

#### Children, Youth and Families (CYF) Behavioral Health System of Care Council





### Agenda

May 13, 2024 | 9 to 10:30 a.m.

Zoom meeting link for registration sent via Outlook meeting invitation: https://us06web.zoom.us/meeting/register/tZYkcOmtqDwsHda7HfxKgnwRROJrL7jSYICg

I. Welcome Council members, alternates, and meeting attendees - (Celica Garcia-Plascenci Translation available upon prior request	a) 5 minutes
<ul> <li>May is <u>Mental Health Matters Month</u></li> <li>Culture Share – <u>National Military Appreciation Month</u> - Handout – <b>Page 5</b></li> <li>Seeking volunteer for July 8, 2024</li> </ul>	
. Review of Meeting Summary (Yael Koenig)	5 minutes
<ul> <li>March 11, 2024, Meeting Summary - Handout - Pages 6-9</li> <li>No pending Action Items</li> </ul>	
. Business Items (Yael Koenig)	25 minutes
Public Comment - Inviting all participants to unmute or enter pub	lic input in the chat
Board Letters / Board Actions	
March 12, 2024	
<ul> <li>Item 13: Increasing Medi-Cal Reimbursement Rates to Improve Healthcare for Nearly 1 Million Handout – Pages 10-16</li> </ul>	San Diegans
• Item 16: FY 23-24 Second Quarter Operational Plan Status Report and Budget Adjustments -	Handouts include presentation - Pages 17-69
• Item 19: Authorize Competitive Solicitation for Regional Homeless Assistance and Inclement V	Veather Programs, and Receive Authority to
Apply for Future Funding Opportunities Related to Addressing Homelessness April 9, 2024	
• Item 04: Advancing Mental Health Equity: Harnessing Proposition 1 Bond Funding for Commu	nity Well-Being
Handout - Pages 70-72	
• Item 05: Implementing a Pilot Program to Enhance Support to People with Serious Mental Illne	ess at Alfordable Housing Developments
Item 08: Receive the First 5 Commission of San Diego Annual Report for Fiscal Year 2022-23 Handouts - Pages 73-77	
<ul> <li>Item 10: District 4 Storm Response and Recovery Grant (ARPA Program Allocation)</li> </ul>	
<ul> <li>Item 19: Update on Readiness for Changes to Involuntary Behavioral Health Treatment in San Handouts include presentation - Pages 78-89 (Presentation pages 106-142)</li> </ul>	Diego County
<ul> <li>Item 20: Update on The Regional Capacity and Need for Board and Care and Subacute Service Behavioral Health Conditions, Authorize Amendments to Extend Existing Contracts, a Address the Behavioral Health Worker Shortage - Handouts – include presentation -</li> </ul>	nd Authorize Sunset of Reporting on Updates to
<ul> <li>April 30, 2024</li> <li>Item 06: Behavioral Health Services – Ratify Acceptance of Donation to the Health and Humar</li> </ul>	Services Agency, Behavioral Health Services
and Authorize the Chairwoman of the Board of Supervisors to Sign a Letter of Appre	
Item 24: A Regional Campus for Healing: Sober Housing and Behavioral Health Treatment (Gr Green Oak Ranch Aerial Video (youtube.com)	een Oak Ranch) - Handout - Pages 143-150
Item 27: A Resolution to Oppose Kaiser Permanente's Attempt to Reduce Mental Health There	apists' Patient Management Time
Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, 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.c	<u>gov/cob/bosa/index.html</u>

Information
California Budget: May Revise: California Budget
Approved: California Proposition 1, Behavioral Health Services Program and Bond Measure (March 2024) - Ballotpedia
<u>Children and Youth Behavioral Health Initiative (CYBHI)</u>
<u>CYBHI March 2024 Newsletter</u> - Handout - Page 151
CYBHI May 2024 Newsletter - Handout - Page 151
<u>County of San Diego Fiscal Year 2024-25 Recommended Budget</u>
Handouts include presentation by Amy Thompson, HHSA Chief Financial Officer and Nadia Privara, BHS Assistant Director, Chief Strategy and
Finance Officer to BHAB on May 2, 2024 - Pages 152-185
<ul> <li>Amendment to the Fiscal Years 2023-2026 Mental Health Services Act (MHSA) Three -Year Program and Expenditure Plan</li> </ul>
Presented to BHAB on April 4, 2024 - Handout - Pages 186-192
MHSA FY 2024-25 Annual Report.pdf (sandiegocounty.gov) - Handout - Pages 193-206
Presented to BHAB on May 2, 2024. To be presented to the BOS on June 4, 2024
Behavioral Health Director's Report – April 2024 - Handout - Pages 207-212
Behavioral Health Director's Report – May 2024 - Handout - Pages 213-216
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html
<ul> <li>May is Mental Health Matters Month -Children and Youth Mental Health Well Being Celebration held on May 11, 2024</li> </ul>
Annual Council Orientation is scheduled for June 10, 2024 - Handout - Page 217
Registration at: <a href="https://us06web.zoom.us/meeting/register/tZcvcuyqqTopE9drSZj0FOdlCyoizkVNUly2">https://us06web.zoom.us/meeting/register/tZcvcuyqqTopE9drSZj0FOdlCyoizkVNUly2</a>
Fiscal Year 2024-25 CYF Council Strategic Planning meeting is scheduled for July 8, 2024
<ul> <li>San Diego County Board of Education Selects Dr. Gloria E. Ciriza as Next County Superintendent of Schools   post (sdcoe.net)</li> </ul>
Effective July 1, 2024

#### Recognition

- Advancing the System of Care Principles for Children, Youth and Families Awards (video presentation)
   Program award:
  - Mental Health Systems TURN Behavioral Health Services Sexual Treatment Education and Prevention Services (STEPS) o Individual award:
    - Laura Dewan San Diego Unified School District Mental Health Resource Center Riley Day School Services

IV. Hot Topic: Conversation with the BHS Director, Dr. Luke Bergmann (Stephanie Escobar)	50 minutes		
<ul> <li>Luke Bergmann, outlines the BHS Priorities as they relate to children, youth, and families:</li> <li><u>Proposition 1</u> – Implications for children, youth, and families</li> <li><u>SB 43</u> – Implications for children, youth, and families</li> </ul>	20 minutes		
Dialogue: Inclusive of Questions and Answers Session Council participants are welcome to unmute or enter comments, input, and questions in the meeting chat.	30 minutes		

V. Announcements (Celica Garcia-Plascencia)

- Poll Question
- From Loneliness to Connection & Belonging Virtual Training on May 17, 2024
   Free registration includes up to 4 Continuing Education hours Flier Page 218
   Registration at: From Loneliness to Connection and Belonging: "I'll be there..." (ce-go.com)
- Conundrums in Treating Common Pediatric Behavioral Health Conditions on May 16, 2024 -Flier Page 219
   Free event includes dinner. RSVP at: <u>lp.constantcontactpages.com/ev/reg/mrzcx57</u>
- Conrad Prebys Clinical Supervision for Associate Clinical Social Workers working in youth behavioral health settings (Desiree Lopez)
   E-mail: <u>dlopez11@sdsu.org</u> for more information Flier Page 220
- NAMI San Diego Community Advocacy Trainings via Zoom Fliers Pages 221-222
   Telling your story! May 23, 2024 from 2 to 4 p.m. Flier <u>Meeting Registration Zoom</u>
- Reimagining Crisis Response May 30, 2024 from 1 to 2:30 p.m. -Meeting Registration Zoom
- 44<sup>th</sup> Annual California Mental Health Advocates for Children and Youth (CMHACY) Conference May 15-17, 2024 Handout - Page 223

Next Executive Committee Meeting:	Next Meeting: Council Orientation
Date: Thursday, May 23, 2024	Date: Monday, June 10, 2024
Time: 11:30 to noon	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

5 minutes

### Children, Youth and Families Behavioral Health System of Care Council Vision, Mission, and Principles





#### Council Vision:

Wellness for children, youth and families throughout their lifespan.

#### Council Mission:

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

#### Council Principles:

- 1. <u>Collaboration of four sectors</u>: 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. <u>Child, Youth, and Family Driven</u>: 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. <u>Strength-based</u>: Services and supports identify and utilize knowledge, skills, and assets of children, youth, families and their community.
- 6. <u>**Community-based**</u>: Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.
- 7. <u>Outcome driven</u>: Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.
- 8. <u>Culturally Competent</u>: Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.
- 9. <u>Trauma Informed</u>: 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 familycentered and youthinformed 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 ahealthy sense of self and have confidence to make sound decisions, so they thrive in an ever-changing world.

#### Live Well San Diego-Areas of Influence

# Standard of Living

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



## Community

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

## HEALTH FACTORS



- 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

## BH-SOC 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. This experience 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.

### 4 EASY STEPS

- Maximum of a 3 Minute Presentation: Use any medium - slide, poem, music, verbal, etc.
- 2. Introduce your experience from a cultural lens
- 3. Describe how this experience influences your work
- 4. Open it up for any group reflection

#### Children, Youth and Families Behavioral Health System of Care Council CYF Council – Meeting Summary



March 11, 2024 | 9 to 10:30 a.m.

ITEM	SUMMARY AND ACTION ITEMS
<ul> <li>I. Welcome Council members, alternates, and meeting attendees – Translation available upon prior request (Celica Garcia-Plascencia)         <ul> <li>Culture Share – Ramadan - Handouts - Pages 5-12 o Seeking volunteer for May 13, 2024</li> </ul> </li> <li>II. Review of Meeting Summary (Yael Koenig)</li> </ul>	Celica Garcia-Plascencia welcomed meeting attendees and introduced the Culture Share provided by Dina Ali • The Culture Share focused on Ramadan • The opportunity to provide the Culture Share at the May 13, 2024 meeting is available. Please contact Edith Mohler for additional information at: Edith.Mohler@sdcounty.ca.gov Yael Koenig reviewed the meeting summary
<ul> <li>February 12, 2024, Meeting Summary - Handout - Pages 13-17</li> <li>Action items completed – See page 3 of the meeting summary (Page 15 of meeting packet)</li> </ul>	and completed action items from February 12, 2024
III. Business Items (Yael Koenig)	Γ
Public Comment	None
<ul> <li>Board Letters / Board Actions February 21, 2024 <ul> <li>Chairwoman, Nora Vargas - State of the County address - Handout - Page 18 </li> </ul> February 27, 2024 <ul> <li>Item 02: Blue Envelope Program and Recommendations <ul> <li>Handout - Pages 19-23</li> </ul> </li> <li>Item 11: County of San Diego American Rescue Plan Framework Reprioritization <ul> <li>and Evergreen Component Framework Recommendations</li> <li>Handouts include presentation - Pages 24-78</li> </ul> </li> <li>Item 13: Sustainable Planning for Federally Funded Long-Term Migrant Transfer <ul> <li>Site and Shelter Center - Handouts- Pages 79-91</li> </ul> </li> <li>Item 14: Urge President Biden to Temporarily Close the U.SMexico Border in <ul> <li>Response to U.S. Customs and Border</li> <li>Protection Street Releases Resuming on February 22, 2024</li> <li>Handout - Pages 92-94</li> </ul> </li> </ul></li></ul>	Yael Koenig informed meeting participants o the State of the County provided by Chairwoman, Nora Vargas on February 21, 2024. The link to the event is included on the left column and also on the meeting agenda. Ms. Koenig also 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/i ndex.html
<ul> <li>Information <ul> <li>Proposition 1, Behavioral Health Services Program and Bond Measure results pending as of the morning of March 8, 2024</li> <li>California Proposition 1, Behavioral Health Services Program and Bond Measure (March 2024) - Ballotpedia</li> <li>Children and Youth Behavioral Health Initiative (CYBHI) <ul> <li>CYBHI February 2024 Newsletter - Handout - Pages 95-96</li> </ul> </li> <li>Behavioral Health Director's Report -March 2024 - Handout - Pages 97-101 <ul> <li>https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html</li> </ul> </li> <li>Notice of Initiation of 30-Day Public Review and Comment Period <ul> <li>Handout - Page 102</li> <li>Amendment to Mental Health Services Act Three Year Plan for FYs 23-24 through 2025-26 30-Day Public Comment Form (smartsheet.com)</li> <li>Mental Health Services Act (MHSA) (sandiegocounty.gov)</li> </ul> </li> <li>Fiscal Year 2023-24 San Diego County Drug Medi-Cal Organized Delivery System <ul> <li>(DMC-ODS) Virtual External Quality Review (EQR) - is scheduled for March 19-21, 2024</li> <li>Handout - Page 103</li> <li>Drug Medi-Cal Organized Delivery System : CalEQRO</li> <li>Council membership assessment begins in April 2024</li> <li>May 13, 2024 Council Meeting - Conversation with the BHS Director, Dr. Luke Bergmann</li> </ul> </li> </ul></li></ul>	<ul> <li>Yael Koenig provided an overview of State and local updates, and informational items</li> <li>Proposition 1 final results were still pendin at the time of the meeting</li> </ul>

