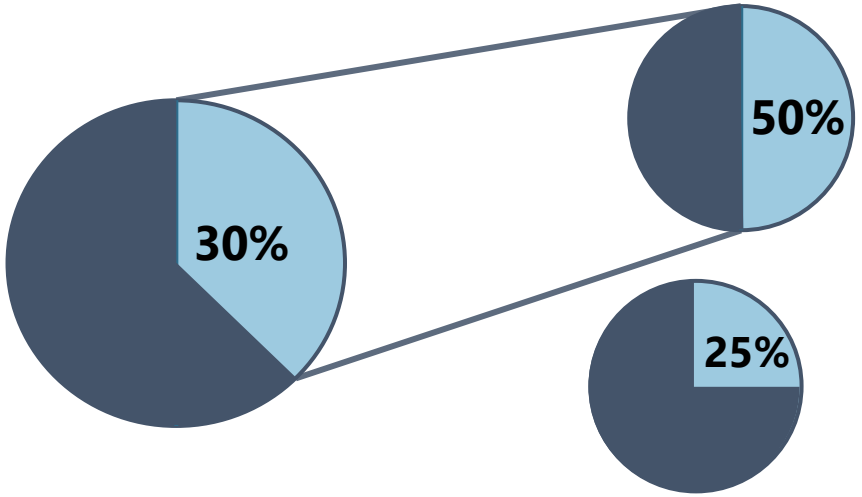
- Reduce homelessness among those with a behavioral health condition, focusing on encampments
- Provide individuals with Permanent Supportive Housing (PSH)
- Connect individuals to supportive behavioral health services
- Support the provision of low-barrier, harm reduction, and Housing First principles
- Complement ongoing state, county, city, Continuum of Care (CoC), and tribal efforts to address homelessness
- Provide flexibility for counties to respond to local conditions and needs and innovate

30% of a county's Behavioral Health Services Act funds must be used for Housing Interventions.

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Housing Interventions Legislative Funding Requirements

30% of a county's Behavioral Health Services Act funds **must be used for Housing Interventions.**



50% of the Housing Intervention funds must be used for persons who are **chronically homeless**, with a **focus on individuals living in encampments**

Up to 25% of the Housing Intervention funds may be used for **Capital Development projects**

- Counties with a population of less than 200,000 may request an exemption from the required 30% allocation of Behavioral Health Services Act funds for Housing Interventions* (*Note: exemption process under development*)
- Counties have the flexibility to move 7% of funds to/from Housing Interventions into another category (FSP or Behavioral Health Services Supports), if so, all requirements still apply

*(Section 95(1)(B)) of SB 326, Section 5892 of the WIC

Exemptions from Funding Requirements

- Exemptions are necessary for counties requesting a funding adjustment **beyond the 7% allowed** through the transfer process. Counties with a **population of <200,000** may request exemptions **beginning with the 2026-29 FY** County Integrated Plan, and **all counties may do so beginning with the 2032-35 FY** County Integrated Plan.
- Counties may request exemptions from **one or more** of the following requirements:

Thirty percent of the BHSF funds distributed to the county for **Housing Interventions** services	**Criteria for exemption**: very significant or limited need; sufficient/insufficient funding from other sources to address housing need; other considerations, subject to evidence requirements and DHCS review
Fifty percent of the county's Housing Interventions funds on those who are chronically homeless	**Criteria for reduced percentage**: very limited need, sufficient funding from other sources, other considerations, subject to evidence requirements and DHCS review
No more than **25 percent** of Housing Interventions funds on capital development projects	**Criteria for increased percentage**: significant capital development required to meet housing need accessibilities of eligible population; other funding sources insufficient, costs of improvements exceed 25% capital improvement limits, other considerations, subject to evidence requirements and DHCS review

Eligible Populations for Housing Interventions

To qualify for Housing Interventions, individuals must:

- Meet Behavioral Health Services Act eligibility requirements; and
- Meet the Behavioral Health Services Act definition of:
  - Experiencing homelessness;
  - At risk of homelessness; or
  - Chronically homeless

The provision of Housing Interventions to individuals with a Substance Use Disorder is optional for counties.

Priority Populations

- Children and youth in - or at risk of being in - the juvenile justice system, reentering the community from a youth correctional facility, in the child welfare system, or at risk of institutionalization.
- Adults or older adults in or at risk of being in the juvenile justice system, reentering the community from prison or jail, at risk of conservatorship, or at risk of institutionalization.

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Definitions of Homelessness and Risk of Homelessness

The Behavioral Health Services Act will use the CalAIM definitions for homelessness and risk of homelessness, which are those in 24 CFR 91.5 with the following modifications:

- Individuals exiting an institution or carceral setting are considered homeless if they were homeless immediately prior to entering that institutional or carceral stay or become homeless during that stay, **regardless of the length of the institutionalization or incarceration**; and
- The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at-risk of homelessness **to 30 days**.
- An individual or family is **not** required to have an annual income below 30% of median family income for the area.

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Definitions of Chronically Homeless

The Behavioral Health Services Act will use the chronically homeless definition at 24 CFR 91.5 with the following modifications:

- The requirement that a discontinuous period of 12 months of homelessness over the last three years occur on at least four separate occasions is eliminated; **any number of occasions will suffice**.
- Consistent with the Medi-Cal modification to the definition of "homeless," anyone residing in an institutional care facility, defined according to the HMIS definition of "institutional situations," who was chronically homeless prior to entry retains that status upon discharge**, regardless of length of stay**.
- Additionally, anyone who was chronically homeless prior to the receipt of Transitional Rent or a stay in an Enriched Residential Setting and is transitioning from either of these services to Housing Interventions services will be considered chronically homeless under Housing Interventions.
- Regarding the requirement that 50 percent of Housing Interventions be directed to individuals experiencing chronic homelessness, the determination that an individual meets the definition of chronically homeless will be made by counties at enrollment and may maintain their status as such for the duration of their enrollment in Housing Intervention services.

Housing Intervention Program Requirements

- Housing Interventions shall not be limited to individuals enrolled in FSP or Medi-Cal.
- No discrimination in Housing Interventions against those using MAT or other authorized medications
- Comply with core components of Housing First, which may include recovery housing
- All Housing Interventions must be combined with access to clinical and supportive behavioral health care and housing services.
- Relationship to Medi-Cal funded services:
  - Housing Interventions may not be used for housing services covered by Medi-Cal managed care plans (MCP). Accordingly, counties must work closely with MCPs to ensure that Housing Interventions funds are used to complement, not supplant, MCP-covered services.

Allowable Expenditures

Funding for Housing Interventions may be used for the following expenditures:

- Rental Subsidies
- Operating Subsidies
- Landlord Outreach and Mitigation Funds
- Participant Assistance Funds
- Housing Navigation and Tenancy Sustaining Services

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Allowable Settings

- Although the aim of Housing Interventions is to place individuals in permanent housing, Housing Interventions may also be used in connection with placement in interim settings for a limited time.

Non-Time-Limited Permanent Settings
Supportive housing
Apartments, including master-lease apartments
Single and multi-family homes
Housing in mobile home communities
Single room occupancy units
Accessory dwelling units, including Junior Accessory Dwelling Units
Shared housing
Recovery/Sober living housing
Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Unlicensed room and board
Other settings identified under the Transitional Rent benefit*

Time-Limited Interim Settings
Hotel and motel stays
Non-congregate interim housing models
Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls) (does not include behavioral health residential treatment settings)
Recuperative Care
Short-Term Post-Hospitalization housing
Tiny homes, emergency sleeping cabins, emergency stabilization units
Peer respite
Other settings identified under the Transitional Rent benefit

**Time is limited to 6 months for those eligible for Transitional Rent and 12 months for those not.*

Other Program Requirements

Other requirements and policies apply to Housing Interventions, including:

Habitability Standards

- Must seek to meet Housing and Urban Development (HUD)'s National Standards for the Physical Inspection of Real Estate (**NSPIRE)** and at least be **habitable** as defined by state law

Quality Standards

- Must ensure that all settings for which Housing Interventions are expended meet **minimum quality standards**.

HMIS

- Records of individuals receiving Housing Interventions must be entered into HMIS

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Capital Development Requirements

The following additional requirements apply to projects receiving capital development project funding:

Behavioral Health Services Act Requirements	DHCS Recommended Specifications
Units funded shall be available in a reasonable timeframe, *as specified by DHCS*.	All projects must be **determined through the local planning process and completed in the timeline specified in the Integrated Plan, subject to DHCS approval. Reversion timelines will continue to apply.**
Units shall meet a cost-per-unit threshold, *as specified by DHCS*.	**Recommend setting a maximum cost-per-unit for Behavioral Health Services Act funding at $450k.** • Counties can add funding from additional sources.

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Flexible Housing Subsidy Pools

DHCS encourages counties to consider establishing Flexible Housing Subsidy Pools or leveraging existing local Flexible Housing Subsidy Pools to administer Housing Interventions.

- Flex Pools provide a model for administering and coordinating multiple streams of funding for rental subsidies and housing supports.
- They use a centralized deployment of housing location, navigation, and rental subsidy payments to efficiently connect individuals to the units that best meet their needs from with collective 'housing pool'.
- Flex Pools provide a solution to create economies of scale, reduce the burden of subsidy administration, and braid together resources seamlessly so that members are accessing housing more quickly and efficiently, and ensures individuals who become housed, remain housed.

County Impact

» What This Means for Counties:

- Housing Interventions will help Behavioral Health Services Act-individuals who are experiencing or at risk of homelessness achieve long-term housing stability.

» Considerations:

- Primary focus on permanent subsidies and PSH, not interim housing.
- Operating subsidies as a critical tool to support PSH programs.
- Connection to supportive services for individuals receiving Housing Interventions will be critical.
- Maximize the housing supports available under Medi-Cal through coordination with individuals' Medi-Cal managed care plans.

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Feedback

Policy Manual Module Topics

Module 1 was released for public comment on **November 8th**, and Module 2 will be released in **December**.

Module 1 Topics

- Policy Manual Introduction
- Behavioral Health Transformation Introduction
- Eligible Populations
- Quality and Equity (Population Health Goals)
- County Integrated Plan
- Community Planning Process
- Care Continuum
- BHOATR Purpose
- Funding Allowances & Transfer Requests
- Housing Interventions

Module 2 Topics

- Behavioral Health Services Act Fiscal Policies
  - Allocation Methodology
  - State Directed Funding
  - Local Prudent Reserve
  - Reversion Policy
  - Transition from Mental Health Services Act to Behavioral Health Services Act
- Behavioral Health Services and Supports
  - Allowable Services and Supports
  - Early Intervention
- Full-Service Partnership (FSP)+ Exemptions
  - Levels of Care
  - Individual Placement Support
  - Field-based SUD Treatment Services

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Resources

Behavioral Health Transformation Website and Monthly Newsletter

Explore the Behavioral Health Transformation website to discover additional information and access resources.

Please sign up on the DHCS website to receive monthly Behavioral Health Transformation updates.

Public Listening Sessions

Attend recurring public listening sessions to provide feedback on Behavioral Health Transformation-related topics. Registration links for all public listening sessions will be posted on the Behavioral Health Transformation website, along with their recordings, once available.

Questions and Feedback

For any specific public comment-related inquiries, email BHTPolicyFeedback@dhcs.ca.gov
For any general Behavioral Health Transformation-related inquiries or feedback, email BHTinfo@dhcs.ca.gov.

Thank You

For More Information

BHTinfo@dhcs.ca.gov

Behavioral Health Transformation [DRAFT] Policy Manual

Version 0.2.0

The feedback period is open from December 3, 2024 to December 23, 2024. If you have trouble providing your comments, please reach out **BHTPolicyFeedback@dhcs.ca.gov**.

Module 1 content has been removed as its review period has ended. Only Module 2 is currently available for review and appears in the table of contents. You may notice gaps in section numbering - this is intentional and reflects the removal of Module 1 content. Module 1 will be accessible again when the final version is published in early 2025.

Sections

https://www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx

Statewide Multi-Payer School-Linked Fee Schedule Announcements

On October 3, 2024, the Department of Health Care Services (DHCS) announced the Local Educational Agencies (LEAs) and public Institutions of Higher Education (IHEs) approved to participate in the third cohort of the Children and Youth Behavioral Health Initiative (CYBHI) statewide multi-payer school-linked fee schedule (Fee Schedule) program and statewide provider network. DHCS implemented an operational readiness review process for all interested Cohort 3 entities. In determining 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.

Background

The Department of Health Care Services (DHCS), in collaboration with the Department of Managed Health Care (DMHC), will develop and maintain an multi-payer, school-linked statewide fee schedule for outpatient mental health or substance use disorder services provided to a student 25 years of age or younger at or near a school site. DHCS will also develop and maintain a school-linked statewide provider network of behavioral health counselors.

The state statute (W&I Code section 5961.4) requires commercial health plans and the Medi-Cal delivery system, as applicable, to reimburse, at or above the published rates, these school-linked providers, regardless of network provider status, for services furnished to students pursuant to the fee schedule. Further, services provided as part of the fee schedule shall not be subject to copayment, coinsurance, deductible, or any other form of cost sharing.

To leverage the CYBHI fee schedule as a sustainable funding source for school-linked behavioral health services that:

- Increases access to school-linked behavioral health services for children and youth;
- Creates a more approachable billing model for schools and local educational agencies (LEAs);
- Eases burdens related to contracting, rate negotiation, and navigation across delivery systems; and,
- Reduces uncertainty around students' coverage

Cohort3Participants.pdf

Chula Vista Elementary School District
Empower Language Academy
Fallbrook Union Elementary School District
High Tech High
Ramona City Unified
San Diego Community College District

Children, and Youth Behavioral Health Initiative

CYBHI

October 2024

October 2024 Newsletter
Highlight

California invests to expand early childhood mental health services

The Department of Health Care Services (DHCS) awarded $56 million to 54 organizations to expand early childhood wraparound services providing mental health services to California children, youth, and families. These grants were made through the CYBHI's **Evidence-Based Practices and Community-Defined Evidence Practices (EBP/CDEP) Grant Program**, which seeks to scale effective practices that improve the behavioral health of our state's children and youth, with a priority on racial equity and sustainability. The models funded include **Healthy Families America**, a home-visiting program to strengthen parent-child relationships during the first five years of a child's life.

DHCS NEWS RELEASE

24-30-CYBHI-Round3-EBP-CDEP-9-13-24 (ca.gov)

Children, and Youth Behavioral Health Initiative

CYBHI
November 2024

November 2024 Newsletter
Highlight

Help Shape the Future of Behavioral Health: Youth Co-Lab Accepting Applications

Apply at: CDPH YCL Landing Page - KAIP Inc. Website (kaipartners.com)

Apply anytime – applications reviewed quarterly or as needed.

Youth Co-Lab

The Youth Co-Lab is an internal committee comprised of 12 youth (ages 14 to 25) and 2 youth leaders (ages 21 to 25) who will partner with CDPH-OHE for a co-designed three-year campaign. While all 14 youth members engage in content review, the leaders assist with operations, workshops, outreach, and recruitment in partnership with CDPH-OHE to codesign the CYBHI public education and change campaign. The Youth Co-Lab will ensure that the unique voices, needs, and ideas held by California's youth are integrated into all aspects of the campaign.

CYBHI YOUTH CO-LAB CDPH California Department of Public Health

Children, and Youth Behavioral Health Initiative

December 2024 Newsletter
Highlights

Take Space to Pause: California's Focus on Teen Mental Health

CYBHI | Take Space to Pause

Youth Mental Health Academy Seeks Partner Organizations for Paid Internships

Youth Mental Health Academy - Child Mind Institute

The CYBHI's Youth Mental Health Academy (YMHA) is a 14-month, community-based career development program for high school and early college students from traditionally underserved communities. YMHA aims to inspire and cultivate tomorrow's mental health leaders.