SUMMARY AND ACTION ITEMS

• Brief presentations were offered at the January and February meetings. Due to time, three presentations were shifted to the March 11, 2024 meeting

 All presentations available at the <u>CYF Council website</u>

Constituency/Committee/Group	Sector	Presenter		PowerPoint
Managed Care Plans	Private	Yael Koenig on behalf of	f James Trout	Pages 104-108
Behavioral Health Services	Public	Dr. Laura Vleugels	Dr. Laura Vleugels	
Homeless Solutions and Equitable Communities	Public	Katie Gordon		Pages 116-122
<ul> <li>V. Hot Topic: Recent Floods in San Diego and it (Stephanie Escobar)</li> <li>Presentation by Urban Corps-Teresa Lead</li> <li>Open Forum <ul> <li>How has the flooding affected your cr</li> <li>What strategies have you shared to s</li> </ul> </li> <li>Recovery (alertsandiego.org)</li> <li>Flood Disaster Declaration Allows Impacted Benefits</li> <li>Recovery center opens for National City s Southwestern College – NBC 7 San Diego</li> <li>January 30, 2024 Community Response E on pages 67 to 102 of: February 12, 2024</li> </ul>	der Anderson ommunity? upport your c ed San Diegar mall business o (nbcsandieg board Letter a	community? <u>ns to Get Disaster CalFresh</u> <u>es hurt in historic floods at</u> <u>o.com)</u> nd Presentation can be found	<ul> <li>overview on the program and th the communitie floods</li> <li>Stephanie Esco attendees to sh the recent flood</li> <li>Meeting attende of <u>Urban Corps</u> others shared the recent floods</li> <li>Teresa Leader information is:</li> </ul>	Anderson provided an e Urban Corps local eir participation helping s affected by the recent bar invited meeting are their experiences with ls ees recognized the value of San Diego County and heir experiences with the Anderson's contact m@urbancorps.org
<ul> <li>VI. Announcements (Celica Garcia-Plascencia)</li> <li>Poll Question</li> <li>Combined Councils meeting on April 8, Flier - Page 123</li> <li>Family Sector opportunities for CYF and F Handouts - Pages 124-125</li> <li>NAMI San Diego Community Advocacy</li> <li>Reimagining Crisis Response - March Flier - Page 126 Meeting Registration - Zoom</li> <li>Telling your story! - March 26, 2024 fm Meeting Registration - Zoom</li> <li>9<sup>th</sup> Critical Issues in Child and Adolescent (Hybrid) Breaking Barriers: Innovative App April 26, 2024 - Handout - Page 128</li> <li>NAMIWalks San Diego - April 27, 2024 at I 10<sup>th</sup> Annual Youth Mental Health Well Be Handouts - Pages 129-130</li> <li>44<sup>th</sup> Annual California Mental Health Advor Conference - May 15-17, 2024 - Handout</li> </ul>	Peer Councils <b>Trainings via</b> 14, 2024 from om 2 to 4 p.m <u>Mental Healt</u> proaches to Yo NTC Park in L <b>sing Celebrat</b> <b>cates for Child</b>	a <b>Zoom</b> n 2 to 3:30 p.m. n Flier - <b>Page 127</b> <u>h (CICAMH) Conference</u> outh and Family Well Being- iberty Station t <b>ion</b> – May 11, 2024	announcements (listed on the le • Announcement to Edith Mohler Edith.Mohler@s CYF Council P Poll ended   1 question I 1. On a scale of 1-5 (1 the	s can be sent in advance at: sdcounty.ca.gov

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

ITEM

IV. Committees and relevant groups mid-year updates/highlights

#### Next Meeting: Combined Councils

Date: Monday, April 8, 2024 - Time: 10 to 11:30 a.m.

Committees/Sectors/Workgroups Meetings Information is located at the end of the meeting summary. For Council materials go to: <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\_health\_services\_children/CYFBHSOCCouncil.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\_health\_services\_children/CYFBHSOCCouncil.html</a>

	+=Member in Attend	ance O=Absent	E=Excu	used	
	CONSTITUENCY	MEMBER	STATUS	ALTERNATE	STATUS
	I	PUBLIC SECTOR		T	
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	+	Joel San Juan	0
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Patricia Cardenas- Wallenfelt	0
3	Public Safety Group/ Probation	Tabatha Wilburn	0	Delona King	0
4	Child and Family Well Being (CFWB) Department – Office of Child Safety	Steven Wells	+	Norma Rincon	0
5	Homeless Solutions and Equitable Communities	Katie Gordon	+	Rosa Gracian	0
6	Public Health	Dr. Thomas R. Coleman	+	Rhonda Freeman	0
7	Medical Care Services	Dr. Kelly Motadel	0	Heather Summers	0
8	Juvenile Court	H. Judge Ana España	0	Beth Brown	0
9	CFWB Department – Office of Child and Family Strengthening - First 5 San Diego	Alethea Arguilez	0	Alicia Castro	0
		EDUCATION SECTOR			
10	Special Education Local Plan Area (SELPA)	Russell Coronado	0	Jaime Tate-Symons	0
11	Regular Education Pupil Personnel Services	Heather Nemour	E	Mara Madrigal-Weiss	0
12	School Board	Barbara Ryan	+	Debra Schade	+
13	Special Education	Yuka Sakamoto	+	Misty Bonta	0
		PRIVATE SECTOR			
14	San Diego Regional Center (SDRC) for Developmentally Disabled	Zachary Guzik	E	Lori Sorenson	0
15	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	John Laidlaw	0
16	ADSPA	Marisa Varond	+	Claudette Allen Butler	+
17	Mental Health Contractors Association (MHCA)	Julie McPherson	+	Vanessa Arteaga	+
18	MHCA	Laura Beadles	+	Golby Rahimi	+
19	Fee- For-Service (FFS) Network	Dr. Sherry Casper	0	Marcelo A. Podesta	0
20	Managed Care Health Plans	Vacant		James Trout	0
21	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	Vacant	
	FA	MILY AND YOUTH SECTOR		1	-1
22	Consumer Advocacy/Family Education Services	Khalif Kelly	0	Sten Walker	+
23	Caregiver of child/youth served by the Public Health System	Vacant		Karilyn "Kari" Perry	0
24	Youth served by the Public Health System (Up to age 26)	Veronica Hernandez	Ο	Vacant	
25	Youth served by the public health system (Up to age 26)	Caitlynn Hauw	0		
		ting members unless a memb	er of the Coun	cil)	
-	Executive	Stephanie Escobar/Celica Garcia-Plascencia	+/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson/Marisa Varond	+/+		
-	Early Childhood	Stephanie Gioia- Beckman/Jennifer Kennedy	0/0		
-	Education	Heather Nemour	E		
-	Family and Youth as Partners	Sten Walker	+		
-	Outcomes	Emily Trask Eileen Quinn-O'Malley	0/0		
-	Training	Edith Mohler Jennifer Rusit	+/O		

Total Attendees: 98					
Aisha Pope	Edith Mohler	Kristin Garrett	Serena Richards		
Amanda Lance-Sexton	Eliza Reis	Laura Beadles	Shaun Goff		
Angela Rowe	Emily Gaines	Laura Vleugels	Shea Profet		
Angelina Puffelis	Eric Camerino	Leslie Manriquez	Shewa Legesse		
Aprille Peña	Erick Mora	Lilly Payton	Spshelle Faith Rutledge		
Ashley Rambeau	Erin Murphy	Lorie Chen	Stacey Musso		
Azmin Granados	Fran Cooper	Margarita Hernandez	Sten Walker		
Barbara Ryan	Ginger Bial-Cox	Maria Norris	Stephanie Escobar		
Bill Stewart	Golby Rahimi Saylor	Maria Ventura	Steven Wells		
Brenda Estrada	Grisel Ortega-Vaca	Marie Hommel	Susana Antonio		
Carmen Pat	Hannah Zimmerman	Marisa Varond	Tanya Mercado		
Caryl Montillano	Jamie Pellegrino	Mary Ellen Baraceros	Teresa Leader-Andersor		
Celeste Hunter	Janet Cacho	Mayra Gonzalez-Munoz	Terri Kang		
Celica Garcia-Plascencia	Janette Magsanoc	Melanie Morones	Tom Coleman		
Charmi Patel Rao	Jodi Erickson	Melissa Penaflor	TzuTing Lin		
Christine A. Davies	Joseph Henson	Melizza Welton	Vanessa Arteaga		
Christine Maggio	Julie McPherson	Michael Miller	Vivien Bernardo		
Claudette Allen Butler	Kacie Rodvill	Mina Arthman	Wendy Maramba		
Danyte Mockus-Valenzuela	Karen Giannini	Pamela Hansen	Yael Koenig		
Darwin Espejo	Katie Gordon	Pradeep Gidwani	Yovana Cortez		
David Taylor	Kelly Bordman	Rafael-Ortiz Gomez	Yuka Sakamoto		
Debra Schade	Kelly Motadel	Reigel Javinal	Yvette Leyva		
Dina Ali	Kenia Urrutia	Rhonda Crowder	Zayra Rios		
Divya Kakaiya	Kimberley Saelens	Rosa Ana Lozada			
Donna Moore	Kristen Martin	Sade Carswell			

#### 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 alternating start times of 11:30 a.m. and 12:30 p.m.

Early Childhood: Meets the second Monday of the month- from 11 a.m. to noon

Education Advisory Ad Hoc: Meets as needed

TAY Council: Meets the fourth Wednesday of the month 3 to 4:30 p.m.

CYF CADRE: Meets quarterly on the second Thursday of the month from 1:30 to 3 p.m.

CYF Council Training Academy: Meets quarterly. Next meeting will be on May 2024.

CCRT: Meets the first Friday of the month from 10 to 11:30 a.m.

Private Sector: Ad Hoc/Meets as needed

**Children and Youth Mental Health Well Being Celebration Planning:** Meets the Third Thursday of the month from 1 to 2 p.m. **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



**TERRA LAWSON-REMER** 

SUPERVISOR, THIRD DISTRICT SAN DIEGO COUNTY BOARD OF SUPERVISORS

### AGENDA ITEM

**DATE:** March 12, 2024

13

**TO:** Board of Supervisors

#### **SUBJECT**

#### INCREASING MEDI-CAL REIMBURSEMENT RATES TO IMPROVE HEALTHCARE FOR NEARLY 1 MILLION SAN DIEGANS (DISTRICTS: ALL)

#### **OVERVIEW**

In a time when access to quality healthcare has never been more crucial, the California Medicaid program, also known as Medi-Cal, stands as a vital lifeline for some our county's most vulnerable community members. The program's unwavering commitment to ensuring that no one is left behind in the pursuit of healthcare has never been more significant. In San Diego County, nearly one million individuals, including approximately 325,000 children, rely on this program as a vital support system to safeguard their health and well-being.

However, the stark reality is that there are challenges that need our immediate attention to make the paper promise of healthcare coverage a reality for Medi-Cal recipients in our county. We must deliver on its pledge and ensure that access to healthcare is not a privilege limited by circumstances, but a fundamental right upheld for all.

The critical issue of addressing Medi-Cal reimbursement rates must be centered as we secure healthcare access for Medicaid recipients. Historically, California has ranked near the bottom in the United States when it comes to Medicaid reimbursement rates. Extensive research underscores the adverse consequences of these low rates, which can lead to restricted access to quality healthcare and poorer outcomes for Medicaid beneficiaries. Civil rights advocates and attorneys contend that these excessively low reimbursement rates are not just problematic but discriminatory, constituting a substantial racial justice issue.

Scarcity of providers willing to accept these low reimbursement rates result in delayed and inadequate care, perpetuating the cycle of health disparities. The present reimbursement rates exert an unsustainable level of pressure on healthcare providers, rendering the entire Medicaid system precarious. According to the American Hospital Association, hospitals received payments equivalent to only 88 cents for every dollar spent on Medicaid patients in 2020, resulting in an underpayment of totaling nearly \$25 billion. Achieving pay equity in healthcare is a pivotal step toward advancing health equity, ensuring that every individual has a fair and just opportunity to

achieve optimal health. Augmented reimbursement rates have the potential to attract more providers to clinics and practices serving Medi-Cal beneficiaries but also ensure that they deliver high-quality care.

The issue of low Medicaid reimbursement rates significantly impacts the financial sustainability of healthcare institutions, and the number of health care practices that care for patients with Medicaid insurance, thus decreasing access to care for Medi-Cal beneficiaries. When healthcare providers are inadequately compensated for the services they render to Medicaid beneficiaries, the entire healthcare systems bear the brunt of the financial strain. As a result, they are forced to make difficult decisions, including downsizing, or limiting their services, creating an environment that is less conducive to attracting and retaining healthcare professionals. These organizations, grappling with tight budgets due to inadequate Medicaid reimbursement, find it challenging to offer competitive salaries and benefits that attract and retain healthcare staff.

Furthermore, the strain placed on healthcare providers can lead to increased workloads, burnout, and high turnover among existing staff. In an environment characterized by understaffing and an increased demand for healthcare services, healthcare professionals are often stretched thin, leading to fatigue and decreased job satisfaction. Consequently, this challenging work environment becomes less attractive to potential recruits and exacerbates the shortage. This interconnection between low Medicaid reimbursement rates and the healthcare workforce shortage are felt most acutely by Medicaid beneficiaries, who are often among the most vulnerable and underserved populations. With fewer healthcare professionals available to provide care, access to essential medical services becomes increasingly limited. This restricted access not only hampers the quality of care but also leads to delays in medical treatment, exacerbating health disparities within these communities. These delays can lead to worsening chronic conditions, complications, decreased quality of life, and contribute to health conditions that become emergent. This ultimately stresses the capacities of our local emergency departments.

San Diego County is currently facing a severe healthcare workforce shortage, compounded by challenges related to low Medicaid reimbursement rates. This crisis not only strains healthcare providers but also impacts access to essential health coverage provided to Medi-Cal beneficiaries.

Recognizing the urgency and complexity of these interconnected issues, today's board action is taking a significant step forward in finding comprehensive solutions that encompass low Medi-Cal reimbursement rates and ultimately improve essential health coverage for Medi-Cal recipients. California has taken a pioneering role in introducing progressive policies that extend Medi-Cal access to historically underserved populations. The challenges faced by healthcare workers, providers, and recipients in San Diego County are multifaced, but today's action signifies a robust commitment to ensuring that our paper promise of healthcare is a reality for all in our county.

#### RECOMMENDATION(S) SUPERVISOR TERRA LAWSON-REMER

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

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

but not limited the bringing down the cost of critical prescription medications, especially those on Medicaid and Medicare.

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

#### EQUITY IMPACT STATEMENT

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

#### SUSTAINABILITY IMPACT STATEMENT

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

#### FISCAL IMPACT

#### **Recommendation 1**

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Funds for this request are partially included in the Fiscal Year (FY) 2023-25 Operational Plan in the Health and Human Services Agency. If approved, recommendation 1 is estimated to result in one-time costs of approximately \$1 million dollars, which includes funding for multiple consultant agreements to assess strategies and opportunities to optimize Medi-Cal revenue received for services provided by the County. This recommendation aligns with existing efforts underway by County staff funded with a one-time award of \$555,000 of Providing Access and Transforming Health (PATH) Capacity and Infrastructure Transition Expansion and Development (CITED) grant funds for an assessment of Medi-Cal Transformation Enhanced Care Management and Community Supports Readiness and Infrastructure Assessment and \$250,000 of General Purpose Revenue allocated for a Medi-Cal billing capacity assessment. It is estimated that an additional \$200,000 would be needed for additional work requested as part of recommendation 1. That amount can be absorbed into available FY 2023-24 Operational Plan spending authority; the funding source will be one-time General Purpose Revenue. Approving these recommendations will reduce operating results by \$200,000, which would otherwise replenish the General Fund Reserve. There will be no additional staff years. There may be future fiscal impacts associated with future related recommendations, which staff would bring back to the Board for consideration and approval.

#### **Recommendation 2**

If approved, recommendation 2 is estimated to result in initial one-time costs of approximately \$500,000 to begin the work, which includes funding for consultant services to support the broader regional assessment requested as part of recommendation 2. That amount can be absorbed into available FY 2023-24 Operational Plan spending authority; the funding source will be one-time General Purpose Revenue. Approving these recommendations will reduce operating results by \$500,000, which would otherwise replenish the General Fund Reserve; together with Recommendation 1, the total potential impact to the replenishment of the General Fund Reserve is estimated to be \$700,000. There will be no additional staff years. If additional appropriations are needed for this effort, recommendations will be included in the progress updates to the Board, and staff would bring back to the Board for consideration and approval as needed.

#### **BUSINESS IMPACT STATEMENT** N/A

**ADVISORY BOARD STATEMENT** N/A

#### BACKGROUND

Medicaid, known as Medi-Cal in California, is a vital government program that provides healthcare coverage to low-income individuals and families throughout the state. It is jointly funded by the federal and state governments and plays a crucial role in ensuring access to healthcare services for nearly a million people in San Diego County. Medi-Cal offers a wide range of health and social services, including doctor visits, hospital care, prescription drugs, and preventive care, making it a cornerstone of the state's healthcare system. San Diego County's Medi-Cal eligible population has doubled in the last decade to approximately 30% of the County's total residents. We continue to see Medi-Cal spending across California budget grow.

San Diego County has the second most Medi-Cal eligible residents in the state. Due to its size, San Diego plays an important part of the interconnected California health care system, but its safety net is underfunded, particularly as compared to other California counties with similarly sized Medi-Cal population. Unlike much of California, historically, San Diego County has relied on the private safety net since there are no large county-owned public providers or health plans. However, much of the State's funding for safety nets is focused on public payers and providers. Given significant growth in San Diego's Medi-Cal population combined with new State Medi-Cal priorities, an opportunity exists to create unique funding solutions for the County, followed in the path of other large Medi-Cal counties in California.

California's Department of Health Care Services (DHCS) is focused on Medi-Cal Transformation, formerly known as CalAIM, which is designed to advance equity, provide comprehensive care and services to the hardest to reach populations, and incentivize managed care plans to be accountable for these goals. However, these goals can't be met without further engagement from the private safety net in San Diego County as well as opportunities which strengthen healthcare workforce.

San Diego County has been grappling with a significant healthcare workforce shortage. This shortage encompasses a range of healthcare professionals. The shortage can be attributed to several factors, including the aging population, the increased prevalence of chronic diseases, and the growing demand for healthcare services. Additionally, the COVID-19 pandemic has further exacerbated the shortage, as healthcare workers faced unprecedented challenges and burnout during the crisis. The shortage of healthcare professional has implications for access to care, quality of care, and the overall healthcare system's capacity. Patients may experience longer wait times, limited choices of healthcare providers, and increased difficulty accessing care. The shortage also places added stress on the existing healthcare workforce, potentially leading to fatigue and reduced quality of care.

Low Medicaid reimbursement rates are significant challenge in California, as they are in many other states. Medicaid programs reimburse healthcare providers at rates lower than those of private insurance or Medicare. These lower reimbursement rates may discourage healthcare providers from accepting people with Medi-Cal, exacerbating the healthcare workforce shortage and limiting access to care for low-income individuals.

Healthcare providers often struggle to cover the costs of care for Medi-Cal patients due to these low reimbursement rates. This can result in a reluctance to accept Medicaid beneficiaries, making it harder for these individuals to find accessible healthcare services. Furthermore, it can contribute to healthcare disparities, as low-income populations are disproportionately affected by these reimbursement challenges.

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

#### LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

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

Respectfully submitted,

TERRA LAWSON-REMER Supervisor, Third District

ATTACHMENT(S) N/A

**BOARD OF SUPERVISORS** 



### COUNTY OF SAN DIEGO

#### AGENDA ITEM

NORA VARGAS First District

JOEL ANDERSON Second District

TERRA LAWSON-REMER Third District

MONICA MONTGOMERY STEPPE Fourth District

> JIM DESMOND Fifth District

> > 16

**DATE:** March 12, 2024

**TO:** Board of Supervisors

#### SUBJECT

#### FISCAL YEAR 2023-24 SECOND QUARTER OPERATIONAL PLAN STATUS REPORT AND BUDGET ADJUSTMENTS (DISTRICTS: ALL)

#### **OVERVIEW**

This report summarizes the status of the County's Fiscal Year 2023-24 Adopted Operational Plan, as measured by projected year-end fund balance from current year operations. The projected year-end balance for the General Fund is \$86.0 million (or 1.1% of the General Fund budget), and \$140.8 million (or 1.3% of the Overall budget) for all budgetary funds combined. The projected fund balance anticipates an overall positive expenditure variance and an overall positive revenue variance from the Fiscal Year 2023-24 Amended Budget. The projection assumes General Purpose Revenue will perform better than estimated, and all business groups will produce operating balances except for the Health and Human Services Agency (HHSA) which is projecting negative operating balance due to projected slowing of sales tax receipts for related programs and increased costs for the General Relief Program. The projected balance for all other funds combined is \$54.8 million (1.8% of the other funds combined budget).

Transfers and revisions to the amended budget can be made by formal action of the Board of Supervisors in accordance with the California County Budget Act, Government Code (GC) Section 29125. Increases to the overall budget require 4 votes. Transfers of appropriations between departments within the same budgetary fund that do not increase the overall budget, or the cancellation of appropriations require a majority vote. Transfers of appropriations to facilitate transfers between budgetary funds require 4 votes even if the overall budget is not increased.

In the Public Safety Group (PSG), recommendations include appropriation adjustment for Incompetent to Stand Trial penalty payment due to the Department of State Hospital, for unanticipated increases in operational costs primarily for psychological evaluations and lease spaced costs, and to support the ambulance services program in San Diego County Fire Protection District.