YMHA is seeking organizations to provide 5-week internships for students in the Bay Area, Los Angeles, and San Diego from mid-June to mid-August 2025. Interns will receive a $2,000 stipend from YMHA for their work and internships will be approximately 100 hours (e.g., 20 hours/week for 5 weeks). Organizations focused on clinical work, research, community outreach, media, technology, or public policy in mental health and related fields who are interested in hosting interns this summer should email **YMHAinternships@childmind.org** for more information.

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

TRANSFORMATION OF MEDI-CAL: JUSTICE-INVOLVED

The Issue

Justice-Involved individuals—people who are now, or have spent time, in jails, youth correctional facilities, or prisons—are at higher risk for poor health outcomes, injury, and death than the general public. They face disproportionate risk of trauma, violence, overdose, and suicide. People of color are disproportionately represented in the Justice-Involved population due to systemic inequities in the criminal justice system, as well as a higher likelihood of incarceration due to mental health issues and the criminalization of substance use disorders.

- Incarcerated individuals in California jails **with an active mental health case rose by 63 percent over the last decade**.
- **Sixty-six percent of Californians in jails or prisons have moderate or high need for substance use disorder treatment.**
- **Overdose is the leading cause of death** for people recently released from incarceration, and people in California jails or prisons have a drug overdose death rate more than three times that of incarcerated people nationwide.
- In California, **nearly 29 percent of incarcerated men are Black, while Black men make up only 5.6 percent of the state's total population**.

Through its Justice-Involved Initiative, California is taking significant steps to improve poor health outcomes in this population as they prepare to re-enter their community. In 2023, California became the first state in the nation approved to offer a targeted set of Medicaid services to youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release. Through a federal Medicaid 1115 demonstration waiver approved by the Centers for Medicare & Medicaid Services (CMS), DHCS will partner with state agencies, counties, and community-based organizations to establish a coordinated community reentry process that will assist people leaving incarceration connect to the physical and mental health services they need prior to release. This will help to ensure continuity of health care coverage after incarceration, enabling access to programs and services like Enhanced Care Management (ECM) and Community Supports, linkages to medical and mental health services, and prescription medications in hand upon release.

Faces of Medi-Cal's Transformation: Meet Cameron*

Cameron is nearing the end of his time in prison. He was diagnosed with bipolar disorder and has been on medication to manage his condition. After he is released, Cameron will need to continue to see a psychiatrist and take his medications but does not know how he can get this care. Since Cameron has a diagnosed mental health condition, he qualifies for the 90-day pre-release Medi-Cal services under the Medi-Cal Justice-Involved Initiative, and he will be able to receive targeted pre-release services focused to support his reentry to the community paid for by Medi-Cal (e.g., psychiatry clinical consultation), in addition to his current care provided by the prison, in the 90 days before his release date. He is assigned a pre-release care manager who conducts a needs assessment and develops a reentry care plan to support his transition into the community. Prior to his release, he will be connected to a psychiatrist in the community who will continue to care for him, through a behavioral health warm linkage (which will include a handoff meeting between Cameron, his correctional facility psychiatrist, and his community-based psychiatrist). Once in the community, Cameron will be able to receive Enhanced Care Management. He will have the chance to meet his ECM provider before he is released, as part of a "warm handoff" meeting between his pre-release care management provider and the post-release ECM provider. He will also receive a supply of his bipolar medication to take with him upon release. His ECM provider will also connect him with Community Supports, such as housing, to help him build stability in the community.

(*A hypothetical individual based on a composite of cases.)

Justice-Involved Initiative Highlights

The Justice-Involved initiative aims to connect eligible members to community-based care, offering them services up to 90 days before their release to stabilize their health conditions and establish a plan for their community-based care (collectively referred to as "pre-release services"). Pre-release services are available to Medi-Cal members who meet the following eligibility criteria:

- Adults who meet one or more of the following health needs criteria: confirmed or suspected mental health diagnosis, a substance use disorder or suspected diagnosis, a chronic clinical condition or significant non-chronic clinical condition, a traumatic brain injury, intellectual or development disability, a positive test or diagnosis of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), or are pregnant or within a 12-month postpartum period.

- Youth who are in custody of a youth correctional facility; they do not need to meet clinical criteria.

These pre-release Medi-Cal services include the following:

- Reentry care management services.
- Physical and behavioral health clinical consultation services provided through telehealth or in person, as needed, to diagnose health conditions, provide treatment as appropriate, and support pre-release care managers' development of a post-release treatment plan and discharge planning.
- Laboratory and radiology services.
- Medications and medication administration.
- Medication Assisted Therapy for all Food and Drug Administration-approved medications, including coverage for counseling.
- Services provided by CHWs with lived experience.

In addition to the above pre-release services, qualifying members will receive covered outpatient prescribed medications and over-the-counter (OTC) drugs and durable medical equipment (DME) upon release, consistent with approved state plan coverage authority and policy.

To reach these aims, DHCS has made Providing Access and Transforming Health Initiative (PATH) funding available to implementing agencies (e.g., correctional facilities, county social service departments, county behavioral health, California Department of Corrections and Rehabilitation) to build capacity for workforce, technology changes, and data sharing that support justice-involved initiatives.

The Positive Impact of Medi-Cal's Justice Involved Initiative

People who are or have been incarcerated—a population that, because of systemic inequities in our criminal justice system, disproportionately over-represents people of color—experience worse health outcomes than other populations. The state's Justice-Involved Initiative will address these disparities by reducing gaps in care and improving connections between pre-release and community based services, increasing investments in health care and related services to enhance quality of care, improving physical and mental health outcomes, and preventing unnecessary admissions to inpatient hospitals, psychiatric hospitals, nursing homes, and emergency departments.

California is the first state to obtain federal authority (and federal matching funds) to provide Medi-Cal services to incarcerated individuals prior to their release. This initiative is part of California's broader transformation of Medi-Cal and its commitment to a healthier, more equitable health system for all.

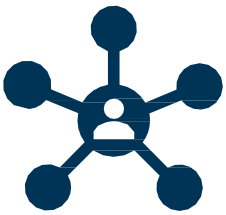
NEXT MOVE

Supporting Justice-Involved Youth

Next Move is a specialized community-based outpatient program offering behavioral health services to youth up to the age of 21 with a justice intersection. The program is designed to support justice-involved youth and those at risk of justice involvement, with an emphasis on caring for youth transitioning out of a juvenile justice facility.

Next Move provides diagnostic evaluations, mental health, and co-occurring substance use treatment for youth and young adults who have Medi-Cal or are uninsured. Services are available countywide and emphasize supporting youth in developing tools for success.

SERVICES OFFERED



Depending on the need, services may include:

- Individual Therapy
- Family Therapy
- Group Therapy
- Substance Use Prevention and Education
- Psychiatric Assessment and Medication Management
- Case Management
- Care Coordination
- Criminogenic Needs Assistance

LOCATIONS

Countywide access through two main offices and community-based services. Services are available Monday through Friday from 8:00 am until 5:00 pm with evening hours available by appointment.

Southeastern Live Well Center
5101 Market Street, Suite 2100
San Diego, CA 92114

North Coastal Live Well Health Center
1701 Mission Avenue, Suite 110
Oceanside, CA 92058

HOW IT WORKS

Youth can be referred by anyone, including Probation, the court, schools, or caregivers. To make a referral, call **(858) 351-6400,** fax the referral form to (619) 399-3724, or email the referral form to BHS.NextMoveProgram.HHSA@sdcounty.ca.gov

1. Referral reviewed and Next Move Clinician assigned within 5 days.
2. Clinician contacts the referring party and sets up a time to meet with the youth and caregiver.
3. If in detention, Clinician meets with youth prior to release.
4. Youth offered first appointment to occur within 5 days post-release.

NEXT MOVE
Supporting Justice-Involved Youth

All referrals can be either faxed to (619) 399-3724 or securely emailed to: BHS.NextMoveProgram.HHSA@sdcounty.ca.gov

Referring Party Information	
Name:	**Date of Referral:**
Email Address:	**Phone Number:**
Referred By: ☐ Probation ☐ Court ☐ PD/AD Office ☐ CHP ☐ Self ☐ Other:	
Projected Release from: ☐ YTC on: ☐ EM on:	
Probation Status: ☐ Formal Probation ☐ Informal Probation ☐ Dual Youth ☐ Community Supervision ☐ None	
Additional Information:	

Youth Information	
Name:	**Phone Number:**
Date of Birth:	**Age:**
Gender Identification:	**Ethnicity:**
Language Preference:	**Current Treatment Provider:**
Address with ZIP Code:	
Please select the location(s) where youth would prefer to receive services: ☐ North Coastal Live Well Health Center: 1701 Mission Avenue, Ste. 110, Oceanside, CA 92058 ☐ Southeastern Live Well Health Center: 5101 Market Street, Ste. 2100, San Diego, CA 92114 ☐ Telehealth/Remote Video Sessions ☐ Near the following ZIP Code:	
Current Mental Health Diagnosis:	
Please state if youth has any specific physical, cultural, or gender orientation needs:	
Current Medications:	
Known Gang Affiliation? ☐ YES ☐ NO — If yes, which gang?: ☐ Unknown:	
Child Active to San Diego Regional Center? ☐ YES ☐ NO ☐ Unknown:	

Youth Information *(cont.)*

Describe youth living arrangement post release *(check all that apply)*:

- ☐Parent/Caregiver
- ☐In a Shelter
- ☐Vehicle
- ☐Hotel
- ☐Public Space (Transient)
- ☐Group Home/THP
- ☐Couch Surfing
- ☐Other:

Additional Information:

Placement history outside of parent/caregiver's home *(check all that apply if known)*:

- ☐RFA Home (Relative/NREFM/LFH)
- ☐Foster Family Agency/Foster Home
- ☐YTC/EM
- ☐Temporary Shelter Care Facility (ex. PCC)
- ☐Group Home/STRTP
- ☐Residential Substance Use Treatment Program
- ☐Other:

Additional Information:

Youth Insurance Status:

- ☐Medi-Cal—Number:
- ☐Uninsured
- ☐Private Insurance—Name:
  Policy Number:

Reason(s) for referral *(please be detailed and include mental health, behavioral concerns, substance use concerns, high risk behaviors, impairment in functioning, criminogenic needs, etc.)*:

Youth/Caregiver Risk Factor(s) and Safety Concern(s) *(check all that apply)*:

- ☐Suicidal Ideation/Behaviors
- ☐Homicidal Ideation/Behaviors
- ☐Substance Use
- ☐Physical Aggression
- ☐Domestic Violence
- ☐History of Hospitalization
- ☐No Contact/Restraining Orders
- ☐Sex Trafficking
- ☐Running Away
- ☐Other:

Additional Information:

Overall Safety Considerations:

Caregiver Information	
Name:	**Relationship to Youth:**
Phone Number/Alternate: /	**Language Preference:**
Has Caregiver been informed of referral? ☐ YES ☐ NO ☐ Not Applicable—Youth Over 18	
Has Caregiver agreed to services? ☐ YES ☐ NO ☐ Not Applicable—Youth Over 18	
Address with ZIP Code:	
List any non-custodial parent/caregiver and their contact information:	

Release of Information attached: ☐ YES ☐ NO

Verbal Consent of Caregiver Received on:

Verbal Consent of Youth Received on:

OFFICE USE ONLY		
Referral Received:	**Assigned Clinician:**	**Screening Completed:**
Eligible for Next Move: ☐ No ☐ Yes as BH Links ☐ Yes as Community		
First Appointment Offered:	**First Appointment Scheduled:**	**Informed Referring Party of Status:**
Notes:		

EMAIL FORM TO NEXT MOVE

2023-2024 Live Well San Diego Annual Impact Report

SDAIM (sandiegocounty.gov)

New Benefit for Medi-Cal Members

You may be eligible for Enhanced Care Management (ECM)

What is ECM?

- ECM is a no-cost benefit that gives an extra layer of support to help you get the care you need to thrive.
- You will be provided with a lead care manager who will work with your doctors, specialists, pharmacists, and others to help get your needs met.
- Joining ECM is a choice. You can leave the program at any time and keep your Medi-Cal benefits.
- To get ECM, you need to meet at least one of the criteria listed on the next page.

What services does ECM offer?

- Connect you to doctors and make appointments
- Set up rides to doctor's visits
- Help you better understand your medications
- Get care after you leave the hospital
- Plan for your physical, mental, and dental needs
- Connect you to more services like food and housing

blue california Promise Health Plan | Community Health Group | KAISER PERMANENTE | MOLINA HEALTHCARE | Healthy San Diego

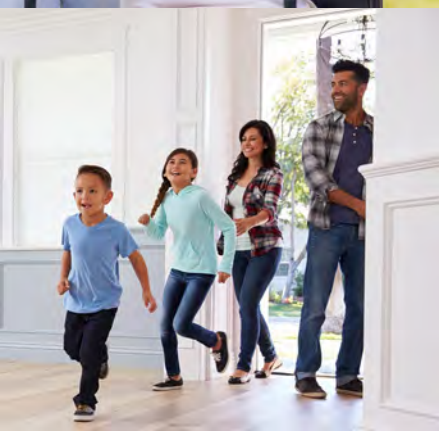
Ask your Medi-Cal health plan or doctor about ECM

See the other side for more details

County of San Diego Health and Human Services Agency | LIVE WELL SAN DIEGO

Updated on 9/10/2024

Who is eligible for ECM?



Members must be enrolled in a Medi-Cal Health Plan and meet one or more of the following:

- Do not have a safe place to live or are experiencing homelessness
- Visited the emergency room or hospital five or more times (adults) or three or more times (youth 21 years and under) in the last six months
- Have a mental health, behavioral and/ or substance use disorder
- Are an adult (21 years or older) who is at risk of entering a nursing home or facility
- Are an adult living in a nursing home or facility, and want to move back to the community
- Signed up for California Children's Services program and need more support
- Have been in foster care (up to 26 years old)
- Transitioned out of jail, prison, or youth detention facility in the past year and have a health condition
- Are pregnant or had a baby in the last year and are American Indian, Alaskan Native, Black, or Pacific Islander

Members can get ECM for up to 12 months, or longer depending on needs.

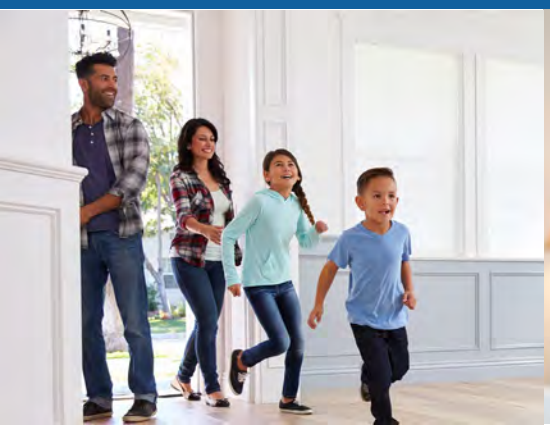
Call your Medi-Cal Health Plan to find out if you qualify for ECM and to sign up!

San Diego County Medi-Cal Health Plans	Member Services Phone Number
Blue Shield Promise	1-855-699-5557
Community Health Group	1-800-224-7766
Kaiser Permanente	1-800-464-4000
Molina	1-888-665-4621

Don't have Medi-Cal? Call 866-262-9881 to learn if you are eligible and apply

New Services for Medi-Cal Members

You may be eligible for Community Supports



Community Supports are free! These services are provided by your Medi-Cal Health Plan. They support your health and wellbeing at home and in your community!

Housing

Help with finding low-cost housing, security deposits, and the first month of utilities and to help you transition back home from the hospital or care facility.

Care at Home

Personal care and home services, making your home safer and more livable to help you stay healthy at home or reduce asthma.

Recovery

A place to heal after a hospital stay, short-term care, sobering centers, and help with improving skills for daily living.

Healthy Food

Home delivered meals to help with long- and short-term health needs.

blue california Promise Health Plan

Community Health Group

KAISER PERMANENTE

MOLINA HEALTHCARE

Healthy San Diego

Talk to your healthcare provider or call your Medi-Cal Health Plan to see if you are eligible.
<u>See the other side</u> for more information.

County of San Diego Health and Human Services Agency

LIVE WELL SAN DIEGO

Updated on 9/10/2024

What are Community Supports?

- Please call your healthcare provider or Medi-Cal Health Plan to see if you are eligible for Community Supports.
- Community Supports provide short-term services to address health and social needs.
- Medi-Cal members who are receiving a Community Support service may also be eligible for Enhanced Care Management.

Community Supports	Examples
Housing Transition Navigation Services	Housing assessment, plan, and search for housing
Housing Deposits	Security deposits, first month utilities, set-up fees
Housing Tenancy and Sustaining Services	Support and coaching to help maintain housing
Short-term Post-Hospitalization Housing	Short-term housing to prevent going back to the hospital
Recuperative Care (Medical Respite)	Short-term housing with care to heal after being in the hospital
Day Habilitation Programs	Peer mentoring to improve life skills
Respite Services	A short-term caregiver to provide help to a person who has a main caregiver that needs more support
Nursing Facility Transition/Diversion to Assisted Living Facilities	Support for activities of daily living to help people stay in their communities or prevent going into a facility
Community Transition Services/Nursing Facility Transition to a Home	Security deposit, housing navigation, home modifications
Personal Care and Homemaker Services	Caregiver to assist with activities of daily living
Environmental Accessibility Adaptations (Home Modifications)	Ramps, grab-bars, stair lifts, roll-in shower
Medically Tailored Meals/Medically-Supportive Food	Home delivered meals based on health needs
Asthma Remediation	Air filters, HEPA vacuum, pest management, mold removal
Sobering Centers	A safe place for people to recover who are under the influence in public for up to 24 hours

Contact your Medi-Cal Health Plan

- To see if you qualify for Community Supports and to sign up, talk to your healthcare provider. Or call the number on your insurance plan card or your plan's number listed here.
- If you don't have Medi-Cal and want to enroll, please call 866-262-9881.

Medi-Cal Plans	Phone Number
Blue Shield Promise	1-855-699-5557
Community Health Group	1-800-224-7766
Kaiser Permanente	1-800-464-4000
Molina Healthcare	1-888-665-4621

Transportation for Medi-Cal Members

San Diego County

You can get transportation (rides) covered by your Medi-Cal Health Plan at no cost to you!

- This includes rides to any doctor, dental, mental health, or substance use disorder appointments, and to pick up prescriptions and medical supplies.
- Your Medi-Cal Health Plan can help you get round-trip rides depending on your needs. This may include;
  - Rides by car, taxi, bus, or train
  - Bus passes and taxi vouchers
  - Money back for driving your own car

Call your Medi-Cal Health Plan to get a ride!

Medi-Cal Health Plan	Contact Information	Prepare to Call
blue california Promise Health Plan	**Blue Shield Promise** **1-855-699-5557** Two (2) days advance notice required	☑ Medi-Cal ID number ☑ Home address ☑ Mailing address ☑ Phone number ☑ Day, time, and location of appointment ☑ Caregiver/provider's name
Community Health Group	**Community Health Group** **1-800-224-7766** Two (2) days advance notice required	
KAISER PERMANENTE	**Kaiser Permanente** **1-800-464-4000** Three (3) business days advance notice required	
MOLINA HEALTHCARE	**Molina Healthcare** **1-888-665-4621 / (844) 292-2688** Two (2) business days advance notice required	

For questions about Medi-Cal or to apply for Medi-Cal benefits, please call 866-262-9881.

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

Updated on 9/10/2024

Extra Support for Those You Serve

You're dedicated to helping community members build better lives, but certain physical and mental health conditions require additional support. New Medi-Cal services can provide support, but many people don't know about them. As a result, individuals are not getting the help they are eligible for and desperately need. Neighborhood Networks can help.

Physical and Mental Health

Finding doctors, setting appointments, arranging transportation, managing medications, and coordinating all healthcare providers

Housing

Finding and applying for housing and stipends of up to $5,000 for rental deposit and move-in expenses

Support Services

Connecting with other services such as food assistance and legal aid

A Caring and Streamlined Referral Process

Simply provide us with basic information and our team will take it from there to confirm eligibility and make a warm hand-off to a care coordinator. We'll also follow up to let you know how things are going.

Trusted Relationships

- We're a trusted community partner.
- Our care coordinators are from the communities you serve.
- We meet clients where they are, whether at home or in the community.

An Experienced Partner

- Our care coordinators have served over 1,200 individuals with support and services
- We have delivered over $150,000 for housing assistance

"Once I refer someone to Neighborhood Networks, I feel a sense of ease knowing they will receive individualized support and resources for their unique needs and circumstances. The Neighborhood Networks team supports individuals at their level of readiness and collaborates with all care team members to help individuals achieve their goals."

Andria Del Real, LMFT
SAY San Diego

NEIGHBORHOOD NETWORKS

An initiative of SDWC San Diego Wellness Collaborative

Start Referring Today!

Learn how Neighborhood Networks can support you and those you serve.

619-273-3295

referrals@sdwellnesscollaborative.org

Frequently Asked Questions

What is Neighborhood Networks?

Neighborhood Networks is an initiative of the San Diego Wellness Collaborative, a San Diego nonprofit organization with the mission of improving health equity and community health in San Diego through collaborative initiatives. Neighborhood Networks connects healthcare and community-based organizations (CBOs) to better meet the health-related social needs of community members.

What is Enhanced Care Management?

Enhanced Care Management (ECM) is a free service that provides intensive coordination of health and health-related social services for eligible Medi-Cal members. Lead Care Managers assist individuals to receive comprehensive care in their communities, beyond the doctor's office or hospital.

What are eligibility requirements for ECM?

Eligible individuals must receive health insurance through a Medi-Cal managed care organization and fall into one or more categories of need, known as Populations of Focus. Adults and children may be eligible for ECM, depending on their situation.

What is Community Supports Housing?

Community Supports (CS) Housing is a free service that provides assistance to help individuals find, apply for, and secure housing. Individuals may also receive financial assistance and/or ongoing support to maintain safe and stable tenancy once housing is secured.

What are eligibility requirements for CS Housing?

Eligible individuals must receive health insurance through a Medi-Cal managed care organization and be housing insecure or experiencing homelessness.

Can individuals be eligible for both ECM and CS?

Yes, depending on needs, an individual may be eligible for both ECM and CS at the same time.

How do I submit a referral?

It is easy. Your organization may submit a brief referral form to Neighborhood Networks by sending a secure email to referrals@sdwellnesscollaborative.org.

What information is required to make a referral?

Required information includes the name, date of birth, and phone number of the eligible individual; if the person is insured by Med-Cal and Medi-Cal number (if available); the reason for referral; information about the referring organization; and the date of referral.

What if I don't have all required information?

You may contact the Neighborhood Networks outreach and referral team. In some cases, team members can access additional information about eligibility.

What is Community Supports Housing?

Community Supports (CS) Housing is a free service that provides assistance to help individuals find, apply for, and secure housing. Individuals may also receive financial assistance and/or ongoing support to maintain safe and stable tenancy once housing is secured.

What happens after I make a referral?

When a referral is received, Neighborhood Networks' outreach and referral team will confirm eligibility and authorization from the Medi-Cal managed care organization. They will then assign the individual to a Lead Care Manager for ECM and/or Housing Navigator for CS Housing, who will connect directly with the individual to begin services. Lead Care Managers are employed by trusted, local community-based organizations.

Can individuals refer themselves to ECM or CS Housing?

Yes! Individuals are encouraged to refer themselves for ECM or CS Housing services. They may do so by calling or emailing Neighborhood Networks at 619-273-3295 or referrals@sdwellnesscollaborative.org.

What if I have questions?

Please reach out to the Neighborhood Networks outreach and referral team with questions. Call or email 619-273-3295 or referrals@sdwellnesscollaborative.org.

Individuals may self refer to Neighborhood Networks or you may refer individuals directly.

NEIGHBORHOOD NETWORKS

For resources, information on how to refer, or questions, please contact:
referrals@sdwellnesscollaborative.org | 619-273-3295

San Diego Wellness Collaborative SDWC

Home Start, Inc.'s Youth Housing Programs provide safe and secure transitional and permanent supportive housing for single TAY (Transitional Age Youth, ages 18-24), pregnant/parenting TAY, and TAY aging out of the foster care system. Home Start's programs provide holistic wraparound services and offer intensive case management to promote independence to aid safe and stable housing. Home Start's housing offices are located in Central and East San Diego. **For all referrals and inquiries, please contact us at: housing@home-start.org**

Permanent Supportive Housing (Maternity Housing Program): provides long-term housing for single pregnant/parenting TAY with up to two children. All participants must be experiencing homelessness, have a documented disability, and have a referral through the Coordinated Entry System (CES). Home Start's PSH uses the housing first model and encourages participation in activities that promote self-sufficiency, such as case management, life skills, and work or school. Participants must abide by the Terms of Tenancy and contribute 30% of their income towards housing. Upon successful program exit, the participants who contribute to rent will receive a check with their savings to assist them in their transition.

Permanent Supportive Housing (SDHC): provides long-term housing for single or parenting/pregnant TAY with up to two children. All participants must be experiencing homelessness, have a documented disability, and referrals are through the Coordinated Entry System (CES). Home Start's PSH uses the housing first model and encourages participation in activities that promotes self-sufficiency, such as case management, life skills, and work or school. Participants must abide by the Terms of Tenancy and contribute 30% of their income.

Family and Youth Services Bureau: a transitional housing program that offers medium-term housing to single homeless pregnant/parenting TAY and their children. Participants must be between the ages of 18-21 with a max. of two children. Participants can self-refer by contacting our intake email or dropping into one of our offices. Participants must contribute to a savings account & develop a housing exit plan. Since maximum length of stay is 18 months, participation in services is required. The program offers case management, life skills, job search assistance, therapy, child development coaching, and school enrollment. FYSB offers participants support services that promote self-sufficiency and stability. Participants must abide by the Terms of Tenancy and contribute 30% of their income. Upon successful program exit, participants will receive a portion of their dollars back.

THP+ Transitional Housing Program: for youth ages 18-23 who aged out of the foster care system. Youth can be single, pregnant, or parenting with up to two children. The County provides referrals, and participants can stay up to two years or until age 23. Participants must engage in support services that promote self-sufficiency like work, school, life skills, and child development coaching. Participants must abide by the program Terms of Tenancy and contribute 30% of their income. Regardless of the contribution amount, $50 monthly goes towards their emancipation check. Upon successful program exit, participants are provided an emancipation check and offered the furniture.

CalOES XH Transitional Housing: provides medium-term housing to single mothers ages 18- 24. Participants must be experiencing homelessness and pregnant/parenting with up to two children. Participants must also be survivors of domestic violence, human trafficking, or some other type of victimization. Participation in services is highly encouraged to promote self-sufficiency like case management, life skills, therapy, and child development coaching. Participants must abide by the Terms of Tenancy and can stay up to 24 months. Participants work closely with their case manager to identify a safe and secure housing plan. Participants must contribute 30% of their income.

Youth Systems Navigation: offers outreach and in-reach services to youth 18-24 years in Central San Diego and East County. Youth Systems Navigators (YSN) focus on providing diversion, prevention, and identifying other resources security, stability, and self-sufficiency. YSNs work to find ways for participants to obtain stable housing through increasing their income, connecting them to benefits, and linkage to other services to promote stability.

Housing our Youth (HOY): a prevention and diversion program that intercepts homeless youth and finds immediate housing options while simultaneously searching for more permanent and stable housing options. Home Start's HOY pilot program provides short-term bridge housing and wraparound services to TAY single and pregnant/parenting women throughout San Diego County. HOY program staff offer wraparound supports to ensure that youth homelessness is non-recurring.

YE/KE: One-time and short-term financial assistance for TAY experiencing homelessness in San Diego County. Funds are intended to bridge homeless youth (18-24 years) to housing, provide emergency financial assistance, and fund other emergency needs.

Host Homes: Temporary housing placements in community members' homes for individuals experiencing homelessness between the ages of 14-24 years old. Availability is dependent on the host. The host receives a small stipend. Youth are provided intensive case management, required to be productive, and work towards self-sufficiency. External referrals are accepted.

RRH (Rapid Re-Housing) TAY – SDHC: provides financial assistance for security deposits, move-in costs, and rental assistance for up to 24 months. Participants must be TAY (18-24 years) experiencing homelessness referred through HMIS. The program provides intensive case management, housing location, landlord negotiation/mediation, and housing stability skills.

RRH SDSU: College-focused Rapid Re-housing program serves SDSU students at-risk of homelessness/ already experiencing homelessness. This is a partnership between Home Start & SDSU to decrease student housing insecurity & increase stably-housed student graduates. It provides financial assistance for security deposits, move-in costs, & rent for up to 24 months or until grad.

RRH CalOES XD: provides short-term rental assistance to single or parenting/pregnant TAY victims of domestic violence / crime. Referrals come from Home Start's transitional housing programs or other agencies in the community. The program helps with security deposits, move-in costs, and rent for up to 12 months. The program offers intensive case management, housing location, landlord negotiation/mediation, and housing stability skills.

Youth Homelessness Demonstration Project (YHDP) Joint Project: offers transitional housing, Rapid Re-housing, intensive case management, and other self-sufficiency support services. Participants must be youth ages 18-24 years old experiencing homelessness. Due to the length of the program, staff work to engage participants in supportive services to encourage self-sufficiency upon exit. Transitional housing participants must contribute 30% of their income, while rapid re-housing clients are put on a titrated assistance program. YHDP transitional housing clients may transfer to short-term rapid re-housing depending on availability.

Street Outreach Programs*:* Meets and engages unsheltered individuals experiencing homelessness by connecting them to resources and services to meet their basic needs. The outreach team provides transportation, emergency shelter, housing referrals, rental assistance, hygiene items, food, and blankets. Connecting clients to stable housing is the overarching goal.

Domestic Violence Program: referrals offering housing stability services, advocacy, and legal navigation. The DV Housing Specialist will help locate safe housing, accompany survivors to housing appointments, act as a liaison with landlords, and assist with negotiating leases.

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

September 24, 2024

TO: Behavioral Health Advisory Board (BHAB)

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

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

SENATE BILL (SB) 43 IMPLEMENTATION AND CARE ACT UPDATES

SB 43 IMPLEMENTATION UPDATES

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. SB 43 expands the criteria by which people may be civilly detained under the LPS Act by augmenting the definition of "gravely disabled" to include a severe substance use disorder (SUD), or a co-occurring mental health disorder and a severe SUD, and those unable to provide for their basic needs of access to medical care or personal safety. SB 43 was signed into law by Governor Newsom in October 2023, and will be implemented starting January 1, 2025, per a resolution adopted by the County Board of Supervisors (Board). For more information, please visit the BHS SB 43 Webpage at the following link: sandiegocounty.gov/content/sdc/hhsa/programs/bhs/senate_bill_43

In January 2024, the County began a multi-sector planning group to support rapid SB 43 implementation, focusing on the following four areas: 1) Education and training; 2) Expanding SUD treatment, services, and supports; 3) Establishing alternatives to emergency departments for 5150 holds; and 4) Updating procedures and adding capacity for the Office of the Public Conservator. Notably, on February 27, 2024, the Board approved $15 million in bridge funding from the American Rescue Plan Act (ARPA) Evergreen to support SB 43 implementation.