In the Health and Human Services Agency (HHSA), recommendations include appropriation adjustments for the East County Crisis Stabilization Unit and Recovery Bridge Center, and the Edgemoor Acute Psychiatric Unit.

In the Land Use and Environment Group (LUEG), recommendations include appropriation adjustments to provide funding for the construction of a terrarium at the new ranger station and visitor center, to support the planned restoration efforts of Kumeyaay Valley park, for Butterfield Ranch Acquisition, for the installation of an additional water meter required by Otay Water District, for Hidden Meadows Park, for maintenance projects for Palomar Airport Landfill and unanticipated fees for the San Pasqual Burn Site, for ongoing fire protection and paramedic services, for landscape/road maintenance and planning services in various county Permanent Road Division zones, to fund operations and maintenance costs for the Sweetwater park, and to support the construction of the classroom and bridge for Los Penasquitos Canyon Preserve Amphitheater.

In the Finance and General Government Group (FGG), recommendations include appropriation adjustments for the Neighborhood Reinvestment Program, for the Community Enhancement Program, and to fund unanticipated costs to complete the implementation of the Integrated Property Tax System.

#### **RECOMMENDATION(S) CHIEF ADMINISTRATIVE OFFICER**

1. Accept the Fiscal Year 2023-24 second quarter report on projected year-end results.

## Increases to the Overall Budget and/or Transfers Between Budgetary Funds (Recommendations 2 through 20):

- 2. Establish appropriations of \$3,000,000, in Public Safety Group Executive Office, Services & Supplies, for Incompetent to Stand Trial penalty payment due to the Department of State Hospital, based on over-realized General Purpose Revenue. (4 VOTES)
- 3. Establish appropriations of \$1,360,000 in Public Defender, Services & Supplies, for unanticipated increases in operational costs primarily for psychological evaluations, lease spaced costs and unanticipated payments of leave balances for retired employees, based on over-realized General Purpose Revenue. (4 VOTES)
- 4. Establish appropriations of \$6,000,000 in San Diego County Fire, Operating Transfers Out, to support the ambulance services program in San Diego County Fire Protection District, based on over-realized General Purpose Revenue. (4 VOTES)
- 5. Establish appropriations of \$1,450,000 in the County Health Complex Fund, for Capital Project 1024603, East County Crisis Stabilization Unit and Recovery Bridge Center, based on Institutional Care Hospital Revenue; *and* cancel appropriations of \$1,450,000 based on Other State and Health Grant Funding. (4 VOTES)
- 6. Establish appropriations of \$16,763,699 in the County Health Complex Fund, for Capital Project 1023737, Edgemoor Acute Psychiatric Unit, based on Behavioral Health Continuum Infrastructure Program (BHCIP) Crisis and Behavioral Health Continuum Grant funding; *and*

cancel appropriations of \$13,000,000 based on Institutional Care Hospital Revenue. (4 VOTES)

- 7. Establish appropriations of \$141,000 in the Capital Outlay Fund for Capital Project 1021904 Stelzer Park Ranger Station and Visitor Center, to provide funding for the construction of a terrarium at the new ranger station and visitor center, based on available Louis A Stelzer Trust Fund fund balance. (4 VOTES)
- 8. Establish appropriations of \$500,000 in the Capital Outlay Fund for Capital Project 1024372 Kumeyaay Valley Park, to support the planned restoration efforts, based on Habitat Conservation Fund (HCF) grant. (4 VOTES)
- 9. Establish appropriations of \$15,961.91 in Park Land Dedication (PLD) Area 38 Valley Center, Operating Transfer Out, based on available prior year PLD Area 38 Valley Center Fund fund balance; *and* establish appropriations of \$15,961.91 in the Capital Outlay Fund for Capital Project 1026477 Butterfield Ranch Acquisition, based on Operating Transfer In from PLD Area 38 Valley Center Fund, to support acquisition of the property. (4 VOTES)
- Establish appropriations of \$60,000 in PLD Area 45 Valle De Oro, Operating Transfer Out, based on available prior year PLD Area 45 Valle De Oro Fund fund balance; *and* establish appropriations of \$60,000 in the Capital Outlay Fund for Capital Project 1022916 Lonny Brewer Leash Free Area, based on Operating Transfer In from PLD Area 45 Valle De Oro Fund, for the installation of an additional water meter required by Otay Water District. (4 VOTES)
- 11. Establish appropriations of \$874,905 in PLD Area 29 Escondido, Operating Transfer Out, based on available prior year PLD Area 29 Escondido Fund fund balance; *and* establish appropriations of \$916,158 in PLD Area 30 San Marcos, Operating Transfers Out, based on available prior year PLD Area 30 San Marcos Fund fund balance; *and* establish appropriations of \$208,937 in PLD Area 37 Vista, Operating Transfer Out, based on available prior year PLD Area 37 Vista, Operating Transfer Out, based on available prior year PLD Area 37 Vista, Operating Transfer Out, based on available prior year PLD Area 37 Vista, Operating Transfer Out, based on available prior year PLD Area 37 Vista, Operating Transfer Out, based on available prior year PLD Area 37 Vista, Operating Transfer Out, based on available prior year PLD Area 37 Vista Fund fund balance, for Capital project 1026156 Hidden Meadows Park. (4 VOTES)
- 12. Establish appropriations of \$2,920,000 in Inactive Waste Site Management, Services & Supplies, for maintenance projects for Palomar Airport Landfill and unanticipated fees for the San Pasqual Burn Site, based on revenue from the Environmental Trust Fund. (4 VOTES)
- Establish appropriations of \$18,295 in Harmony Grove CFD 08-01 Fire Protection Services Special Tax B Fund, Services & Supplies, to provide funds for ongoing fire protection and paramedic services, based on revenue from special assessments (\$14,335) and available prior year Harmony Grove CFD 08-01 Fire Protection Services Special Tax B Fund fund balance (\$3,960). (4 VOTES)

- 14. Establish appropriations of \$50,000 in the County Service Area 26, Zone B Monte Vista Zone B Fund, Services & Supplies, for landscape maintenance and planning services, based on available prior year County Service Area 26, Zone B Fund fund balance. (4 VOTES)
- 15. Establish appropriations of \$379,500 in the county Permanent Road Division (PRD) zones, Services & Supplies, for road maintenance and planning services, based on available prior year PRD zones fund balance (\$357,868) and special assessments (\$21,632) as noted in Appendix D. (4 VOTES)
- 16. Establish appropriations of \$246,908 in Community Facilities District (CFD) No. 19-02 Sweetwater Place Maintenance – Special Tax Fund, for the release of the security deposit provided by the developer, based on available prior year CFD No. 19-02 Sweetwater Place Maintenance – Special Tax Fund fund balance. (4 VOTES)
- 17. Establish appropriations of \$16,911 in the Neighborhood Reinvestment Program (NRP) budget (\$10,783 in Org 15650 for District 1 and \$6,128 in Org 15670 for District 5) based on the return of unused portions of prior year allocations so the funds can be allocated to other projects. (4 VOTES)
- 18. Establish appropriations of \$4,261 in the Community Enhancement (CE) Program budget (Org 12900 for District 4) based on the return of unused portions of prior year allocations so the funds can be allocated to other projects. (4 VOTES)
- 19. Establish appropriations of \$1,231,576 in Finance & General Government Group Executive Office (\$838,965), Auditor & Controller (\$261,083) and Treasurer-Tax Collector (\$131,528), Services & Supplies, based on over-realized General Purpose Revenue (\$838,965) and AB 2890 Supplemental Property Tax Revenue (\$392,611), and transfer appropriations of \$1,692,611 from Auditor & Controller (\$761,083) and Treasurer-Tax Collector (\$931,528), Services & Supplies, to the Finance & General Government Group Executive Office, Services & Supplies, to fund unanticipated costs to complete the implementation of the Integrated Property Tax System (IPTS). (4 VOTES)
- 20. Transfer appropriations within departments between Services & Supplies and Operating Transfers Out, as noted in Appendix C, in the net amount of \$162,463 for major maintenance projects listed in Appendix C that were subsequently reclassified, based on capitalization thresholds, for financial reporting purposes; *and* establish and cancel appropriations, as noted in Appendix C for a net increase of \$162,463 in the Major Maintenance Capital Outlay Fund and adjust related funding sources as noted to accurately classify major maintenance projects for financial reporting purposes. (4 VOTES)

## **Transfers Within Budgetary Funds and/or Cancellation of Appropriations** (Recommendation 21):

21. Transfer appropriations of \$1,200,000 within the Capital Outlay Fund and related Operating Transfer In from the General Fund to provide funding for Capital project 1024825 Los

Penasquitos Canyon Preserve Amphitheater, to support the construction of the classroom and the bridge, based on a transfer from Capital Project 1022922 San Dieguito Local Park.

#### EQUITY IMPACT STATEMENT

After the Board of Supervisors adopts the Operational Plan, it is monitored by the departments, Groups, and the Board. Departments are expected to work within their respective budgets. Budgets may, however, be modified during the year as circumstances warrant. In conjunction with the fund balance projection process, the Chief Administrative Officer meets with each Group to review accomplishments, emergent issues, and budget status. Department heads are required to communicate any potential problems or errors to the appropriate authority. Groups complete fund balance projections quarterly providing explanations of significant variances of their budget. The recommended actions are intended to provide resources to address inequities in County services and to identify disparities, develop meaningful outcomes, and create a County government culture of equity, belonging, and racial justice.

#### SUSTAINABILITY IMPACT STATEMENT

Today's actions support the sustainability measures across the County considering the environment, economy, health/wellbeing, and/or social aspects of the community by aligning the County's available resources with services to maintain fiscal stability and ensure long-term solvency.

#### FISCAL IMPACT

Funds associated with today's recommendations are partially included in the Fiscal Year 2023-24 Operational Plan. If approved, in the General Fund these actions will result in an increase to the overall budget of \$11,612,748, transfers between budgetary funds of \$1,692,611, transfers within budgetary funds of \$247,828, and no cancellation of appropriations. The funding sources for the increase are based on over-realized General Purpose Revenue (\$11,198,965), AB 2890 Supplemental Property Tax Revenue (\$392,611), and prior year NRP & CE program allocations that were returned in the current fiscal year (\$21,172).

In all other funds combined, these actions will result in a net increase to the overall budget of \$10,333,789, transfers within budgetary funds of \$1,610,291, and no cancellation of appropriations. The funding sources for the net increase are Behavioral Health Continuum Infrastructure Program (BHCIP) and Crisis and Behavioral Health Continuum Grant funding (\$3,763,699), Environmental Trust Fund (\$2,920,000), available prior year PLD Fund fund balance (\$2,075,962), Habitat Conservation Fund (HCF) grant (\$500,000), Operating Transfers In from various non-General Fund (\$444,537), available prior year Permanent Road Division (PRD) Fund fund balance (\$250,868), Louis A Stelzer Trust Fund (\$141,000), Operating Transfers In from PLD (\$75,962), available prior year County Service Area (CSA) fund balance (\$50,000), Special assessment for CFD and PRD (\$35,967). These are offset by a decrease in Operating Transfers In from the General Fund (\$282,074).