Below is a summary of progress within each of the four (4) focus areas:

1. Education and training
    - Updated LPS training content to align with new legal definition of grave disability under SB 43. The updated training was administered to roughly 150 individuals from law enforcement agencies, 100 individuals from LPS-designated facilities, and 200 individuals from non-LPS designated facilities
    - Launched a comprehensive BHS SB 43 Webpage at the following link: sandiegocounty.gov/content/sdc/hhsa/programs/bhs/senate_bill_43

- Hosted 9 collaborative workgroup sessions and subcommittees with stakeholders from various disciplines such as law enforcement agencies, Emergency Medical Services (EMS), hospital systems, individuals with lived experience

2. Expanding SUD treatment, services, and supports
    - Planning continues to establish the Substance Use Residential and Treatment Services (SURTS) facility in the South Region, which is anticipated to include approximately 70 new beds for residential treatment, withdrawal management (detox), and recuperative care beds.
    - Secured $12.4M of Behavioral Health Bridge Housing Round 3 grant funds, which includes funding for facility improvements and services for approximately 48 new recuperative care beds countywide. A portion of the grant funding will be utilized for facility improvements and recuperative care beds within the SURTS facility
    - Engaged hospitals to establish locked SUD treatment and chemical dependency recovery services
    - Launching San Diego (SD) Relay in October 2024 to provide behavioral health support in emergency departments for substance use-related needs, including non-fatal overdoses and involuntary holds
    - Modeling for Optimal Care Pathway 2.0 is underway to guide SUD system capacity planning and emergency department SUD care coordination, including hospital incentive models

3. Establishing alternatives to emergency departments for 5150 holds
    - Broke ground on the new East Region Crisis Stabilization Unit (CSU) facility in July 2024, expanding CSU coverage to all regions
    - Developed new acute care coordination incentive strategy
    - Conducted operational meetings with CSU providers to implement SUD service delivery and care coordination into CSU settings

4. Updating procedures and adding capacity for the Office of the Public Conservator
    - Implemented new Public Conservator (PC) data collection case tracker
    - Completed new staffing model and referral estimates
    - Updated PC referral process to include SB 43-related involuntary treatment

COMMUNITY ASSISTANCE, RECOVERY, AND EMPOWERMENT (CARE) ACT UPDATES

Overview

The Community Assistance, Recovery, and Empowerment (CARE) Act program launched on October 1, 2023. In collaboration with County and community partners, the CARE Act program creates a new pathway to deliver mental health and substance use services to individuals who are diagnosed with schizophrenia or other psychotic disorders and not engaged in treatment. Additionally, a goal of the CARE Act program is to forge upstream diversion from more restrictive settings for those who suffer from a psychotic disorder. Families, clinicians, first responders, and others may begin the process by filing a petition with the civil court to connect people (ages 18+) to court-ordered voluntary treatment if they meet criteria and would benefit from the program. For information on the CARE Act and process, please visit the BHS CARE Act Program webpage at the following link: sandiegocounty.gov/content/sdc/hhsa/programs/bhs/senate_bill_43

Integration of CARE Housing Locator Program in Community Health Improvement Partners (CHIP) Contract

The Independent Living Association (ILA) and Recovery Residence Association (RRA) contract consists of three key components: ILA, RRA, and the Community Assistance Recovery Empowerment (CARE) Housing Locator Program. The ILA and RRA are membership-based associations comprised of shared housing providers. These associations enforce high standards of quality for the housing offered by their members. Importantly, ILA and RRA member homes do not provide care or supervision but serve as shared housing options for individuals with behavioral health or substance use needs.

Operators offering shared housing to behavioral health clients are subject to rigorous requirements including initial and ongoing training. Operators also undergo both annually scheduled and unannounced inspections to ensure compliance with the quality standards established by the ILA and RRA. These standards are designed to guarantee that tenants reside in safe and healthy environments that support their recovery and personal growth.

ILA and RRA homes offer single beds in shared rooms. ILA homes typically provide meals while RRA homes generally leave meal preparation and grocery shopping to the tenants. Both ILA and RRA homes offer low-barrier housing, meaning they do not require credit, background checks, or verifiable rental histories. Most homes also do not require security deposits, making it more accessible for individuals with limited financial resources to secure housing. Additionally, ILA and RRA homes can function as either transitional or permanent housing. This flexibility allows individuals awaiting permanent supportive housing to maintain shelter without losing their homeless status. Those who prefer communal living as a long-term option can find a permanent residence in these homes. As of June 2024, there are 674 ILA beds and 710 RRA beds available to BHS clients.

In Fiscal Year 2023-24, the ILA/RRA contract was amended to include the CARE Housing Locator Program. This program actively seeks new housing opportunities to expand housing inventory for CARE participants and other behavioral health clients. As a result, further addressing the critical need for supportive housing in the community. As of August 2024, 609 beds were identified in the community for potential CARE participant use.

CARE Short-Term Bridge Housing (STBH)

The CARE process involves several key steps: Referral, Initial Determination, Investigation and Engagement, Development of a CARE Plan, and Connection to Services. This structured approach is designed to identify individuals in need, engage them in care, and connect them with appropriate treatment and support.

The CARE STBH program plays a critical role within the CARE process by providing temporary housing to individuals as they move through the CARE system. STBH providers are member homes of the ILA which are contracted directly with the County of San Diego to offer housing, meals, and stability while individuals await behavioral health services. During this transition period, clients receive clinical support from a CARE case manager, ensuring that their health and wellness needs are addressed.

Importantly, the STBH program does not require payment from clients during their stay, making it an accessible option for individuals with limited financial resources. February 2024 through August 2024, 22 individuals were referred to the STBH program.

One Year Program Recap

During the first year of the CARE Act program launch, the County of San Diego made significant strides. As of September 2024, the BHS CARE Team received 175 petitions. 57 participants were

successfully engaged in behavioral health services under a court adopted CARE Agreement. Notably, within less than 12 months, 2 participants graduated from the CARE program.

Within a year of implementation, the County of San Diego has become a leader in the State for successfully enrolling individuals into the CARE program by utilizing a highly person-centered approach to empowering participants with needs for individualized behavioral health services. Individualized support has improved access to ongoing behavioral health care, housing, medical services, and social benefits, while reducing reliance on emergency services and more restrictive forms of treatment.

In terms of evaluation, BHS hosted two CARE Act convenings with key CARE Act stakeholders, County Staff, and Behavioral Health Advisory Board (BHAB) representatives. Discussion for the roundtable meetings, held in March and May of 2024, was informed by participating BHAB members and structured thematically to identify challenges and opportunities for program improvements. BHAB members, stakeholders, and BHS discussed a variety of program implementation topics such as clinical trainings, community engagement strategies, case management and respondent data, as well as efforts to ensure accessibility in compliance with the Americans with Disabilities Act (ADA).

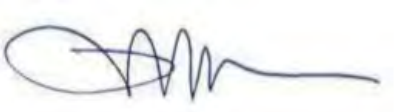
BHS SPECIAL EVENTS & ANNOUNCEMENTS

Check Your Mood Day
BHS invites you to participate in Check Your Mood Day! Check Your Mood Day, on October 10th, 2024, coincides with National Depression Screening Day. This annual event aims to engage San Diegans in monitoring their emotional well-being not only during October's Mental Illness Awareness week, but throughout the year, as mental health checkups, including depression screenings, should be a regular and integral part of overall healthcare.

Join other community members throughout San Diego County to access mental health resources, complete the online Check Your Mood screening, and take part in the social media campaign to promote mental health awareness!

For more information on Check Your Mood Day please visit the *Live Well San Diego* Check Your Mood Webpage at the following link: https://www.livewellsd.org/events/check-your-mood

Respectfully submitted,



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

cgt: Caroline Smith, Interim Deputy Chief Administrative Officer
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Nadia Privara Brahms, Assistant Director, Chief Strategy and Finance Officer

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LUKE BERGMANN, PhD.
DIRECTOR, BEHAVIORAL HEALTH SERVICES

October 31, 2024

TO: Behavioral Health Advisory Board (BHAB)

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

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

EDGEMOOR DISTINCT PART SKILLED NURSING FACILITY (EDGEMOOR) UPDATES

Status Updates/Accomplishments/Announcements
Edgemoor has again been recognized as one of the top nursing homes in the state by Newsweek magazine. Edgemoor was ranked as the No. 2 facility in California for Newsweek's America's Best Nursing Homes 2025, continuing the tradition of excellence by being in the top three facilities for six consecutive years.

Edgemoor remains an overall five-star facility as reported by the Centers for Medicare and Medicaid Services (CMS) Care Compare site for nursing homes. Achieving five out of five stars in all four rating categories (Overall Quality, Health Inspection, Quality Measures, Staffing and Registered Nurse (RN) Staffing).

COVID-19 Update
Weekly requirements to report metrics related to vaccinations, positive cases, and other COVID-19 related metrics to the Centers for Disease Control and Prevention (CDC) remain in place. Facility staff and contractors are asked to mask when providing direct patient care and interactions of less than six feet for greater than 15 minutes. Visitors are not required to mask although it is strongly encouraged. On February 28, 2024, the CDC released a new recommendation that adults 65 years and older receive an additional dose of the 2023-2024 COVID-19 vaccine four months after their previous 2023-2024 COVID-19 vaccine. Edgemoor continues to follow all other requirements of various local, state, and federal health organizations.

Facility Improvements
Currently, the Edgemoor Psychiatric Acute Inpatient Unit plans are under review with the Department of Healthcare Access and Information (HCAI) and the California Department of Public Health (CDPH). Demolition is projected to begin in Quarter 2, Fiscal Year (FY) 2024-25. Built into the existing Edgemoor floor plan, the inpatient unit will add 12 new psychiatric acute inpatient beds. Licensure of this new acute unit will provide continuity of care and access for patients from the skilled nursing facility for stabilization in addition to service planned admissions from the community. Edgemoor Skilled Nursing Facility (SNF) will be licensed as a Distinct Part Skilled Nursing Facility (DP SNF) of the new unit and will no longer be licensed under the San Diego County Psychiatric Hospital's license.

Other upcoming facility projects include electric vehicle charging stations, upgraded security cameras, redesigned front entrance door, new badge readers, work to the cooling systems, and parking lot resurfacing.

Edgemoor Reimbursement Rates
The current Medi-Cal per diem rate increased from $724.44 to $741.93, retroactively to August 1, 2023. This rate will be in effect up until December 31, 2024.Effective July 1, 2024, the private pay rate increased from $908 to $1,038 per patient. Although, Edgemoor has a very small amount, if any, private pay residents.

Due to the State's implementation of CalAIM, effective January 1, 2024, available Medi-Cal Managed Care Plans in San Diego County transitioned from six providers to four. Available providers are Blue Shield of California Promise Health Plan, Community Health Group Foundation (CHG), Molina Healthcare of California, and Kaiser Permanente. Please note that the option for Kaiser Permanente is only available to individuals who meet specific criteria. The majority of residents, with one exception, are enrolled in either Blue Shield of California Promise Health Plan, Community Health Group Foundation (CHG), of Molina Healthcare of California."

Resident Occupancy/Census
Edgemoor's fourth quarter resident census totaled 14,038 days with an average daily census of 154.3 residents. Occupancy remains steady with the FY 2024-25 average being 96% of available beds, meaning that nearly all 160 available beds are filled. 32 beds are unavailable due to upcoming Acute Inpatient Unit construction.

Information Technology Updates at Edgemoor
Several IT projects are underway which include the following:

Electronic Health Record (EHR) – Edgemoor is in the planning phase for a new Electronic Health Record (EHR). WellSky, formerly known as Net Solutions, is Edgemoor's current EHR. Prime Rx, a new pharmacy software solution, will launch on December 9, 2024.

- *Replacement Nurse Call System* – Construction and wire installation began on March 13, 2023. The first phase of the project, a fully functional system excluding mobile devices, went live in June 2024. By Quarter 2, FY 2024-25 mobile devices should be integrated into the call system. TRL presented a support plan that is being considered.

- *NetSolutions Enhancements* – Due to WellSky purchasing NetSolutions, the current agreement is being amended to include e-Assignment, Physician Orders entry, and E-prescribe. The goal is to interface with new pharmacy software. However, it was recently discovered that this requirement was not met. The contract template is being revised and this will include eAssignments. The contract for Physician's Order entry and ePrescribing are currently in place.

SAN DIEGO COUNTY PSYCHIATRIC HOSITAL (SDCPH) UPDATES

Clinical Care Planning
On December 5, 2023, the County Board of Supervisors adopted a Resolution to implement Senate Bill (SB) 43 in January 2025. SDCPH has been diligently working with other BHS leadership and community stakeholders in preparing for the implementation of SB 43 which makes changes to the Lanterman-Petris-Short (LPS) by expanding the definition of "gravely disabled" to include:

- 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
- People who are unable to provide for their basic needs for food OR clothing OR shelter OR access to necessary medical care OR personal safety.

SDCPH is currently preparing for The Joint Commission (TJC) triennial survey for licensure through hosting a mock survey with survey consultants, hosting survey readiness meetings with Hospital leadership, and receiving support from various Health and Human Services Agency (HHSA) and BHS leadership such as Angi Mitchell, Chief Nursing Officer, Dr. Emily Do, Pharmacy Director, Summer Leal, Interim Chief, Department Operations, and Darren Kasai, Chief, Department Operations-Edgemoor. SDCPH is grateful for the engagement and leadership support to ensure safe patient care.

Clinical Programming
The Social Work Team joined forces with the Recreation Therapy Team to become the Clinical Programming Department effective March 2024. The Hospital continues to work with the staff and the leadership team on delivering clinical services that are focused on evidenced-based practices and individualized clinical care. This includes adding groups led by the clinical pharmacists, psychiatrists, and nursing staff to ensure robust programming is offered to the patients receiving care at SDCPH.

In November 2024, the SDCPH will onboard a new Behavioral Health Program Coordinator (BHPC) to assist with the ongoing efforts around clinical care for acute and non-acute patients. National Alliance on Mental Illness (NAMI) of San Diego was awarded a contract to continue substance use and peer related services within SDCPH effective October 1, 2024. With the expansion of SB 43, this service will be vital to the linkage between substance use resources and continuity of care.

Opportunities for Connections
SDCPH continues to collaborate with law enforcement leadership across the county to ensure that safe and orderly transports occur. This collaboration works to ensure that individuals triaged in the field arrive at the appropriate level of care based on the needs of the consumer. Additionally, SDCPH has been collaborating with law enforcement partners to prepare for the implementation of SB 43.

BHS SPECIAL EVENTS & ANNOUNCEMENTS

25th Annual Consumer Recognition Luncheon
On October 11, 2024, the City of San Diego's Therapeutic Recreation Services hosted the 25th annual Consumer Recognition Luncheon event to honor individuals on their mental health journeys. Promoting mental health awareness, the luncheon featured an array of community resources, guest speakers, activities, and food. Open to all system of care clients, the luncheon celebrated the achievements of fellow mental health services consumers.

Members of the BHS Communication and Engagement Team Recognized with 2024 Social Impact Government Agency of the Year Award
On October 23, 2024, CAUSE San Diego hosted the 26th Annual Cause Conference to convene the business, nonprofit, education, and government sectors with a shared purpose of activating social change through collective impact. During the conference, CAUSE San Diego recognized BHS' *It's Up to Us* team from the department's Communication & Engagement Unit as the 2024 Social Impact Government Agency of the Year Awardee. The Social Impact Award honors BHS' commitment to addressing mental health and substance use challenges in San Diego County through its public messaging efforts. In partnership with Rescue Agency, BHS designs and executes the *It's Up to Us* campaign to raise awareness about the importance of mental health support seeking and fosters meaningful change within society, as signified by the Social Impact Award.

The *It's Up to Us* campaigns are designed to normalize conversations about mental health and substance use while also promoting community dialogue, prevention, and access to behavioral health resources. BHS and Rescue Agency aim to understand the unique behavioral health needs of diverse communities to execute tailored campaigns that authentically resonate with audiences. The *It's Up to Us* campaign utilizes a multifaceted approach to deliver messages across a variety of media platforms for advertisement placements including, traditional and streaming television and radio, billboards, transit shelters, bus and trolley wraps and other out-of-home materials, written materials, social media sites,

and other digital marketing tools. To date, 12 separate public messaging campaigns have run across media platforms to encourage help-seeking, support adult mental health, raise awareness about the dangers of illicit fentanyl among youth and parents, and promote mobile crisis response services and the availability of naloxone to the general public. Cumulatively, the campaigns received approximately 784 million impressions and achieved nearly 71 million exploratory engagements. Additional public messaging campaigns to raise awareness for youth mental health, youth suicide prevention, crisis response services, and opioid overdoses are under development and scheduled to be released later this fiscal year.

Respectfully submitted,

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

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

November 26, 2024

TO: Behavioral Health Advisory Board (BHAB)

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

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

BHS 2024 Year in Review

BHS continues to make advancements in strengthening and enhancing the behavioral health Continuum of Care (CoC). Below are a few notable initiatives and achievements spanning across long-term and community-based care, capital projects, behavioral health policy, and ongoing community engagement efforts.

Long-Term and Community- Based Care

Throughout the year, BHS continued efforts to sustain and expand capacity within subacute and community-based care as informed by the BHS Optimal Care Pathways (OCP) model. The OCP model expands long-term care by including community-based services that provide continuous care and housing to people with behavioral health conditions. In 2024, BHS pursued actions to advance continuous care capacity, including linkages to housing and care coordination, to meet both immediate behavioral health needs and support long-term recovery.

Recuperative Care Services

Recuperative care services provide adults with behavioral health conditions who are experiencing homelessness, a safe and secure environment to transition into, post-hospitalization. In July 2024, the California Department of Health Care Services (DCHS) awarded BHS with $12.4 million of competitive grant funding as part of the Behavioral Health Bridge Housing (BHBH) Round 3 grant funding. The grant funds will be utilized for capital and operational costs to establish 48 new recuperative care beds locally. Notably, a portion of the grant funding will be used for renovations that will create 16 new recuperative care beds within the County-owned Substance Use Residential and Treatment Services (SURTS) facility in National City.

Licensed Board & Care Facilities

Licensed board and care facilities provide 24/7 recovery-focused support and supervision, or community-based care, for people requiring daily assistance to meet their clinical and social needs. Through contracted provider agreements, the County utilized Mental Health Services Act funding, along with newly

established State grant funding preserve and expand local board and care facility capacity dedicated to people with serious mental illness.

- In March 2024, BHS established 55 new Board and Care slots funded by Behavioral Health Bridge Housing Round 1 grant funds, for which BHS was awarded $44.3 million, with additional slots planned for 2025.
- In May 2024, BHS convened licensed board and care providers locally to commence the process of planning and awarded Community Care Expansion Preservation grant funding, for which BHS received of $16.8 million, to preserve existing licensed board and care beds.

Expanding Recovery Residence Access
Recovery residences are privately owned homes that provide living environments that are secure, safe, and free of alcohol and other substances through agreements with local community-based substance use outpatient and opioid treatment programs (OTP) providers. Recovery residences provide housing to adults with substance use or co-occurring conditions who are experiencing homelessness and enrolled in County substance use outpatient treatment programs. In Spring 2024, the Board of Supervisors allocated $8.0 million of funding to increase recovery residence access for people within County-funded substance use outpatient treatment. To support access to recovery residences the funds were infused into existing contracts the County has with OTP providers. The funds will be administered over three fiscal years, starting in Fiscal Year 2023-24 and ending in Fiscal Year 2025-26. Funding amounts were allocated based on the number of individuals a program serves. Additionally, a small portion of the funds will support equitably streamlining access to recovery residence based on utilization needs.

No Place Like Home (NPLH)
Permanent Supportive Housing (PSH) is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities. The No Place Like Home (NPLH) State program provides PSH for individuals with behavioral health conditions who are experiencing or at risk of chronic homelessness. Individuals experiencing homelessness with serious mental illness are connected to NPLH units through the Coordinated Entry System, administrated by Regional Task Force on Homelessness.

Five new NPLH PSH buildings were recently developed, with two currently in the leasing phase. These developments will increase housing capacity by adding 122 supportive housing units designated for behavioral health clients. Many of these units will be offered to individuals transitioning from homelessness, providing them with the opportunity to have their own apartment. Comprehensive housing support services will be available to all residents to ensure they maintain housing stability.

For more information on residential services visit the BHS Residential and Long-Term Services webpage at the following link: sandiegocounty.gov/content/sdc/hhsa/programs/bhs/long-term_and_residential_services.html

BHS Capital Projects

Throughout 2024, BHS made significant strides in advancing two major capital projects, demonstrating its commitment to strengthening infrastructure and addressing community needs. BHS participated in an enterprise- wide capital planning process, providing meaningful opportunity for community input.

East Region Crisis Stabilization Unit (CSU) Groundbreaking
On July 18, 2024, County and BHS leadership along with community partners and stakeholders, broke ground on the region's seventh CSU development in El Cajon at 200 S. Magnolia Avenue and West Douglas Avenue. The development of the East Region CSU reflects a milestone for regionally distributed crisis services. The 14,000 square foot CSU is currently under construction and expected to open in Fall 2025. Its completion will mark all six County HHSA regions having a CSU. This facility will enhance the

service offerings available to those living in East County and help ensure crisis care is accessible in their community.

For more information visit the BHS Crisis Stabilization Units Webpage at the following link: sandiegocounty.gov/content/sdc/hhsa/programs/bhs/csu.html

Tri-City Psychiatric Health Facility (PHF)
Late in 2024, the construction of the Tri-City PHF was completed. The new state-of-the-art facility in Oceanside will provide short-term inpatient mental health services to people in North San Diego County who are experiencing a mental health crisis. Final planning is underway to commence services at the PHF, which will be operated by Exodus Recovery, Inc.

Capital Plan Open House
On November 14, 2024, the public was invited to the County 2025-30 Capital Plan Open House, at the County Operations Center, to learn about the enterprise-wide capital planning process, upcoming capital projects, and share feedback on County developments relative to community needs and priorities. BHS participated in the open house event, as part of the Capital Improvement Needs Assessment (CINA), to share information and answer questions on BHS facility projects intended to roll out over the course of the next five years. BHS leadership joined community members in conversation regarding three behavioral health infrastructure developments: 1) San Diego County Psychiatric Hospital Conversion to Subacute Care, 2) Children's Crisis Residential at Polinsky Children's Center, 3) Central Region Behavioral Health Community-Based Care.

To view the preliminary draft of 2025-2030 Capital Plan and provide feedback visit *Engage San Diego County* at the following link: engage.sandiegocounty.gov/capitalplan25-30

Significant Behavioral Health Policy Updates

BHS and partners achieved critical progress and reached key milestones in implementation and planning of state-wide behavioral health policies. Accomplishments included expanding capacity through strategic funding, fostering collaborative planning with diverse stakeholders, amending contracts to ensure alignment with operational changes and state requirements, and bolstering critical supports to strengthen the continuum of care.

Involuntary Behavioral Health Treatment in San Diego County
Senate Bill (SB) 43 makes changes to Lanterman-Petris-Short (LPS) Act, a California law governing involuntary detention, treatment, and conservatorship of people with behavioral health conditions by augmenting the definition of "gravely disabled." BHS achieved significant milestones in pathways toward implementation, ensuring readiness for an effective date of January 1, 2025. Key actions for preparation span across four distinct areas 1) Education and Training, 2) Expanding Treatment, Services, and Supports for People with Substance Use Disorder (SUD), 3) Alternatives to emergency departments for 5150 Transports, and 4) Updating Procedures and Adding Capacity for the Public Conservator's Office. Notable advancements include the following:

- Over the last two years, BHS increased capacity in opioid treatment programs by 150 treatment slots, and increased treatment capacity by 10% in the County adult general substance use outpatient programs to include expanded services and medication for addiction treatment (MAT) and ambulatory withdrawal management.
- In February 2024, the Board approved $15 million for the implementation of SB 43 program implementation.
- As of October 2024, Jewish Family Services of San Diego (JFS) successfully administered SB 43 trainings, achieving the following metrics. JFS conducted 31 law enforcement agency trainings and six Psychiatric Emergency Response Team (PERT) trainings. Notably, trainings reached a total of 1,438 law enforcement individuals. Additionally, JFS conducted 85 non-LPS designated

facility trainings reaching 1,766 staff and 31 LPS facility trainings reaching 629 staff. In total, 60 trainings were provided to community partners.

- October 2024, San Diego Relay launched to provide behavioral health support in emergency departments for substance use-related needs, including non-fatal overdoses and involuntary holds
- Fall 2024, all County Office of the Public Conservator (PC) staff were trained on updated policies and procedures, LPS referral form, and operational processes. PC conducted an analysis on existing staffing and other resources to identify additional supports needed for SB 43 related conservatorship referrals.
- BHS is in the process of amending contracts to ensure providers are equipped to support the implementation of SB43.

For morning information visit the BHS SB 43 Webpage at the following link: sandiegocounty.gov/content/sdc/hhsa/programs/bhs/senate_bill_43/

Community Assistance, Recovery, and Empowerment (CARE) Act Program

The CARE Act program launched on October 1, 2023, in San Diego County. Within a year of its implementation, the County has established itself as a state leader, setting a benchmark for excellence, for successfully enrolling individuals into the program. Outcomes of the program demonstrate that individualized support promotes access to ongoing behavioral health care, housing, medical services, and social benefits, while reducing reliance on emergency services and more restrictive forms of treatment. As of September 2024, the BHS CARE team received 175 petitions, with 57 participants successfully engaged and enrolled in individualized CARE plans. Other program highlights include:

- In Fiscal Year 2023-24, Independent Living Association (ILA) and Recovery Residence Association (RRA) contract was amended to include the CARE Housing Locator program to expand housing inventory for CARE participants.
- During February 2024- August 2024, 22 individuals were referred to the CARE Short-Term Bridge Housing (STBH) program, as part of the ILA contract, providing cost-free, temporary, housing.
- In collaboration with National Alliance on Mental Illness (NAMI) San Diego, BHS co-facilitated six CARE Act program Information Sessions to connect with community members with subject matter experts on the topic of CARE program process and criteria. Joined by The San Diego Access and Crisis Line (ACL) and Legal Aid Society of San Diego, information sessions addressed more than 130 participant questions.
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For morning information visit the BHS CARE Act Program Webpage at the following link: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/senate_bill_43/ sandiegocounty.gov/content/sdc/hhsa/programs/bhs/CARE_act_program.html

Community Engagement

BHS continued to steadily increase capacity to deliver tailored engagement opportunities for stakeholders to connect with the department, in alignment with recommendations identified by communities in recent years. Community input was also elevated through Board Letters, Board Memos, and presentations provided by BHS to the Board.

In April 2024, Community Health Workers (CHWs) were added to enhance department outreach and education efforts. The addition of CHW staff, coupled with increased promotion and utilization by stakeholders of BHS' online Community Request Form, resulted in the department's participation in nearly 288 new community-based activities and events. CHWs have been instrumental in delivering presentations to youth, young adults, and education sector professionals as part of the County's Youth Suicide Reporting and Crisis Response Pilot funded through the California Department of Public Health (CDPH). Since joining BHS, CHWs coordinated 144 community outreach activities, engaging with over 9,500 individuals, and specifically connecting with more than 5,300 youth.

C&E community engagement staff coordinated a variety of pilot activities to increase opportunities for stakeholder input to inform the refinement of BHS efforts in health promotion, planning, and programming. This included a series of data and public messaging workshops conducted in partnership with BHS' Population Health Unit and other County teams. As part of the department's Community Experience Partnership (CEP) initiative, regional population health data on self-harm, suicide, fatal and non-fatal overdoses were presented to community groups to initiate action planning activities and identify opportunities to refine existing BHS public messaging brands.

At the start of 2024, the department launched materials to support a new "30-Day Mental Wellness" as a fun, free, and accessible way for community members to identify and engage in self-care activities to support their personal mental wellness. Learnings continue to reinforce the importance and benefits of tailoring engagement opportunities to the unique experiences of groups of shared identity, in addition to looking at regional and sector-based programming.

Community dialogues with stakeholders through *It's Up to Us "Let's Talk About…"* events have specifically resulted in the identification of key areas of focus that will help guide health promotion programming, community listening sessions, and countywide public messaging efforts in the new year. Key topics include:

- Bolstering socio-emotional competence and wellness
- Promoting behavioral health literacy
- Preventing social isolation and deaths by suicide
- Substance use and overdose prevention
- Resources for youth and transition age youth
- Public behavioral health workforce development

Additionally, a desire for more streamlined convenings to optimize processes, foster broader community participation, promote better service outcomes, and enable more meaningful stakeholder engagement were identified by stakeholders. In response to this, new impending policy changes, and recent changes across the broader County enterprise, in early in 2025, BHS will realign system of care council meetings and regional collaboratives, into more inclusive meetings tailored around communities of shared identity, regional and sector-based programming, and behavioral health transformation initiatives.

Engagement channels and mechanisms outside of the department were leveraged to enhance public awareness of behavioral health priorities, resources, and promote new activities. Greater collaboration with HHSA's Communications Team increased coverage and promotion of behavioral health topics and BHS news on County social media accounts and the County News Center. In addition, presentations and in-service trainings for the enterprise's new *Engage San Diego County* platform were initiated by the County's Communication Office for BHS' C&E staff. Following this orientation, C&E staff will work with stakeholders to identify behavioral health content and projects for future BHS pages. The online platform offers a new opportunity for bi-directional communication between the department and those it serves.

For HHSA BHS Community Request Form visit the following link: bit.ly/BHS_CommunityRequest

For *Engage San Diego County* visit the following link: engage.sandiegocounty.gov

Look Ahead

As we look to the new year, several large-scale policy changes will significantly impact the system of care, including the implementation of SB43, which as noted above will begin on January 1, 2025. BHS will continue to collaborate with multi-sector partners and stakeholders in implementing SB 43. BHS will continue to advocate for solutions to the operational and Medi-Cal reimbursement-related challenges to providing SUD care in LPS-designated facilities. In addition, BHS is threading with the California Behavioral Health Directors Association and other counties throughout the state to learn about

implementation activities and planning efforts, while sharing strategies and best practices. BHS will also be working with the state to establish data systems and infrastructure to reflect application of 5150 holds across demographics in the context of SB 43.

In the upcoming year, BHS will continue readiness planning for the implementation of the Behavioral Health Services Act (BHSA), which seeks to transform the Mental Health Services Act (MHSA). BHSA will shift the scope of services funded previously by MHSA, with shifts anticipated to services, increased accountability, improved outcome reporting, and a broadened focus that requires reporting on all funding sources supporting behavioral health services. BHSA implementation requirements will become effective in July 2026. BHS will continue to provide updates on policy driven operational impacts related to CalAIM and payment reform, CARE Act, SB 43, and BHSA.

Respectfully submitted,

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

cc: Kimberly Giardina, Deputy Chief Administrative Officer
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San Diego County MCRT Services

Mobile Crisis Response Team – for K-12 Schools

What is Mobile Crisis Response Team (MCRT)?

- MCRT brings rapid crisis support to people experiencing mental health or substance use crises.
- This model delivers safe, accessible, compassionate support to residents **of all ages** in San Diego County.
- Our goal is to help people get the support they need by stabilizing and linking them to behavioral health services as needed.