## **BUSINESS IMPACT STATEMENT** N/A

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#### **ADVISORY BOARD STATEMENT**

N/A

#### BACKGROUND

As shown in Schedule A, the General Fund year-end fund balance projection of \$86.0 million is based on the estimate that expenditures will be approximately \$62.5 million less than the Fiscal Year 2023-24 Amended Budget and revenues will be a net \$23.5 million more than the Fiscal Year 2023-24 Amended Budget. The Amended Budget consists of the Adopted Budget plus encumbrances carried over from the prior year, plus year-to-date changes that have been either approved by your Board or the Deputy Chief Administrative Officer/Chief Financial Officer, when permitted. The projected balance for all other funds combined is a net of \$54.8 million.

The General Fund year-end fund balance projection includes COVID-19 response costs primarily funded through American Rescue Plan Act (ARPA) funds and anticipates receipt of additional Federal Emergency Management Agency (FEMA) revenue to cover costs incurred. Total FEMA costs are currently estimated at \$437.2 million. This includes \$436.3 million of costs incurred from the beginning of the pandemic through May 11, 2023 when FEMA eligibility ended and \$0.9 million for Fiscal Year 2023-24 for allowable administrative costs to manage the grant beyond the FEMA eligibility date. To date, a total of \$255.9 million in FEMA reimbursement payments have been received and projections anticipate receiving an additional \$23.9 million by December 31, 2024, for prior year efforts. The remaining balance of \$157.4 million, which includes the 10% withhold amount as part of the FEMA close out process, is anticipated to be received in future fiscal years.

Attachments to this letter have been included to provide detail of these fund balance projections. Schedule A summarizes the fund balance projection by business group, department, and fund category. The Notes to Schedules A and B explain variances from budget by department, fund and for General Purpose Revenue. Schedule B shows the projected General Fund fund balance by business group split between operating and reserve balances.

#### **GENERAL FUND EXPENDITURE VARIANCES**

The projected lower than budgeted expenditures generating an overall positive expenditure variance of \$62.5 million in the General Fund are primarily attributable to the following:

- \$26.9 million in projected overall positive Salary & Benefits appropriation variance. As of December 31, 2023, the vacancy rate (including newly added positions) was 8.32% (1,699 of 20,420 positions).
  - In PSG, the projected overall expenditure positive variance of \$7.5 million is primarily due to vacancies, attrition, and modified positions. Other potential projected variances from budget will offset costs for healthcare for incarcerated persons and facility projects, for decedent transportation services and forensic pathologist services contract, for court-ordered psychiatric evaluations and for shared major maintenance/walk-in emergency projects.

- In HHSA, the projected overall negative expenditure variance of \$4.0 million is due to additional overtime costs to support increasing caseloads and additional temporary staffing for various grants and overtime costs.
- In LUEG, the projected overall positive expenditure variance of \$7.3 million is primarily due to vacancies and under-filled positions. Other potential projected variances from budget will offset revenue shortage due to vacancies.
- In FGG, the projected overall positive expenditure variance of \$8.1 million is primarily due staff attrition and departmental vacancies.
- \$26.5 million in projected positive appropriation variance in Services & Supplies across the County.
  - In PSG, projected overall positive expenditure variance of \$2.3 million primarily in Department of Child Support Services due to lower than anticipated expenses in various accounts supporting operations, such as information technology services and in Sheriff's Department due to lower than anticipated costs in Public Liability associated with medical malpractice insurance coverage, expenditures in various accounts supporting operations such as food and household expense and one-time Regional Communication System (RCS) tower/generator equipment due to project timeline changes.
  - o In HHSA, projected overall positive variance of \$13.4 million in various departments. This consists of positive variances in Behavioral Health Services (BHS) primarily due to contracted services associated with a range of mental health programs to align with anticipated spending which adjusts for contractor staffing vacancies and projected utilization in residential bed days; in Public Health Services (PHS) tied to lower than anticipated operating costs related to reduced contracting activities and limited Public Health Laboratory processing capacity; in Child and Family Well-Being (CFWB) primarily driven by a variance from budget in contracts mainly tied to transitional housing programs experiencing challenges in the rental market and in group home costs as the programs continue to transition into an eligible facility; in Aging & Independence Services (AIS) tied to contracted services for the California Department of Aging (CDA) Modernizing Older California Act (MOCA) rolling out over three versus two years and a variance from budget in various services and supplies tied to program operational needs.
  - In LUEG, projected overall positive variance of \$4.8 million primarily in the Department of Planning & Development Services (PDS) due to schedule changes to one-time only information technology (IT) projects, schedule changes in future acquisition of agricultural lands and reduced consultant contract spending.
  - In FGG, projected overall positive variance of \$4.0 million primarily in Department of Human Resources due to lower than anticipated costs for workers compensation and unemployment insurance services; in County Communications Office due to lower than anticipated one-time costs for Major Maintenance projects funded by Public, Educational and Governmental (PEG) funds; in Board of Supervisors Office due to lower than anticipated one-time expenses, including office expenses related to the staff vacancies; and in the Office of County Counsel due to delays in office construction projects.

- In Finance Other (FO), projected overall positive variance of \$2.0 million as additional funding no longer needed to support the Immigrant Rights Legal Defense Program in Public Defender's office.
- A projected positive appropriation variance of \$6.7 million in Other Charges primarily in (PSG) in Probation Department due to lower than anticipated use of placement services for foster youth; and in HHSA in CFWB mainly to align with the revised projected caseloads in foster care and adoption assistance programs and in Self-Sufficiency Services tied to California Work Opportunity and Responsibility to Kids (CalWORKs) cash grants to align with caseloads.
- A projected positive appropriation variance of \$1.3 million in Capital Assets Equipment in PSG primarily in Sheriff's Department due to a one-time RCS transportable radio project, that will be rebudgeted in Fiscal Year 2024-25, and lower than anticipated expenditures for an IT project.
- A projected negative appropriation variance of \$2.2 million in Expenditure Transfer & Reimbursements in FGG primarily in the Office of County Counsel due to less than anticipated staff cost reimbursements in the health services area.
- A projected positive appropriation variance of \$3.3 million in Operating Transfers Out in PSG primarily in (HHSA) Aging & Independence Services tied to reduced funding needs for the In-Home Supportive Services (IHSS) Public Authority related to a revised estimate in Individual Provider health benefit costs which are tied to the number of provider hours worked with no impact to services and overall operational savings.

#### GENERAL FUND REVENUE VARIANCES

The projected over-realized revenue of \$23.5 million includes positive variances totaling \$60.5 million and negative variances of \$37.0 million. In many instances, the negative revenue variances are directly associated with the positive expenditure variances described above.

The projected positive revenue variance of \$60.5 million is primarily attributable to the following categories:

- Taxes Other Than Current Secured (\$20.1 million) mainly in Sales and Use Taxes due to the continued growth activities in the Unincorporated Area which increases the County's share of the Pool going forward and in Property Tax Prior Secured Supplemental due to the increase in supplemental billings compared to prior year.
- Revenue from Use of Money & Property (\$24.1 million) primarily due to a higher projected average daily cash balance than what was budgeted which was used to calculate the interest revenue, and due to a higher interest rate due to the recent rise in market rates.
- Taxes Current Property (\$10.9 million) primarily due to projected higher revenue based on prior year receipts. At the time the budget was prepared, current unsecured property tax revenues were based on the assumption that there would be no growth in the current unsecured roll.
- Fines, Forfeitures & Penalties (\$5.4 million) primarily due to higher than budgeted growth in assessed valuation reflected on penalty for late current secured and unsecured property tax payments offset by lower than anticipated costs for the Cal-ID program.

The projected negative revenue variance of \$37.0 million is primarily attributed to:

- Intergovernmental Revenues (\$14.4 million) tied to aligning federal and State funding to anticipated billable service units and aligning grant funding with overall anticipated expenditures and in Realignment based on estimated receipts, federal and State assistance payment revenues associated with revised caseload projections for the foster care and adoption assistance programs, in the IHSS Public Authority program to align with reduced expenditures, tied to California Work Opportunity And Responsibility To Kids (CalWORKs) revenue associated with revised caseload projections, due to lower than anticipated State and federal reimbursements for the child support program, due to lower costs related to foster care and Community Corrections Subaccount, and due to lower reimbursements for eligible expenditures related to CARE Court, Public Defense Pilot Program and Parole Revocations. These are offset by positive variances due to passthrough distributions and residual balance estimates in Aid from Redevelopment Successor Agencies, in FEMA for prior year expenditures associated with local health emergency response costs, due to higher than anticipated revenue from State Criminal Alien Assistance Program, and ARPA for COVID-19 Supplemental Paid Sick Leave reimbursement of prior year expenditures, and revenue for State mandates.
- Charges for Current Services (\$13.5 million) primarily due to a decline in billable activities for land development project planning, due to fewer than anticipated fees for recorded documents related to higher interest rates and delay of replacement of Integrated Recorder and Vital Records System and Archives Case Management System, decrease in Intergovernmental Transfer (IGT) revenue in order to leverage ARPA funding for prior year Supplemental Paid Sick Leave (SPSL) costs and estimated use of vehicle fine revenue to support various alcohol and drug services programs, and due to reduced labor charges for land development projects due to staff vacancies.
- Other Financing Sources (\$6.9 million) due to decrease in transfers from Proposition 172 Special Revenue Fund resulting from lower than expected sales tax receipts.
- Licenses, Permits & Franchises (\$1.9 million) primarily due to lower than anticipated revenue from PEG funded project costs, and lower-than-expected payments from Franchise Fees.
- Miscellaneous Revenues (\$0.3 million) primarily due to due to RCS projects, less than anticipated administration costs charged to the Employee Benefit Internal Service Fund, and less than anticipated reimbursable expenditures related to tree trimming services and quarantine activities, offset by a positive variance due to the anticipated closure of Flex Forfeitures Trust Funds.

#### Adjustments to the Fiscal Year 2023-24 Amended Budget

Transfers and revisions to the amended budget can be made by formal action of the Board of Supervisors in accordance with the California County Budget Act, Government Code (GC) Section 29125. Increases to the overall budget require 4 votes while transfers of appropriations between departments within the same budgetary fund that do not increase the overall budget or the cancellation of appropriations require a majority vote. However, transfers of appropriations between budgetary funds, referred to as operating transfers, require 4 votes even if the overall budget is not increased.

The recommendations for budget adjustments are explained as follows:

## Increases to the Overall Budget and/or Transfers Between Budgetary Funds (Recommendations 2 through 20):

#### **Recommendation 2**

The State has implemented legislative changes with the goal of reducing individuals referred to the California Department of State Hospital (DSH) that are deemed Incompetent to Stand Trial (IST). The State has established a baseline number of people per county using FY 2021-22 population figures. Effective FY 2022-23 for every individual referred to DSH for treatment exceeding the baseline, the county is subject to a penalty payment as per Welfare & institutions Code section 4336. The county's baseline was exceeded in FY 2022-23 and \$6,000,000 in penalties are to be paid to DSH based on the formula. This total penalty payment of \$6,000,000 will be paid by Public Safety Group Executive Office (\$3,000,000) and Health and Human Services (\$3,000,000).

This request will establish appropriations of \$3,000,000 in Public Safety Executive Office, Services & Supplies, for Incompetent to Stand Trial (IST) penalty payment per Welfare & Institutions Code section 4336, based on over-realized General Purpose Revenue.

#### **Recommendation 3**

This recommendation will establish appropriations of \$1,360,000 in Public Defender, Services & Supplies, for unanticipated increases in operational costs primarily for psychological evaluations associated with higher costs for a limited pool of clinicians who can provide services, driving up the cost from an average of \$1,800 to \$2,500 per evaluation for approximately 750 annual evaluations. In addition, leased space costs have also increased to accommodate the growth in Public Defender staffing and unanticipated payments of leave balances for retired employees. The funding source is based on over-realized General Purpose Revenue.