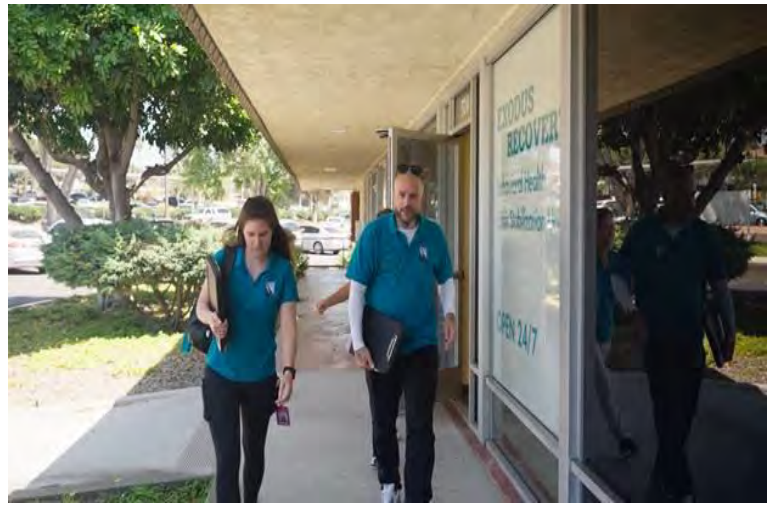
MCRT Covers All Regions in San Diego

With very few exceptions MCRT serves Schools with the following approach:

- **Anyone**
  - All people on a school campus during school hours (6a-6p)
- **Anywhere**
  - Exodus responds to the North Coastal region and has nine (9) teams weekly
  - Telecare responds to all other regions of the County and has thirty-five (35) teams weekly.
- **Anytime**
  - During school hours
  - Via ACL outside of school hours

MCRT Services and Supports

- Services include crisis triage, screening, assessment, crisis intervention, and stabilization.
- Safety Planning
- Services are 24/7.
- When indicated perform 5150/5585 Holds
- Teams provide on-site support in vehicles equipped with a host of resources & safety features for holds.
- Care Coordination may be provided for up to 30 days to assist with connection to ongoing behavioral health services.



MCRT Video

Telecare Corp. & Exodus Recovery Inc.

MCRT Video

9

Telecare Corp. & Exodus Recovery Inc:

MCRT Video

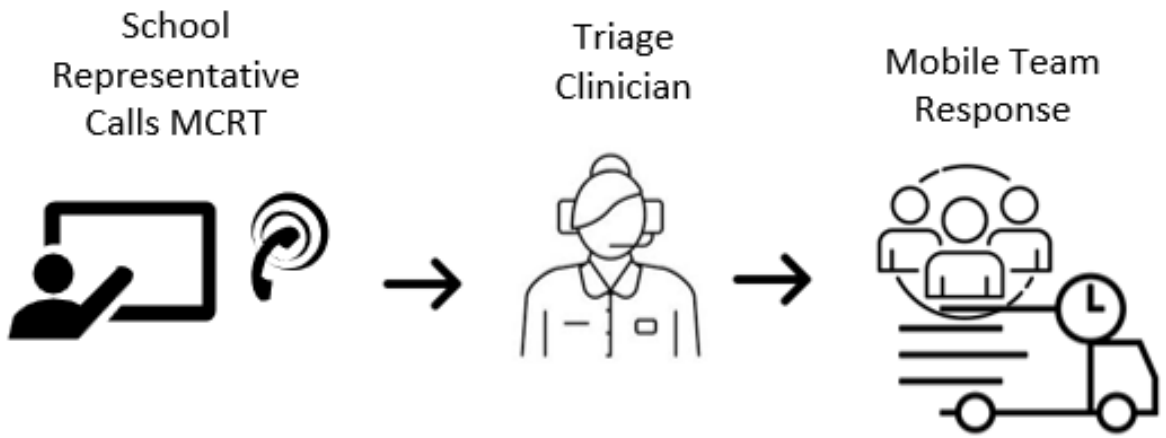
MCRT Services are Inclusive & Trauma Informed

- MCRT is aware that trauma is common in displaced populations and those experiencing crisis.
- People can & do recover from trauma with the help and support from community, church & peer groups.
- MCRT services are designed to best support healing & recovery through:
  - Integration of the individual's voice
  - Familiarity with relevant cultural resources
  - With permission, the inclusion of family, religious affiliations, & social supports
  - Being welcoming & linguistically inclusive
  - Sharing power & decision-making

Our Staff

- Each mobile team includes:
  - A Licensed Clinician
  - A Masters level Case Manager
  - A Peer Support Specialist
- Call Center Triage Team staffed with:
  - Masters Level Clinicians
- All staff are Mandated Reporters
- Many Staff have experience working with minors and all staff are trained to work with minors.

MCRT Deployment & Response Overview



CONFIDENTIAL NUMBERS for SCHOOL Use ONLY

North Coastal Region: (760)XXX-XXXX

North Inland, Central, North Central, East, and South Regions: (619)XXX-XXXX **with a passcode**

Community access to MCRT is available through the Access & Crisis Line at 9-8-8 or (888)-724-7240

MCRT Referral Criteria

- **No weapons (being brandished)**
- **No threat of immediate violence to self or others**
- **No Medical Emergency**
- The person is not involved in serious criminal activity
- Person is not known to be wanted in connection with an ongoing criminal investigation
- Law enforcement was not specifically requested (even after MCRT is explained)

When to Call MCRT

- Behavioral health crises can include but are not limited to:
- Active suicide ideation (e.g., statement or feeling of wanting to kill themselves)
- Extreme paranoia (e.g., irrational belief that someone/thing is going to cause harm)
- Dissociation (e.g. feelings the surroundings are unreal, not feeling body or other sensations.
- Active or visual-auditory hallucinations directing the student to harm

Some common sign that may be associated with a mental health or substance use-related crisis.

- Change in mood or behaviors that cause concern
- Thoughts of self-harm or suicide
- Sudden change to hygiene and self-care practices
- Unusual thoughts, sounds, or visions that cause fear or distress

Required Information Needed for Referral:

1. Name of the referring party & phone number
2. Name of the minor in crisis.
3. Reason for the referral- what behaviors and/or symptoms the person is experiencing.
4. School Address, point of contact and campus location.
5. Safety criteria cleared (no weapons, no imminent threat, and no medical emergencies).
6. Has the parent/guardian been notified
7. Parent /Guardian Contact Information
8. Any Accommodations (language, mobility, etc.)

The Sample Behavioral Health Crisis Response for Schools

- **The Sample Behavioral Health Crisis Response for Schools** was developed with the San Diego County Office of Education (SDCOE), participating School Districts, County Behavioral Health Services, and the District Attorney's Office.
- Key Points:
- This is a sample guide and is optional.
- Highlights when to call MCRT and when to Call PERT

MCRT Appropriate Referral

- **Consider MCRT when a student or another on campus has:**
  - Active suicide ideation (thoughts of suicide or hurting themselves, or no longer wanting to live.)
  - Anxiety
  - Mood shift (tearful, isolating, manic)
  - Extreme paranoia (expressions of fear)
  - Victim of bullying
  - Dissociation
  - Actively hallucinating. (Talking or responding to unseen others). Hallucinations that direct the student to harm.

PERT Appropriate Referral

- **Consider PERT/911 when a student or another on campus:**
  - Brings a dangerous object/weapon to school
  - The person/minor is physically violent. They have physically fought.
  - A physical altercation that results in ongoing fear/intimidation on the part of the target.
  - Injuries that require medical attention.
  - Has verbalized a plan to follow through on a homicidal threat.

Parental/Guardian Consent

How MCRT handles Consent:

- Parental Consent: MCRT employees are trained on all laws related to providing mental health treatment to minors in California.
  - MCRT makes every effort, when clinically appropriate, for the licensed clinician to notify and involve parents/guardians that MCRT is completing a Crisis Assessment in accordance with Family Code 6924.
- **5150/5585 (involuntary psychiatric hold):** MCRT can place a minor on a Hold without the parent's consent. HOWEVER, When clinically appropriate, the Licensed Clinician will make several attempts to notify the parent/guardian that the minor has been placed on a Hold for evaluation and the facility that the youth will be taken to.
- ***Inability to obtain the consent of the minor's parent or legal guardian shall not preclude the involuntary treatment of a minor who is determined to be gravely disabled or a danger to themselves or others.***

MCRT Transporting Youth

- Involuntary Transportation for 5150/5585: Inability to obtain the consent of the minor's parent/guardian shall not preclude the involuntary transport of a minor who is determined to be gravely disabled or a danger to themselves or others for further evaluation by a provider.

- Voluntary Transportation: MCRT will attempt to contact parents/guardians when a minor would benefit from follow-up treatment. Because treatment typically requires parental consent, MCRT will provide the parent with the referral and the parent will take the minor to follow-up treatment. Any transportation of a minor not on a hold will be handled case-by-case.

San Diego Behavioral Health Service MCRT Website

- Please visit the San Diego County Behavioral Heath Service website to learn more about MCRT. There you will find:
  - Frequently Asked Questions
  - Downloadable MCRT Posters in different threshold languages

Enter the following link into your web browser:

www.sandiegocounty.gov/mcrt/

For Questions Contact

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San Diego MCRT is funded by San Diego County Behavioral Health Services

Questions?

Mobile Crisis Response Team (MCRT)

Behavioral Health Crisis Response in Schools

Launched by the County of San Diego in January 2021, the **Mobile Crisis Response Team (MCRT) Program** is a countywide service that offers an alternative response option for people of any age experiencing a mental health or substance use-related crisis. Non-law enforcement MCRTs respond, assess, and de-escalate behavioral health crises in the community.

Beginning November 2024, MCRTs may be deployed to charter schools, adult schools, and public school districts in San Diego County (grades K-12) to respond to behavioral health crisis calls. MCRT cannot respond to private schools.

How can schools access MCRT?

During school hours:

- **For schools in Carlsbad, Oceanside, Pendleton, San Dieguito, and Vista:**
  School personnel should call the direct phone number for Exodus MCRT provided to them.
- **For schools in all other areas of San Diego County:**
  School personnel should call the direct phone number for Telecare MCRT provided to them.

During after-school hours or for community response or emergency services:

- Call the **San Diego Access & Crisis Line (ACL)** at **888-724-7240** or **988**.

How can MCRT help schools?

MCRTs can respond to behavioral health crisis calls in schools if there is no known threat of violence or medical emergency. Depending on the situation, MCRT can:

- Provide assessments
- Utilize crisis intervention and de-escalation techniques
- Initiate and transport a 5585* (5150) hold when there is a not a safety concern
- Make connections to appropriate behavioral health services and resources, provide initial coordination for treatment services as needed, and follow-up for up to 30 days after initial service

Scan for more information or visit
sandiegocounty.gov/mcrt

**A 72-hour psychiatric hold in a hospital when a minor is evaluated to be dangerous to themselves, others, or gravely disabled.*

If you are not sure what to do or what you need, call MCRT to consult a trained expert.

11/6/24

Connect to Resources

Call 888-724-7240 to connect to the **San Diego Access and Crisis Line** for free and confidential support and help navigating services, available 24/7 in over 200 languages.

Call 988 to connect to the national **Suicide & Crisis Lifeline** network of crisis call centers.

Youth Services Survey (YSS)

May 2024 Survey Period

San Diego County

Behavioral Health Services for Children & Youth

Report prepared by the
Child & Adolescent Services Research Center (CASRC)

November 2024

FOR INTERNAL USE ONLY

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

Overview

One way to ensure that services are responsive to consumer needs is to collect information from youth and families about their satisfaction with services and their perspectives on the quality of services. In San Diego County, data on consumer satisfaction was collected through the Youth Services Survey (YSS), which is completed by **all youth (ages 13+)** and **all available parents/caregivers** regardless of the youth/client age. The majority of questions on the YSS focus on satisfaction with the provision and results of services.

This report focuses on results of the YSS from the May 20-24, 2024 survey administration period. Two YSS measures were independently evaluated: **YSS compliance** and **YSS results.** Due to the ongoing COVID-19 pandemic, YSS data from March 2020 to present may not be directly comparable to previous administration periods.

YSS compliance is determined by using Client ID numbers to compare the number of clients receiving services as reported in Cerner Community Behavioral Health system (CCBH) to the number of clients who submitted surveys during the May 2024 YSS period. During the survey period, 107 (7.2%) of the 1,482 completed forms did not match to a client with a billed service. There are several reasons why this may have occurred: 1) Client ID number error on the survey, 2) delays in billing data entered into CCBH; i.e., client got a billed service, but it had not yet been entered in CCBH at the time of data download, or 3) client should not have been given a survey (client had an open treatment episode, but did not receive a billed service during the YSS period).

YSS results are calculated directly from submitted surveys. The YSS gives a snapshot in time of youth receiving behavioral health services, and whether client data changes with duration of services received. Specifically, the YSS provides data regarding consumer perception of services received.

Individual items on the YSS are grouped into seven domains for analysis:

1. General Satisfaction
2. Perception of Access
3. Perception of Cultural Sensitivity
4. Perception of Participation in Treatment Planning
5. Perception of Outcomes of Services
6. Perception of Functioning
7. Perception of Social Connectedness

Clients may receive multiple services from more than one program during the YSS period; therefore, a single client may submit multiple forms. Results are evaluated by item and by domain, at the systemwide, level of care, and program levels.

Key Findings—May 2024

1. May 2024 was the fourth hybrid administration (electronic and paper form options) of the YSS in San Diego County. The number of completed surveys with usable data decreased from 74% (1,812 of 2,457) in May 2023 to 68% (1,482 of 2,168) in May 2024.
2. As compared to May 2023, parent/caregiver satisfaction on the *Perception of Outcomes of Services* domain increased nearly three percentage points, and increased nearly two percentage points on the *Perception of Functioning* domain. Parent/caregiver satisfaction on the *Perception of Access* domain decreased nearly two percentage points. Among youth, satisfaction on the *Perception of Access* domain decreased nearly four percentage points, and decreased nearly two percentage points on the *Perception of Participation in Treatment Planning* domain. Youth satisfaction increased nearly two percentage points on the *Perception of Outcomes of Services* domain.
3. The County process objective of 80% of clients submitting a YSS form was not met in May 2024: 1,499 (48%) of the 3,092 clients receiving a service during the administration period submitted a YSS form.
4. The County outcome objective of 80% of clients responding "agree" or "strongly agree" for at least 75% of the satisfaction survey items was met for both parents/caregivers and youth.
5. Both parents/caregivers and youth were most satisfied with the *Perception of Cultural Sensitivity* domain and least satisfied with the *Perception of Outcomes of Services* domain.
6. Parents/caregivers reported higher satisfaction than youth on every domain.
7. The greatest disparity in satisfaction between youth and parents/caregivers was found on the *Perception of Participation in Treatment Planning* domain.
8. Satisfaction and perception of outcomes varied among different levels of care in the Behavioral Health Services for Children and Youth (BHS-CY) system. Some levels of care had very few clients/families submit completed surveys, making relative satisfaction difficult to accurately gauge. On average, youth receiving Therapeutic Behavioral Services (TBS) services were most satisfied, and youth receiving Residential services were least satisfied.
9. Satisfaction and perception of outcomes also varied widely among different racial/ethnic groups. Among clients whose race/ethnicity was known, Black/African American and Hispanic youth and their parents/caregivers reported the highest satisfaction averaged across domains. Asian/Pacific Islander youth and their parents/caregivers reported the lowest satisfaction averaged across domains. Youth endorsing more than one race and their parents/caregivers reported the lowest satisfaction on the *Perception of Cultural* Sensitivity Domain. Of note, only five surveys were submitted for Native American youth, thus they were excluded from this analysis.
10. On average, satisfaction was highest among parents/caregivers of children ages 0 to 11 years.