#### **Recommendation 4**

On May 23, 2023 (FP 01), the San Diego County Fire Protection District (SDCFPD) Board of Directors authorized the Executive Director, or designee, to enter into a written a contract with the County of San Diego for the SDCFPD to exclusively provide and/or manage emergency ambulance services in the areas where the County has, or will have, the responsibility in compliance with California Health and Safety Code Section 1797.230-231. Ambulance operating areas historically have relied upon insurance revenue from transports to hospitals to recover costs. However, rural communities, with large geographic areas and small population centers, are costly and generally are overrepresented by public insurance programs that reimburse at lower rates than private health plans. Public plans, such as Medicare and Medi-Cal, pay a fixed rate based upon regulation and statute.

On September 12, 2023 (FP 01), County Fire staff, on behalf of the SDCFPD, updated the Board of Directors with revenue projections from two different consultants. The consultants developed revenue projections based upon multiple factors, which provided a wide range of estimates from \$8.0 million to \$14.0 million in annual revenue.

This recommendation will establish appropriations of \$6,000,000 in San Diego County Fire, Operating Transfers Out, to support ambulance services, based on over-realized General Purpose Revenue.

#### **Recommendation 5**

On June 29, 2021 (7), the Board established \$1,000,000 in Institutional Care Hospital Revenue to fund the design of the East Region Crisis Stabilization Unit (CSU) and Recovery Bridge Center. The Board approved additional funding of \$3,000,000 on March 14, 2023 (24) based on Behavioral Health Realignment Funds. The Fiscal Year 2023-24 Adopted Operational Plan established funding of \$24,000,000 for the project based on Other State and Health Grant funding. Estimated total project cost for the approximately 16,000 square foot crisis stabilization unit is \$28,000,000.

This recommendation will establish appropriations of \$1,450,000 based on Institutional Care Hospital Revenue and cancel appropriations of \$1,450,000 in Other State and Health Grant Funding based on grant award not received. If approved, the East County Crisis Stabilization project budget of \$28,000,000 would be based on Institutional Care Hospital Revenue (\$2,450,000), Behavioral Health Realignment funds (\$3,000,000), and Other State and Health Grant Funding (\$22,550,000). Other funds, including MHSA and Opioid Settlement Funds, are being pursued for the remaining \$22,550,000 in grant funds not awarded and will be brought back in future Board action to appropriate prior to construction of the project. Procurement of construction and design has been completed, project design and demolition are underway. Construction of the project is estimated to begin summer 2024 and will be completed fall of 2025. At this time, there is no increase in the total project cost.

#### **Recommendation 6**

Capital Project 1023737, Edgemoor Acute Psychiatric Unit, will construct an approximately 14,200 square foot, 12-bed acute psychiatric unit within the existing Edgemoor Distinct Part Skilled Nursing Facility campus. The current total budget for the project is \$24,300,000 based on Institutional Care Hospital Revenue established by the Board on August 24, 2020 (2) (\$2,000,000) and Adopted Operational Plans for Fiscal Year 2022-23 (\$11,000,000) and Fiscal Year 2023-24 (\$11,300,000).

If approved, today's action would revise the funding sources for this project by canceling \$13,000,000 of appropriations based on Institutional Care Hospital Revenue and establish \$16,763,699 of appropriations based on Behavioral Health Continuum Infrastructure Program (BHICP) Crisis and Behavioral Health Continuum Grant funding, thus increasing the total project budget by \$3,763,699 to \$28,063,699. The Board authorized the acceptance of the BHCIP Round 3: Launch Ready Grant funding from the California Department of Health Care Services (DHCS)

on October 11, 2022 (14). On December 1, 2023, DHCS notified the County that the BHCIP Round 3: Launch Ready grant funds totaling \$16,763,699 would shift to BHCIP Round 5: Crisis and Behavioral Health Continuum grant funding to provide the flexibility necessary to sustain the project.

The increase in the project budget will fund additional project scope, including the patient lobby, two patient drop-off areas, photovoltaic panels, and construction cost increases due to redesign. Design and procurement of construction services are currently underway. Construction of the Edgemoor Acute Psychiatric Unit is estimated to begin early 2025 and will be completed in the spring of 2026. The total project cost is increasing by 15.5% due to a State grant which will allow a greater project scope.

#### **Recommendation 7**

This recommendation will establish appropriations of \$141,000 in the Capital Outlay Fund for Capital Project 1021904 Stelzer Park Ranger Station and Visitor Center based on available Louis A Stelzer Trust Fund fund balance to provide funding for the construction of a terrarium at the new ranger station and visitor center. The additional appropriations are a result of overall cost increases to the multiyear project that could not have been accounted for when the project budget was developed. Total cost is estimated at \$1,715,000 (increase of 9% to total project cost) and the project is anticipated to be completed in July 2024.

#### **Recommendation 8**

This recommendation will establish appropriations of \$500,000 in the Capital Outlay Fund for Capital Project 1024372 Kumeyaay Valley Park based on Habitat Conservation Fund (HCF) grant to support the planned restoration efforts. The resolution to apply and accept the HCF grant funds was adopted on June 29, 2020 (4) and the grant agreement was awarded in June 2023. The additional appropriations are a result of cost increases from when the capital project was developed. Total cost is estimated at \$10,060,400 (increase of 5% to total project cost) and the project is anticipated to be completed in January 2027.

#### **Recommendation 9**

This recommendation will establish appropriations of \$15,961.91 in PLD Area 38 Valley Center, Operating Transfer Out, based on available prior year PLD Area 38 Valley Center Fund fund balance and establish appropriations of \$15,961.91 in the Capital Outlay Fund for Capital Project 1026477 Butterfield Ranch Acquisition based on Operating Transfer In from PLD Area 38 Valley Center Fund to support acquisition costs of the property. Total project cost is \$3,015,961.91 (increase of 0.5% to total project cost) and the project is anticipated to be completed in May 2024.

#### **Recommendation 10**

This recommendation will establish appropriations of \$60,000 in PLD Area 45 Valle De Oro, Operating Transfer Out, based on available prior year PLD Area 45 Valle De Oro Fund fund

balance *and* establish appropriations of \$60,000 in the Capital Outlay Fund for Capital Project 1022916 Lonny Brewer Leash Free Area for the installation of an additional water meter required by Otay Water District. Total cost is estimated at \$810,000 (increase of 7.4% to total project cost) and the project is anticipated to be completed in April 2024.

#### **Recommendation 11**

This recommendation will establish appropriations of \$874,905 in Park Land Dedication Ordinance PLD Area 29 Escondido, Operating Transfer Out, based on available prior year PLD Area 29 Escondido Fund fund balance, and establish appropriations of \$916,158 in PLD Area 30 San Marcos, Operating Transfer Out, based on available prior year PLD Area 30 San Marcos Fund fund balance, and establish appropriations of \$208,937 in PLD Area 37 Vista, Operating Transfer Out, based on available prior year PLD Area 37 Vista, Operating Transfer Out, based on available prior year PLD Area 37 Vista Fund fund balance. Funding for Capital project 1026156 Hidden Meadows Park is included in the Fiscal Year 2023-24 Operational Plan. This recommendation will add appropriations to the PLDO accounts as the funding source for the project.

#### **Recommendation 12**

This recommendation will establish appropriations of \$2,920,000 in Inactive Waste Site Management based on revenue from the Environmental Trust Fund. Additional appropriations of \$2,920,000 is needed to complete infrastructure maintenance projects at Palomar Airport Landfill due to unanticipated increases in material and construction costs and an unanticipated hazardous material fee/tax from the State of California, Department of Toxic Substances Control, to the San Pasqual Burn Site. The funding source is revenue from the Environmental Trust Fund fund balance.

#### **Recommendation 13**

This recommendation will establish appropriations of \$18,295 to provide funds for ongoing fire protection and paramedic services based on unanticipated revenue from property owner paid assessments and property tax revenues (\$14,335) and available prior year Harmony Grove CFD 08-01 Fire Protection Services Special Tax B Fund fund balance (\$3,960). The Harmony Grove Village Community Facility District, CFD No. 2008-01 (HGV CFD), Fire Protection Services Special Tax B Fund, provides fire protection and paramedic services in the Harmony Grove community provided by the Rancho Santa Fe Fire Protection District.

#### **Recommendation 14**

This recommendation will establish appropriations of \$50,000 in County Service Area 26, Zone B – Monte Vista Zone B Fund for tree inspection, maintenance, and planning services. This is due to unanticipated work to reduce risk from diseased or damaged trees after receiving requests from the community. The funding source is available prior year fund balance within County Service Area 26, Zone B – Monte Vista Zone B Fund. County Service Area 26, Zone B – Monte Vista Zone B Fund. County Service Area 26, Zone B – Monte Vista Zone B Fund. County Service Area 26, Zone B – Monte Vista Zone B Fund.

#### **Recommendation 15**

This recommendation will establish appropriations of \$379,500 in the county Permanent Road Division (PRD) zones for road maintenance and planning services. This is due to expanded road work as the result of community feedback. The expanded road work will increase road length treatment area. The funding source is available prior year PRD zones fund balance (\$357,868) and special assessments (\$21,632) as noted in Appendix D.

#### **Recommendation 16**

On May 1, 2019 (2), the Board approved the formation of Community Facilities District (CFD) 19-02 Sweetwater Place Maintenance to provide maintenance for a 2-acre public park. The developer provided a security deposit to fund operations and maintenance costs for the park until the special levy was sufficient to support these costs. This recommendation will establish appropriations of \$246,908 in CFD No. 19-02 Sweetwater Place Maintenance - Special Tax fund, based on available prior year CFD fund balance for the release of the Cash Security deposit provided by the developer.

#### **Recommendation 17**

This recommendation will establish appropriations totaling \$16,911 in the Neighborhood Reinvestment program budget (\$10,783 in Org 15650 for District 1 and \$6,128 in Org 15670 for District 5) based on the return of unused portions of prior year allocations that were returned in the current fiscal year. This will allow the recently returned funds to be allocated to other projects.

#### **Recommendation 18**

This recommendation establishes appropriations of \$4,261 in the Community Enhancement Program budget (Org 12900 for District 4) based on unused portions of prior year allocations that were returned in the current fiscal year. This will allow the recently returned funds to be allocated to other projects.

#### **Recommendation 19**

The Integrated Property Tax System (IPTS) project will replace the IT systems that the Treasurer-Tax Collector and Auditor & Controller currently use to collect and distribute property tax revenues. The IPTS will enable these two departments to retire their current systems, thereby reducing operational risks, increasing capabilities, and providing a robust and modern infrastructure to sustain operations for years to come. The IPTS implementation project is expected to be completed in 2025. In addition to IPTS, the Assessor/Recorder/County Clerk will also be working to upgrade their portion of the property tax systems that handle valuation, assessment, and appeals. When both efforts are complete, the County will be able to retire the legacy hardware and software platforms that support property tax administration today.

This recommendation will establish appropriations of \$1,231,576 in Finance & General Government Group Executive Office, Auditor & Controller and Treasurer-Tax Collector based on over-realized General Purpose Revenue (\$838,965) and AB 2890 Supplemental Property Tax Revenue (\$392,611), and transfer appropriations of \$1,692,611 to the Finance & General Government Group Executive Office from Auditor & Controller (\$761,083) and Treasurer-Tax Collector (\$931,528) to fund unanticipated costs to complete the implementation of IPTS to be paid out of the Finance & General Government Group Executive Office. The project budget is currently \$48,879,625. Additional scope was recently identified as necessary to implement and go live with the new system. This work is estimated to result in new costs of approximately \$1,231,576, a 2.5% increase, in Fiscal Year 2023-24, increasing the total project cost to \$50,111,201. It is anticipated that the newly identified scope will also increase project costs in Fiscal Year 2024-25, but the amount is not yet known. These costs will be included in the FY2024-26 CAO Recommended Operational Plan.