BHS-CY Process Objective

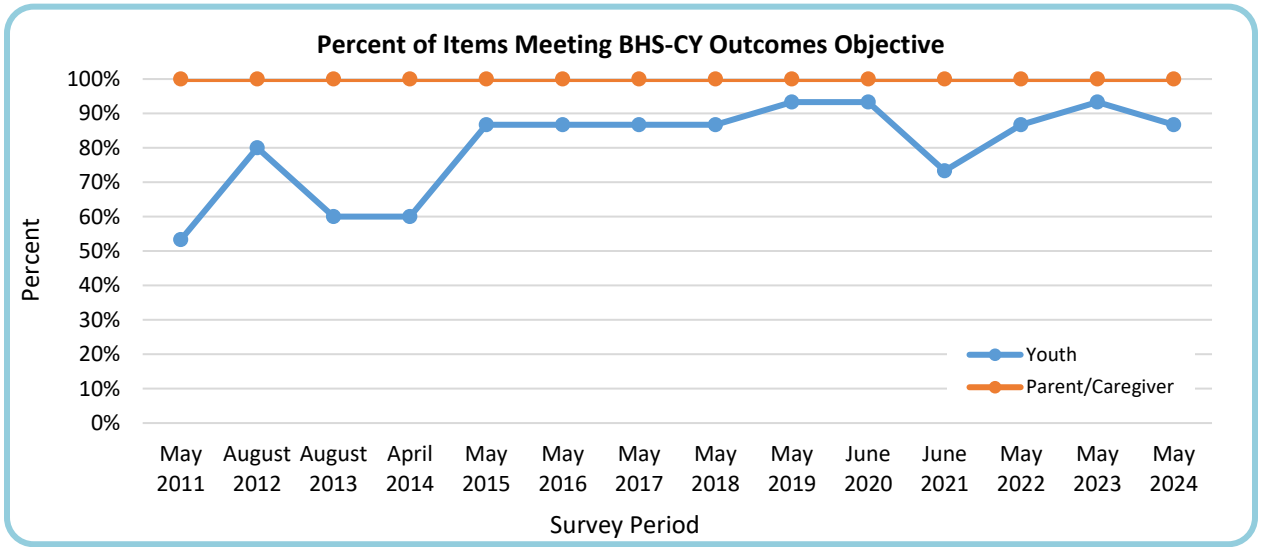
Providers are tasked with the administration of a YSS survey to every client (and/or parent/caregiver) receiving a service during the survey period. The process objective set by the County is 80% of eligible clients submitting a YSS form; this objective was not met in May 2024. The process objective is calculated using the number of clients served during the survey period, as opposed to the number of forms received. In the current survey period, **1,499 (48%) of 3,092 clients receiving an eligible service *submitted* a YSS form,** and 1,127 (36%) of 3,092 clients receiving an eligible service *completed* a YSS form.

BHS-CY Outcomes Objective

Approximately 2,200 survey forms were submitted for the May 2024 YSS (1,343 forms from parents/caregivers and 825 forms from youth). Nearly 1,500 of the forms were completed and had usable data (892 forms from parents/caregivers and 590 forms from youth). Overall, **68% of the forms that were turned in were completed.** Reasons for non-completion include refusals, access/technical issues, language issues, impairment, parent/caregiver not available (e.g., for a child in out-of-home care), and parent/caregiver or child not showing up for a scheduled appointment.

The first 15 items on the YSS address satisfaction, while the remaining items cover client demographics, outcomes of services, and involvement with police and schools. The County has established an **outcome objective for the satisfaction items** which applies to all contractors: Aggregated scores on the Youth Services Survey (YSS) and the Youth Services Survey Family (YSS-F) shall show an average of 80% or more of clients responding in the two most favorable categories (Agree and Strongly Agree) for at least 75% of the individual survey items. Countywide data on the outcomes objective are presented in this report.

Parents/caregivers were more satisfied with services than Youth respondents. Since the outcomes objective was initiated in November 2006, **parent/caregiver scores have been above 80% for all of the satisfaction items on the survey**, and the objective has been met. For youth respondents, the scores are lower; this has been true since the inception of these YSS measures. In May 2024, the County's objective was met for both caregivers and youth. Two individual items fell below the threshold of 80% of youth responding favorably: "I helped to choose my services (73.8%), and "I got as much help as I needed (78.5%)."



Survey Response Rate

	Parent/Caregiver	Youth	TOTAL
Forms Submitted	1,343	825	2,168
Forms Completed	892	590	1,482

Satisfaction by Item Response: Systemwide

Parent/Caregiver Satisfaction by Item*		
Questions based on services received in last 6 months:	% Strongly Disagree/Disagree	% Strongly Agree/Agree
1. Overall, I am satisfied with the services my child received	2.9%	93.2%
2. I helped to choose my child's services	4.0%	92.2%
3. I helped to choose my child's treatment goals	3.5%	91.3%
4. The people helping my child stuck with us no matter what	3.1%	92.2%
5. I felt my child had someone to talk to when he/she was troubled	2.4%	92.6%
6. I participated in my child's treatment	1.9%	93.9%
7. The services my child and/or family received were right for us	1.8%	91.0%
8. The location of services was convenient for us	5.0%	90.7%
9. Services were available at times that were convenient for us	3.7%	92.4%
10. My family got the help we wanted for my child	2.3%	88.9%
11. My family got as much help as we needed for my child	3.4%	84.6%
12. Staff treated me with respect	1.5%	98.0%
13. Staff respected my family's religious/spiritual beliefs	1.4%	96.8%
14. Staff spoke with me in a way that I understood	1.2%	98.2%
15. Staff were sensitive to my cultural/ethnic background	1.6%	96.0%
At least 80% of clients responded "Agree" or "Strongly Agree" to 15 of 15 questions – 100%		
As a result of the services received:	% Strongly Disagree/Disagree	% Strongly Agree/Agree
16. My child is better at handling daily life	5.5%	74.6%
17. My child gets along better with family members	6.0%	77.3%
18. My child gets along better with friends and other people	5.7%	74.8%
19. My child is doing better in school and/or work	8.8%	69.6%
20. My child is better able to cope when things go wrong	8.2%	69.2%
21. I am satisfied with our family life right now	9.3%	75.2%
22. My child is better able to do things he or she wants to do	5.5%	76.5%
23. I know people who will listen and understand me when I need to talk	3.7%	90.5%
24. I have people that I am comfortable talking with about my child's problem(s)	3.6%	91.9%
25. In a crisis, I would have the support I need from family or friends	5.0%	90.9%
26. I have people with whom I can do enjoyable things	3.5%	93.4%

**Percent may not add up to 100, as "Undecided" response is not reported here.*

Youth Satisfaction by Item*		
Questions based on services received in last 6 months:	% Strongly Disagree/Disagree	% Strongly Agree/Agree
1. Overall, I am satisfied with the services I received	4.3%	87.9%
2. I helped to choose my services	11.4%	73.8%
3. I helped to choose my treatment goals	3.8%	85.3%
4. The people helping me stuck with me no matter what	4.2%	84.6%
5. I felt I had someone to talk to when I was troubled	6.0%	82.6%
6. I participated in my own treatment	2.1%	88.9%
7. I received services that were right for me	3.9%	84.6%
8. The location of services was convenient for me	4.8%	84.9%
9. Services were available at times that were convenient for me	5.8%	84.8%
10. I got the help I wanted	5.0%	82.8%
11. I got as much help as I needed	6.7%	78.5%
12. Staff treated me with respect	3.1%	92.2%
13. Staff respected my religious/spiritual beliefs	1.9%	92.0%
14. Staff spoke with me in a way that I understood	2.9%	93.0%
15. Staff were sensitive to my cultural/ethnic background	4.2%	82.8%
At least 80% of clients responded "Agree" or "Strongly Agree" to 13 of 15 questions – 87%		
As a result of the services received:	% Strongly Disagree/Disagree	% Strongly Agree/Agree
16. I am better at handling daily life	6.6%	70.0%
17. I get along better with family members	10.7%	62.7%
18. I get along better with friends and other people	5.4%	77.7%
19. I am doing better in school and/or work	11.1%	63.2%
20. I am better able to cope when things go wrong	7.0%	71.2%
21. I am satisfied with my family life right now	17.2%	60.5%
22. I am better able to do things I want to do	8.7%	70.9%
23. I know people who will listen and understand me when I need to talk	5.2%	84.2%
24. I have people that I am comfortable talking with about my problem(s)	6.6%	80.5%
25. In a crisis, I would have the support I need from family or friends	4.9%	82.1%
26. I have people with whom I can do enjoyable things	3.3%	88.8%

**Percent may not add up to 100, as "Undecided" response is not reported here.*

Satisfaction by Domain: Systemwide

DOMAIN	Percent Stating Agree or Strongly Agree	
	Parent/Caregiver (N=892)	Youth (N=590)
General Satisfaction (Items 1, 4, 5, 7, 10, 11)	91.3%	85.1%
Perception of Access (Items 8, 9)	89.0%	79.3%
Perception of Cultural Sensitivity (Items 12, 13, 14, 15)	97.3%	89.6%
Perception of Participation in Treatment Planning (Items 2, 3, 6)	93.7%	82.4%
Perception of Outcomes of Services (Items 16, 17, 18, 19, 20, 21)	72.4%	64.0%
Perception of Functioning (Items 16, 17, 18, 20, 22)	75.2%	71.5%
Perception of Social Connectedness (Items 23, 24, 25, 26)	91.0%	81.8%

Satisfaction by Level of Care

Parent/Caregiver Satisfaction by Level of Care			
DOMAIN	Percent Stating Agree or Strongly Agree		
	Outpatient (N=842)	Residential (N=6)	TBS (N=32)
General Satisfaction	91.8%	83.3%	81.3%
Perception of Access	89.8%	100.0%	80.0%
Perception of Cultural Sensitivity	97.5%	100.0%	90.3%
Perception of Participation in Treatment Planning	94.0%	80.0%	93.8%
Perception of Outcomes of Services	72.9%	66.7%	64.3%
Perception of Functioning	75.5%	66.7%	67.9%
Perception of Social Connectedness	91.2%	83.3%	83.9%

Youth Satisfaction by Level of Care			
DOMAIN	Percent Stating Agree or Strongly Agree		
	Outpatient (N=510)	Residential (N=58)	TBS (N=13)
General Satisfaction	86.8%	72.2%	92.3%
Perception of Access	81.3%	64.8%	84.6%
Perception of Cultural Sensitivity	91.5%	72.0%	90.0%
Perception of Participation in Treatment Planning	83.6%	66.1%	92.3%
Perception of Outcomes of Services	64.4%	57.4%	66.7%
Perception of Functioning	71.7%	67.9%	75.0%
Perception of Social Connectedness	82.7%	74.1%	91.7%

NOTE: Not every youth/caregiver completed responses for every domain.

Satisfaction by Client Race/Ethnicity

DOMAIN	Percent Stating Agree or Strongly Agree							
	White (N=203)	Hispanic (N=960)	Black/ African American (N=96)	Asian/ Pacific Islander (N=43)	Native American (N=5)*	Mixed Race/ Ethnicity (N=105)	Other (N=9)	Unknown/ Missing (N=61)
General Satisfaction	83.9%	90.9%	92.6%	80.0%	n/a	85.6%	88.9%	75.9%
Perception of Access	85.0%	87.4%	85.3%	66.7%	n/a	76.5%	77.8%	75.9%
Perception of Cultural Sensitivity	95.2%	95.0%	95.5%	94.4%	n/a	90.2%	88.9%	84.3%
Perception of Participation in Treatment Planning	89.4%	90.3%	84.8%	90.2%	n/a	83.2%	88.9%	84.7%
Perception of Outcomes of Services	62.7%	70.8%	71.1%	61.5%	n/a	64.0%	75.0%	66.7%
Perception of Functioning	67.5%	75.4%	80.0%	71.1%	n/a	67.7%	75.0%	63.4%
Perception of Social Connectedness	88.4%	88.1%	89.4%	75.6%	n/a	83.3%	87.5%	78.6%

**Only five surveys were submitted; results not reported.*

Satisfaction by Client Age

DOMAIN	Percent Stating Agree or Strongly Agree				
	0-5 years (N=157)	6-11 years (N=315)	12-15 years (N=554)	16-17 years (N=353)	18-25 years (N=95)
General Satisfaction	91.8%	91.4%	86.7%	90.0%	84.0%
Perception of Access	90.8%	90.6%	83.0%	81.4%	83.7%
Perception of Cultural Sensitivity	99.3%	96.3%	92.0%	95.2%	89.5%
Perception of Participation in Treatment Planning	94.5%	95.5%	83.9%	91.0%	83.7%
Perception of Outcomes of Services	74.0%	75.7%	66.3%	67.1%	60.9%
Perception of Functioning	72.7%	78.9%	71.4%	73.1%	71.7%
Perception of Social Connectedness	93.9%	94.2%	84.4%	83.7%	84.6%

NOTE: Not every youth/caregiver completed responses for every domain.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded behavioral health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

Children, Youth and Families (CYF) Council

Fiscal Year 2024-25 Committees/Groups Mid-Year Highlights

- An e-mail with detailed information was sent on December 3, 2024 to Council members and alternates, and Committees/Groups leads

- Each Council seat holder and Committee/group lead(s) were asked to provide a written (PowerPoint or Word Document) mid-year update on the constituency they represent – highlighting July to December 2024 activities as well as key upcoming items

- Requested written updates to be sent to Edith.Mohler@sdcounty.ca.gov and Rhonda.Crowder@sdcounty.ca.gov by December 18, 2024

- The intent is to collect and share all updates with the CYF Council

Children, Youth and Families (CYF) System of Care Advancing Principles Awards

Nominate an individual and/or program!

Each year, the **Children, Youth and Families (CYF) System of Care Training Academy Committee** presents an **Advancing Principles Award** to an individual and program.

Award recipients exceptionally demonstrate the following BHS System of Care Principles:

Collaboration of Four Sectors
Integrated
Child, Youth and Family Driven
Individualized
Strength-Based
Community-Based
Outcome Driven
Culturally Competent
Trauma Informed
Persistence

Award recipients will be recognized at an upcoming CYF meeting.

Submit a nomination form:
Children, Youth and Families 2024 Advancing Principles Recognition Form

Please submit nominations by **January 31, 2025**.

For additional information, please contact Edith Mohler at:
Edith.Mohler@sdcounty.ca.gov

Engagement Overview & Stakeholder Input Session

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY, BEHAVIORAL HEALTH SERVICES (BHS)

Children, Youth, and Family (CYF) Council Meeting – Monday, December 9, 2024

BHS Communication & Engagement Unit

Kat Casabar Briggs, MPH

University of California, San Diego (Contract #566007)

Danielle Fettes, PhD, Krystal Lira, PhD, and Katie Wan, MPH, MSW

Today's Presentation

- **Engagement Overview**
  - BHS' Communication & Engagement (C&E) Unit
  - Engagement Opportunities
  - How to Connect With Us

- **Stakeholder Input Session**
  1. What are the most pressing issues related to Mental Health and Substance Use for children and youth in your community?
  2. What are some of the biggest challenges to accessing resources for Mental Health and Substance Use for children and youth?
  3. What are some idea that might help address priority Mental Health and Substance Use needs of children and youth?