#### **Recommendation 20**

Board Policy B-37, *Use of Capital Program Funds*, notes that on occasion, due to the nature of major maintenance projects, these projects may be reclassified as an operating or capital expense based on financial reporting requirements. Pursuant to Board Policy B-37, to ensure accuracy in financial reporting, the Deputy Chief Administrative Officer/Chief Financial Officer shall make required adjustments to departmental operating budgets and within the Major Maintenance Capital Outlay Fund (MMCOF) or the Major Maintenance Internal Service Fund (MMISF). Due to the emergent nature of some major maintenance projects, some of these adjustments may require ratification by the Board. These recommendations will allow for the accurate financial reporting of major maintenance projects, which are listed in Appendix C along with the related required adjustments.

This recommendation will result in a net increase of appropriations in the MMCOF of \$162,463 and reclassification of major maintenance projects which are supported by existing department budgets.

## **Transfers Within Budgetary Funds and/or Cancellation of Appropriations** (Recommendation 21):

#### **Recommendation 21**

This recommendation will transfer appropriations of \$1,200,000 within the Capital Outlay Fund and related Operating Transfer In from the General Fund to provide funding for Capital Project 1024825 Los Penasquitos Canyon Preserve Amphitheater to support increased costs for the construction of the classroom and the bridge. Total cost is estimated at \$1,915,000 (increase of 62.7% to total project cost) and the project is anticipated to be completed in December 2024. The additional funding will create an accessible outdoor classroom. The funding source is a General Fund Commitment for Park Expansion and Improvement established by the Board on June 20, 2017.

#### LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Strategic Initiatives of Sustainability, Equity, Empower, Community and Justice in the County of San Diego's 2024-2029 Strategic Plan by fully committing to use County resources to meet the highest priority needs of residents.

Respectfully submitted,

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SARAH E. AGHASSI Interim Chief Administrative Officer

ATTACHMENT(S) Schedule A Schedule B Notes to Schedules A and B Appendix C Appendix D

### FY 2023-2024 2nd Quarter Projected Year-End Results (in thousands)

COUNTY SUMMARY		oenditure ariance		Revenue Variance	2nd Quarter FY23-24 Projected Fund Balance	% of Proj FB to Budget
		Fa	vora	able/(Unfavorab	le)	
General Fund						
Public Safety	\$	15,951	\$	(10,891)		0.2%
Health & Human Services Agency		22,212		(23,386)	(1,174)	0.0%
Land Use & Environment		11,862		(10,720)	1,142	0.3%
Finance & General Government		10,258		(5,178)	5,079	1.2%
Total Agency/Group		60,282		(50,175)	10,108	0.1%
General Purpose Revenue		0		72,279	72,279	3.9%
Finance Other		2,258	•	1,330	3,588	0.4%
Total General Fund	\$	62,540	\$	23,434	\$ 85,975	1.1%
Non-General Funds: Special Revenue Funds						
Public Safety	\$	9,810	\$	(4,383)	\$ 5,427	1.0%
Health & Human Services Agency	Ψ	0,010	Ψ	(1,000)	¢ 0,121 0	0.0%
Land Use & Environment		35,138		(3,625)	31,513	6.6%
Total Special Revenue Funds	\$	44,948	\$	(8,008)		3.6%
	<u> </u>	/			• • • • • •	
Capital Program						
Finance Other	\$	55	\$	(151)	\$ (96)	0.0%
Internal Convice Funda Departmente						
Internal Service Funds Departments Land Use & Environment	\$	405	\$	389	\$ 794	4.2%
Finance & General Government	φ	405	φ	1,861	φ 794 6,258	4.2%
Finance Other		4,397		(1,378)	0,238	0.0%
Total Internal Service Funds	\$	<u>6,180</u>	\$		\$ 7,052	0.0%
Total internal Service Funds	Ψ	0,100	Ψ	072	ψ 1,052	0.978
Enterprise Fund Departments						
Public Safety Group	\$	0	\$	0	\$ 0	0.0%
Land Use & Environment		3,314		(2,821)	494	0.8%
Total Enterprise Funds	\$	3,314	\$	(2,821)	\$ 494	0.7%
Special District Funds Departments	¢		<u>~</u>		•	
Public Safety Group	\$	33	\$		\$ 66	0.2%
Land Use & Environment	¢	9,443	•	897	10,340	7.9%
Total Special District Funds	\$	9,476	\$	930	\$ 10,406	6.4%
Other County Funds Departments						
HHSA - Red./Redev. Successor Agency	\$	0	\$	0	\$ 0	0.0%
HHSA - Housing & Community Development	Ŧ	0	Ψ	0	ψ Ü	0.0%
Total Other County Funds	\$	0	\$	0	\$ 0	0.0%
Debt Service - Pension Obligation Bonds	\$	0		0	\$ 0	0.0%
Total Non-General Fund	\$	63,973	\$	(9,177)		1.8%
Total County Year-End Operating Balance	\$	126,513	\$	14,257	\$ 140,771	1.3%

### FY 2023-2024 2nd Quarter Projected Year-End Results (in thousands)

Schedule A	
Page 2	

PUBLIC SAFETY GROUP	000000000000000000000000000000000000000	enditure ariance		Revenue Variance		2nd Quarter FY23-24 Projected Ind Balance	% of Proj FB to Budget
		Fav	/ora	ble/(Unfavora	ble)		
General Fund Departments							
Animal Services	\$	2	\$	71	\$	73	0.7%
Child Support		5,925		(4,738)		1,187	2.0%
District Attorney		1,960		(719)		1,241	0.4%
Emergency Services		125 20		<mark>(116)</mark> 51		9 71	0.1% 0.4%
Medical Examiner Probation		20 5,242		(4,403)		839	0.4%
Public Defender		36		(1,942)		(1,906)	-1.4%
Public Safety Executive Office		421		(299)		122	0.1%
San Diego County Fire		27		14		40	0.0%
Sheriff		2,194		1,190		3,384	0.2%
Total General Fund	\$	15,951	\$	(10,891)	\$	5,060	-0.2%
Special Revenue Funds Departments							
District Attorney (Asset Forfeiture - State & Federal)	\$	0	\$	0	\$	0	0.0%
Probation - Asset Forfeiture		-		4		4	3.8%
Probation - Incarcerated Peoples' Welfare Program		-		-		0	0.0%
Sheriff - Asset Forfeiture		-		2,363		2,363	90.3% 29.9%
Sheriff - Incarcerated Peoples' Welfare Program		2,954		-		2,954 0	29.9%
Criminal Justice Facility		0		-		0	0.0%
Courthouse		-		-		106	3.4%
Penalty Assessment		-		106		0	0.0%
Public Safety - Proposition 172 Total Special Revenue Funds	\$	6,856 <b>9,810</b>	\$	(6,856) (4,383)	\$	<b>5,427</b>	0.0%
	Ψ	0,010	Ŷ	(4,000)	Ψ	0,421	1.070
Enterprise Funds							
Jail Commissary Enterprise Fund	\$	0	\$	0	\$	0	0.0%
Total Enterprise Funds	\$	0	\$	0	\$	0	0.0%
Special District Funds							
Sheriff (Regional 800 MHz)	\$	0	\$	2	\$	2	0.6%
County Service Areas	Ŧ	21	r	-	Ψ	21	0.1%
Community Facilities Districts		12		(3)		9	0.2%
County Service Areas 17 & 69		-		35		35	0.4%
Total Special District Funds	\$	33	\$	33	\$	66	0.2%
Total Dublic Cofets Organi	¢	05 700	•		¢	40.550	0.00/
Total Public Safety Group	¢	25,793	Þ	(15,240)	þ	10,553	0.0%

### FY 2023-2024 2nd Quarter Projected Year-End Results (in thousands)

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HEALTH & HUMAN SERVICES AGENCY	Expenditure Variance		Re	evenue Variance		nd Quarter FY23-24 Projected Ind Balance	% of Proj FB to Budget
		Fa	vor				
General Fund Programs							
Administrative Support	\$	0	\$	2,941	\$	2,941	1.6%
Aging & Independence Services		4,928		(2,958)		1,970	0.7%
Behavioral Health Services		8,893		(20,420)		(11,527)	-1.1%
Child Welfare Services		3,238		(10,082)		(6,844)	-1.4%
Public Health Services		4,672		11,922		16,594	5.4%
Self-Sufficiency Services		406		(7,143)		(6,738)	-0.8%
Medical Care Services		0		2,772		2,772	5.4%
Housing & Community Development Services		77		(357)		(280)	-0.1%
Homeless Solutions and Equitable Communities		(0)		(60)		(60)	0.0%
Total General Fund	\$	22,212	\$	(23,386)	\$	(1,174)	0.0%
Special Revenue Funds							
Tobacco Securitization Fund	\$	0	\$	0	\$	0	0.0%
Total Special Revenue Funds	\$	0	\$	0	\$	0	0.0%
Other County Funds Departments							
Housing & Community Development	\$	0	\$	0	\$	0	0.0%
Red. Agency/Redevelopment Successor Agency	,	0	·	0	,	0	0.0%
Total Other County Funds Departments	\$	0	\$	0	\$	0	0.0%
Total Health & Human Services Agency	\$	22,212	\$	(23,386)	\$	(1,174)	0.0%

#### FY 2023-2024 2nd Quarter

#### **Projected Year-End Results**

(in thousands)

LAND USE & ENVIRONMENT GROUP	Expenditure Variance Fa		Revenue Variance vorable/(Unfavoral		2nd Quarter FY23-24 Projected Fund Balance ble)		% of Proj FB to Budget
General Fund Departments							
Agriculture, Weights & Measures	\$	1,119	\$	(1,116)	\$	4	0.0%
Department of Environmental Health and Quality		1,871		(776)		1,095	1.7%
Land Use & Environment Group Exec Office		-		-		-	0.0%
Parks & Recreation Planning & Development Services		- 7,560		(7,537)		0 23	0.0% 0.0%
Public Works		1,311		(1,291)		23 19	0.0%
Total General Fund	\$	11,862	\$	(1,291)	¢	1,142	0.0%
Total General Fund	φ	11,002	φ	(10,720)	φ	1,142	0.3%
Special Revenue Funds/Departments							
A,W & M (Grazing and Fish & Game Commission)	\$	0	\$	0	\$	0	0.0%
Parks & Recreation - PLDO		-		4		4	0.0%
DPW - Aviation Funds		-		-		0	0.0%
DPW - Road Fund		33,162		(6,164)		26,998	7.3%
DPW - Survey Monument Preservation		-		-		0	0.0%
DPW - Inactive Waste		-		-		0	0.0%
DPW - Waste Planning and Recycling		872		167		1,039	15.4%
Library Services		1,104		2,368		3,472	4.7%
Total Special Revenue Funds	\$	35,138	\$	(3,625)	\$	31,513	6.6%
Internal Service Funds							
Public Works - DPW Equip. ISF Prg. (35525-35700)	\$	405	\$	389	\$	794	4.2%
Total Internal Service Funds	\$	405	\$	389	\$	794	4.2%
Enterprise Funds	¢	0.000	•	(0,005)	¢	40.4	4.00/
Airport Enterprise Fund Wastewater Management Enterprise Fund	\$	2,699 616	\$	(2,205) (616)	Þ	494 0	1.0% 0.0%
Total Enterprise Funds:	\$	3,314	\$	(010)	\$	<b>494</b>	0.076
	_Ψ	0,011	¥	(2,021)	Ψ		
Special District Funds/Departments	¢	~	•	~ ~	<b>~</b>	~ 4	0.404
Parks and Recreation	\$	0	\$	24	\$	24	0.4%
Parks - Community Facilities Districts DPW - SD County Sanitation District		<mark>(0)</mark> 780		20 (230)		20 550	0.9% 0.7%
DPW - Campo WSMD-Zone A (Rancho Del Campo Water)		-		36		36	1.9%
DPW - CWSMD-Zone B (Campo Hills Water)		-		-		0	0.0%
DPW - Live Oak Springs Water		-		92		92	1.9%
DPW - CSAs		102		30		132	25.6%
DPW - PRDs		7,089		269		7,358	70.2%
DPW - Community Facilities Districts		393		(15)		378	9.7%
DPW - Flood Control		900 179		357 314		1,258	7.3%
DPW - Street Lighting District Total Special Districts Funds:	\$	<b>9,443</b>	\$	<u> </u>	\$	493 <b>10,340</b>	<u>18.4%</u> <b>7.9%</b>
	Ψ	J,TTJ	Ψ	031	Ψ	10,040	1.370
Total Land Use & Environment Group	\$	60,162	\$	(15,880)	\$	44,282	4.2%