BHS' C&E Unit

- Non-clinical, centralized team established in November 2022
- Staff provide subject matter expertise and planning and coordination support for BHS' messaging and engagement efforts

C&E'S OVERARCHING FUNCTION

To facilitate connections and knowledge sharing with community and County stakeholders

- **Departmental Communications**
- **Countywide Public Messaging Campaigns**
- **Community Health Promotion for BH Topics**
- **Community Health Worker Outreach and Coordination**
- **Local BH Board/Commission Coordination**
- **Stakeholder Engagement for BH Legislation**
- **Public BH Workforce Development Efforts**
- **Special Projects *(ad-hoc)***

Engagement Opportunities

- The California Department of Health Care Services (DHCS) to **begin** releasing phased guidance to counties for Prop 1 in January 2025
  - Inaugural three-year Integrated Plan (2026-2029)
  - Community Program Planning (CPP) Process

1. Promotion of State-Level Resources

Meetings and materials available from DHCS, the California Department of Public Health (CDPH), the California County Behavioral Health Directors Association, and others regarding State Behavioral Health Transformation (Prop 1)

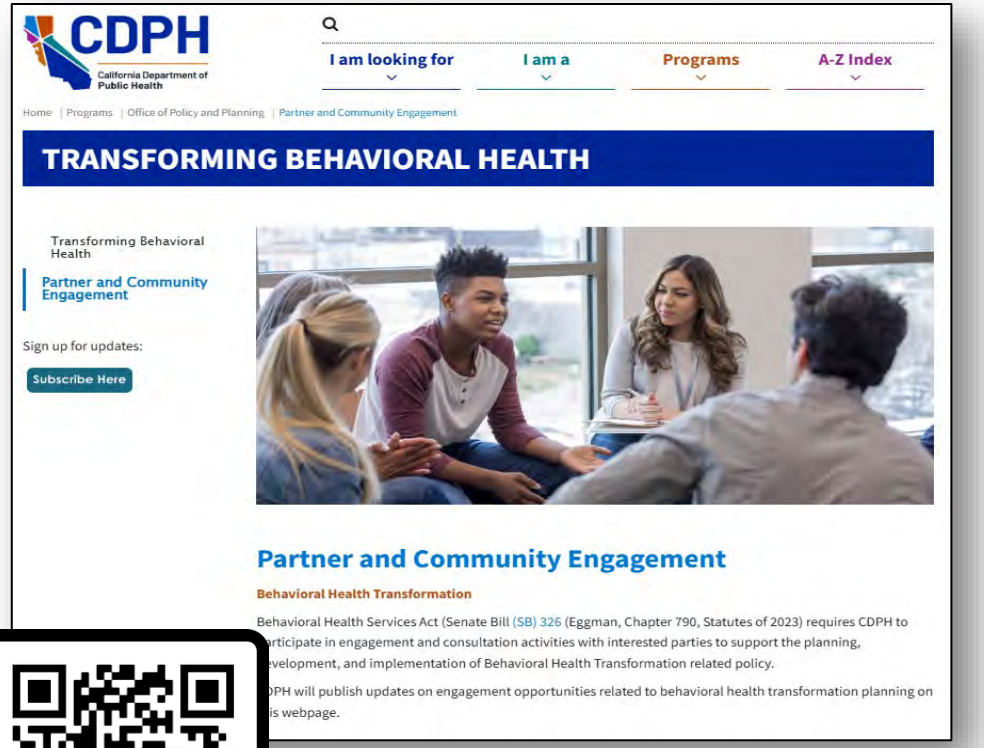
2. Implementation of More Tailored Local Activities

BHS to continue transition to more year-round activities (e.g., listening sessions, town halls, workshops) facilitated by County engagement staff and contractors, organized by geographic region, community sector, and/or shared identity

3. Information and Input via BHS Webpage and *Engage San Diego* Platform

'Connect with BHS' webpage to be updated early 2025 as existing BHS convenings evolve to align with State Behavioral Health Transformation (Prop 1); Engage San Diego page(s) to be developed pending State guidance/stakeholder input

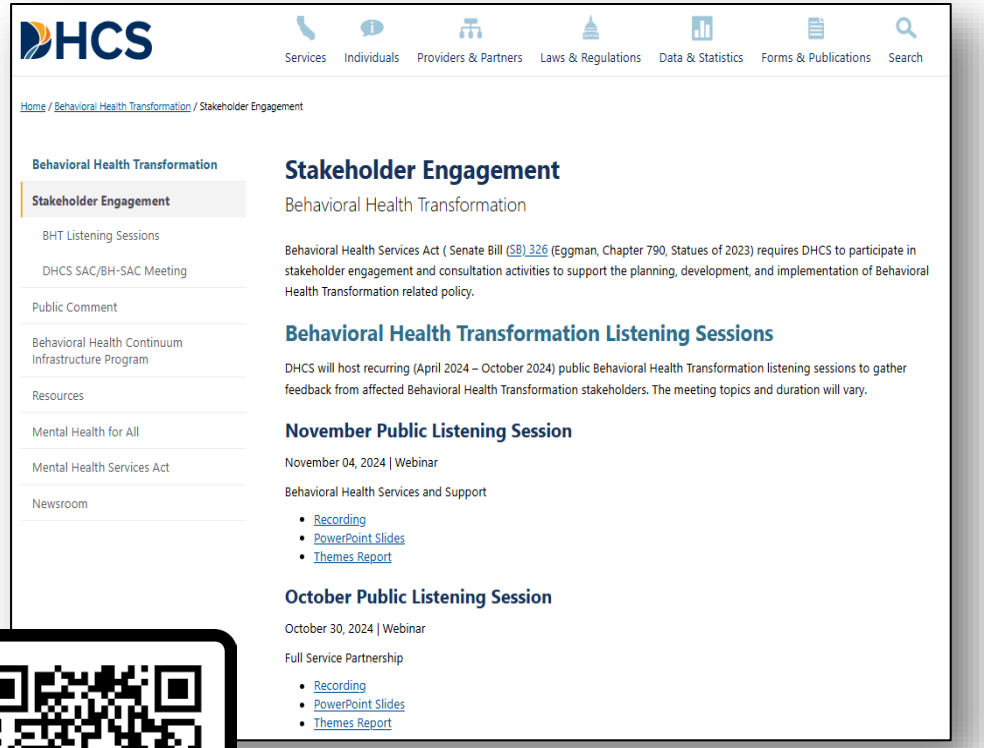
1. State-Level Resources



SCAN ME

- Bookmark URL
- Sign-up for BHSA updates

cdph.ca.gov/Programs/OPP/Pages/Engagement.aspx



SCAN ME

- Bookmark URL
- Review news, webinars

bit.ly/dhcs-BHSA

CDPH
California Department of Public Health

Webinar Registration →

SCAN ME

UPCOMING CDPH OPPORTUNITY VIA ZOOM

Wednesday, December 11, 2024 at 2:00 PM

Expert Advisory Panel: Population-based Behavioral Health Prevention Strategies

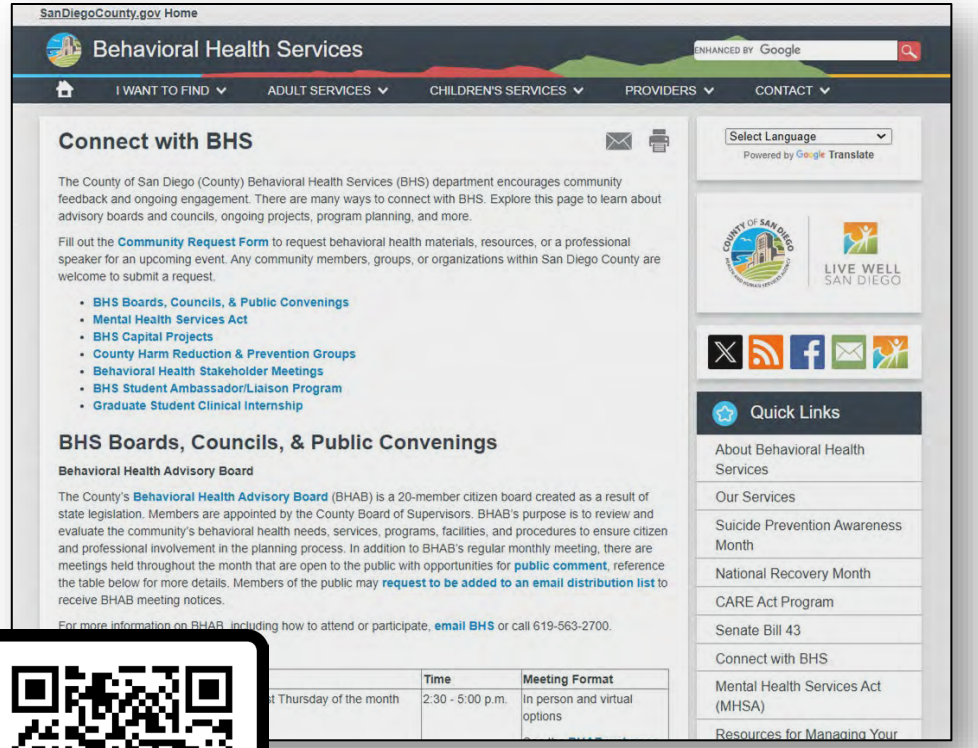
- Prop 1 includes annual funding of nearly $100 million for statewide, population-based support for mental health and substance use disorder prevention efforts, starting 7/1/26.
- CDPH is seeking input from a wide range of partners and interested parties to support planning, development, and implementation of its statewide strategy for prevention programs.

This online meeting is open to the public and includes time for participant questions and feedback.

2. Local Activities

- **BHS Community Health Promotion and '*Let's Talk About…*' Events**, e.g.,
  - Population Health Data Presentations
  - Service-specific Panel and Input Sessions
  - Youth Prevention Town Halls
- ***Live Well San Diego* Resources**, e.g.,
  - Regional Community Leadership Teams
  - Sector Telebriefings
  - Weekly E-Newsletter Updates
- **Prevention and Harm Reduction Groups**, e.g.,
  - San Diego County Suicide Prevention Council
  - San Diego County Substance Use and Overdose Prevention Taskforce

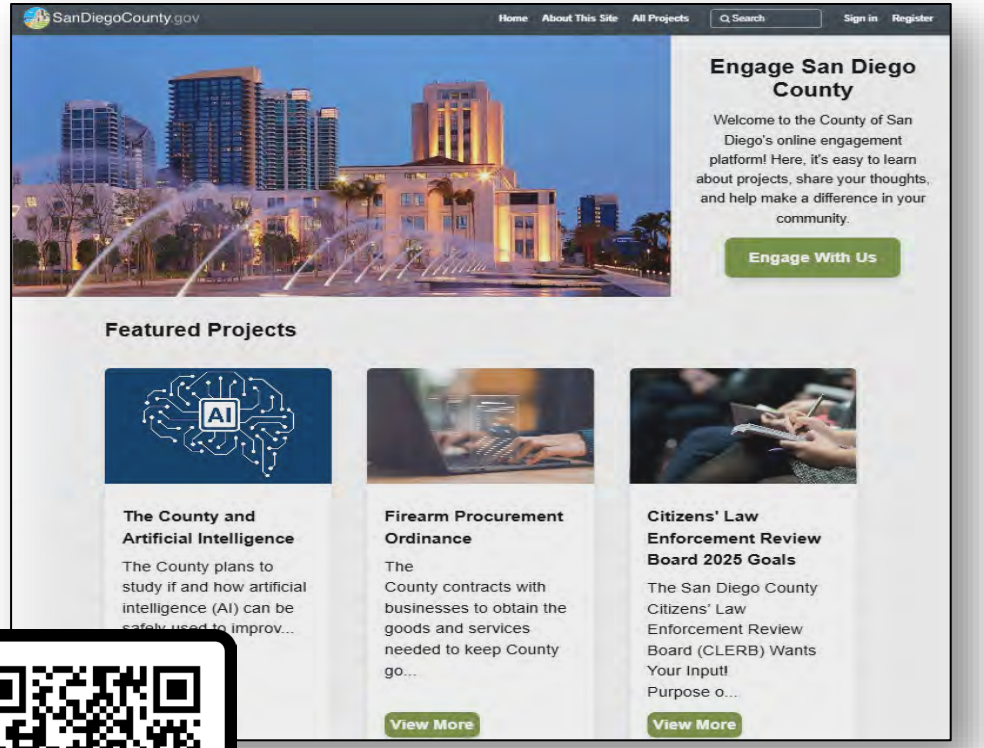
3. Online Info and Input



SCAN ME

- Bookmark URL
- Submit community requests

bit.ly/connectwithBHS



SCAN ME

- Register for platform
- Subscribe to BHS pages

bit.ly/engageCoSD

How to Connect With Us

Engage.BHS@sdcounty.ca.gov

BHS Community Request Form →

SCAN ME

Stakeholder Input Session

UC San Diego

ALL ABOUT POLICYMAKING!

Join us for our **All About Policymaking** Training! This training covers the basics of policymaking, how to reach your policymakers, and more! It is part of the **NAMI SMARTS for Advocacy** certification program that transforms passion and lived experience into skillful grassroots advocacy!

SCAN ME

THURSDAY
DECEMBER 12
2:00 - 4:00 PM

Click the date or scan the QR CODE to sign up today!

Community Advocacy Program
NAMI SAN DIEGO & IMPERIAL COUNTIES

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

SAVE THE DATE

Out in the Open: Honest Conversations About Youth Mental Health and Drug Use (No Cap)

Date: Thursday January 16, 2025

Time: 6:00 pm to 8:00 pm

Location: The San Diego County Office of Education

6401 Linda Vista Rd, San Diego, CA 92111

This event is an opportunity to increase behavioral health support for youth by raising awareness of youth mental health and drug use issues and to provide resources for parents and caregivers to support them.

Event will include:

- *Hiding in Plain Sight* Film Excerpt Screening (15 minutes)
- Panelist Discussion on Youth Mental Health and Drug Use Issues
- Q & A Session with Panelists
- Resource Tables

About the Council

The California Behavioral Health Planning Council (CBHPC) has the authority and is mandated in Welfare and Institutions Code 5772 to advocate for an effective, quality mental health system, to review assess and make recommendations regarding all components of the public behavioral health system, and is to advise the legislature, DHCS, and county mental health boards.

Birth of Brilliance

A Legacy of Healing

Registration OPENS 12/1

** Early Bird Pricing 12.1-12.15 **

Dr. Joy DeGruy

Nat Vikitsreth, LCSW

Virtual Conference 02/27/2025

Early Bird Registration	$99
Early Bird with CEs	$115
Early Bird with In-person Cultural Fair	$119
Early Bird with CEs and In-person Cultural Fair	$130

In-person Cultural Fair 2/28/2025

Cultural Fair ONLY $20 online ($25 @ the door)

When:	Friday, Feb 28th, 2025, 5:00-8:00pm (PST)
Where:	The BRICK, 2863 Historic Decatur Rd, San Diego, CA 92106
What:	Local BIPOC vendors, performances, music, food and dancing!!

Become a Supporter!

Support levels above $1500 include discounted agency/member registration.

Reach out if interested!

www.birthofbrilliance.com

Birth of Brilliance

A Legacy of Healing

Virtual Conference 2.27.25 | Cultural Fair 2.28.25

Meet the Keynotes who will help us celebrate BoB's 5th Anniversary Year!!

Dr. Joy Angela DeGruy is a prominent researcher, educator, and author who has spent over 30 years studying and working in the field of social work, with a focus on the impacts of racism, trauma, and slavery on African Americans. For over two decades, she served as an Assistant Professor at Portland State University's School of Social Work and now serves as President and Chief Executive Officer of Joy DeGruy Publications Inc.

Dr. DeGruy holds multiple advanced degrees and is renowned for her acclaimed book "Post Traumatic Slave Syndrome – America's Legacy of Enduring Injury and Healing," which examines historical trauma in African American communities. Dr. DeGruy lectures extensively, has presented her work globally, and has received prestigious awards including the American Psychological Association's Presidents Award in 2023. Her scholarship is highly influential, with over 1,700 citations of her seminal book. In addition to her research and writing, Dr. DeGruy has developed evidence-based models to support communities of color.

A national award-winning decolonized therapist and facilitator, a trans rights activist and a host of the Come Back to Care podcast, Nat Nadha Vikitsreth, LCSW supports parents in their efforts to practice social justice while re-parenting their inner child. She founded Come Back to Care as a space that nurtures experimentation in putting social justice awareness into action and aligns social justice actions with clinical practices.

Vikitsreth maintains that when parents and providers heal their inner child and internalized oppression wounds, they can be fully present in parenting and community organizing, as well as work toward dismantling systemic oppression and rebuilding a culture rooted in liberation. She also provides political education and healing support to youth organizers around the Indigenous land of the Ojibwe, Odawa and Potawatomi Nations in Chicago.

Interested in speaking alongside our amazing keynotes?

Read more about the theme and submit your Call for Proposal!!

https://tinyurl.com/BoBProp2025

www.birthofbrilliance.com

Check out our past years on YouTube!!

[2025 CICAMH Home - CICAMH]

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

CMHACY
California Mental Health Advocates for Children and Youth

SAVE THE DATE

CMHACY's 45th Annual Conference

COME AS YOU ARE

June 10-13 2025

CMHACY is a unique opportunity for attendees from multiple perspectives and backgrounds to meaningfully connect while participating in inclusive conversations relevant to the mental wellness of youth and families.

Asilomar Hotel & Conference Grounds

About CMHACY – CMHACY