#### FY 2023-2024 2nd Quarter Projected Year-End Results (in thousands)

	(11 110
NERAL GOVERNMENT	

FINANCE & GENERAL GOVERNMENT GROUP	Expenditure Variance			Revenue Variance	I	nd Quarter FY23-24 Projected nd Balance	% of Proj FB to Budget
		Fa	vora	able/(Unfavora	ble)		
General Fund Departments							
Law Enforcement Review Board		140		-	\$	140	7.1%
Assessor/Recorder/County Clerk		3,529		(3,529)	Ψ	0	0.0%
Auditor & Controller		149		(0,0_0)		149	0.3%
Board of Supervisors		1,883		22		1,905	10.6%
Chief Administrative Office		695		-		695	4.7%
Civil Service Commission		5		-		5	0.8%
Clerk of the Board of Supervisors		29		31		60	1.1%
County Communications Office		921		(876)		45	0.7%
County Counsel		1,555		223		1,778	4.0%
County Technology Office		-		-		0	0.0%
Finance & GG Exec Office		9		(9)		0	0.0%
Evaluation, Performance and Analytics		0		0		0	0.0%
General Services		(0)		-		(0)	0.0%
Grand Jury		4		-		4	0.5%
Human Resources		1,150		(1,040)		110	0.3%
Purchasing & Contracting		0		0		0	0.0%
Registrar of Voters		0		0		0	0.0%
Treasurer-Tax Collector		189		0		189	0.7%
Total General Fund	\$	10,258	\$	(5,178)	\$	5,079	1.2%
Internal Service Funds Departments							
CTO - Information Technology	\$	0	\$	0	\$	0	0.0%
Facilities Management	Ψ	1,186	Ψ	594	Ψ	1,780	1.0%
Major Maintenance ISF		0		0		0	0.0%
Fleet Management		2,480		-664		1,816	2.0%
Purchasing & Contracting		731		1,931		2,662	12.9%
Total Internal Service Funds	\$	4,397	\$	1,861	\$	6,258	1.0%
		,		·		•	
Total Finance & General Government Group	\$	14,655	\$	(3,317)	\$	11,338	1.1%
	Ψ	17,000	Ψ	(0,017)	Ψ	11,000	1.170

Schedule A Page 5

#### FY 2023-2024 2nd Quarter Projected Year-End Results (in thousands)

Schedule A Page 6

GENERAL PURPOSE REVENUE & FINANCE OTHER				Revenue Variance		2nd Quarter FY23-24 Projected und Balance	% of Proj FB to Budget
		Fa	vora	able/(Unfavoral	ole)		
<i>General Fund</i> General Purpose Revenue: All Current Property Taxes	\$	0	\$	10,913		10,913	1.2%
All Other Taxes-Local Licenses, Permits & Franchises Finan Earfeitures & Panaltics		0 0		20,066 (817) 5,507		20,066 (817)	3.0% -17.4% 24.6%
Fines, Forfeitures & Penalties Revenue for Use of Money & Property Intergovernmental Revenue		0 0 0		5,597 23,976 10,764		5,597 23,976 10,764	52.1% 6.1%
Charges for Current Services Miscellaneous Revenue		0 0		281 1,500		281 1,500	13.4% 300.0%
Total General Purpose Revenue	\$	0	\$	72,279	\$	72,279	3.9%
General County Expenses:							
Cash Borrowing Program	\$	0	\$	0	\$	0	0.0%
Community Enhancement Contribution to County Library		0 0		0 0		0 0	0.0% 0.0%
Contributions to the Capital Outlay Fund		0		0		0	0.0%
Lease Payments - Bonds		51		0		51	0.2%
Local Agency Formation Comm Admin		0		0		0	0.0%
Neighborhood Reinvestment Program		0		0		0	0.0%
Countywide Expenses		2,207		1,330		3,537	0.9%
Total Finance Other Expenses		2,258		1,330		3,588	0.4%
Total General Fund	\$	2,258	\$	73,609	\$	75,867	8.9%
Capital Program Funds	•			(1-1)	•		
Capital Program	\$	55	\$	(151)		(96)	0.0%
Total Capital Program Funds	\$	55	\$	(151)	\$	(96)	0.0%
Internal Service Funds Departments Workers Compensation	\$	0	\$	0	\$	0	0.0%
Unemployment Insurance	Ψ	0	Ψ	0	Ψ	0	0.0%
Public Liability		1,378		(1,378)		0	0.0%
Total ISF Funds	\$	1,378	\$	(1,378)	\$	0	0.0%
Debt Service Funds Departments							
Pension Obligation Bonds	\$	0	\$	0	\$	0	0.0%
Total Debt Service Funds	\$	0	\$	0	\$	0	0.0%
Total General Purpose Revenue & Finance Other	\$	3,691	\$	72,080	\$	75,771	3.8%

#### FY 2023-2024 2nd Quarter Projected Year-End Results (in thousands)

Category	Manag	ected Jement erves		ed Operating alances	2nd Quarter FY23-24 Projected Fund Balance		
			Favora	able/(Unfavora	ıble)		
General Fund							
Public Safety Health and Human Services Agency Land Use and Environment Finance & General Government	\$	0 0 0	\$ <mark>\$</mark> \$ \$	5,060 <mark>(1,174)</mark> 1,142 5,079	\$ <mark>\$</mark> \$ \$	5,060 ( <mark>1,174</mark> ) 1,142 5,079	
Agency/Group Totals	\$	0	\$	10,108	\$	10,108	
General Purpose Revenue General County Expenses Total General Purpose Revenue &	\$	0 0	\$ \$	72,279 3,588	\$ \$	72,279 3,588	
General County Expense	\$	0	\$	75,867	\$	75,867	
Total General Fund	\$	0	\$	85,975	\$	85,975	

#### Appendix C: Major Maintenance Capital Outlay Fund (MMCOF) Adjustments for Fiscal Year 2023-2024 (2nd QUARTER)

GROUP	DEPT.	PROJECT NUMBER	PROJECT NAME	F	UNDING SOUR	CE	NOTES	DEPARTMENTS (Acct - 56321 Opt Transfer Out)	DEPARTMENTS (Acct - 52XXX Services & Supplies)	MMCOF (Acct - 54202 Fixed Asset)	RATIFICATION	Description
				FUND	ORG	ACCOUNT	1 thru 11	Inc (Dec)	Inc (Dec)	Inc (Dec)	Yes/No	
Increase	(Decrease)	of Approp	priation									
FGG	DGS	1026222	MMCOF7988 DPW Wastewater Sites Lighting and HVAC Efficiency Replacements	37600	88050	52737	2	250,000	(250,000)	250,000	No	New Walk-In Project (DGS Energy)
FGG	DGS	1026763	MMCOF7989 EI Cajon FRC EV Charging Stations	26005	7928D	54202	2	N/A	N/A	200,000	No	New Walk-In Project (DGS Energy); Transferred from CP 1026065
FGG	DGS	1026764	MMCOF7990 Edgemoor Skilled Nursing Facility EV Charging Stations	26005	7980D	54202	2	N/A	N/A	200.000	No	New Walk-In Project (DGS Energy); Transferred from CP 1026248
ння	HHS	1026221		37600	88050	52370	3	170,000	(170,000)	170,000	No	Spending plan amendment (DGS Energy)
LUG	LIB	1025447	MMCOF7876 Rancho Santa Fe Staff Workroom Installation	12200	57330	52737	3	57.341	(57,341)	57.341	No	Spending plan amendment
	SHF	1023447	MMCOF7825 VDF Recreation Yard Conversion	26005	7897D	54202	3					Spending plan amendment; Transferred from CP 1025533
PSG								N/A	N/A	411,939	No	Spending plan amendment; Transferred from CP
PSG	OES	1025458	MMCOF7887 Jamul Fire Station 36 Parking Repavement, Exterior Gym, Security Fencing	26005	7888D	54202	3	N/A	N/A	34,246	No	1025459 Spending plan amendment (DGS Energy); Transferred
FGG	DGS	1026246	MMCOF7979 San Marcos Offices Electric Vehicle Charging Stations	26005	7929D	54202	3	N/A	N/A	80,000	No	from CP 1026066 Spending plan amendment (DGS Energy); Transferred
FGG	DGS	1026245	MMCOF7978 EMDF Electric Vehicle Charging Stations	26005	7857D	54202	3	N/A	N/A	550,000	No	from CP 1025429
FGG	DGS	1026065	MMCOF7928 Ramona Road Station EV Project	26005	7928D	54202	4	N/A	N/A	(200,000)	No	Spending plan amendment (DGS Energy); Transferred to CP 1026763
FGG	DGS	1026248	MMCOF7980 South Lot Line COC Electric Vehicle Charging Stations	26005	7980D	54202	4	N/A	N/A	(200,000)	No	Spending plan amendment (DGS Energy); Transferred to CP 1026764
			· · ·				4		,			Spending plan amendment (DGS Energy); Transferred to CP 1026246
FGG	DGS	1026066	MMCOF7929 San Marcos Road Station EV Project	26005	7929D	54202	4	N/A	N/A	(80,000)	No	Spending plan amendment (DGS Energy); Transferred
FGG	DGS	1025429	MMCOF7857 COC EV Charging Stations Phase 2	26005	7857D	54202	4	N/A	N/A	(550,000)	No	to CP 1026245
			Subtotal Other Funds					477.341	(477.341)	923.526		
			Subtotal Other Pullus					477,341	(477,341)	923,320		
PSG	OES	1022032	MMCOF7668 Sunshine Summit Fire Station Structural Improvements	10100	30231	52737	5	(1,497)	1,497	(1,497)	No	Project is complete and can be closed
PSG	OES	1025455	MMCOF7884 Boulevard Fire Station 47 Fencing Project	10100	30231	52737	5	(13,836)	13,836	(13,836)	No	Project is complete and can be closed
LUG	LIB	1024590	MMCOF7809 Cardiff Library Exterior Doors and Card Readers	12200	57330	52737	5	(7,203)	7,203	(7,203)	No	Project is complete and can be closed
FGG	DGS	1025247		37600	88050	52370	5	(59.847)	59.847	(59,847)	No	
												Project is complete and can be closed
Shared	Shared	1023645	MMCOF7757 NCRC South Building Rigging Equipment	10100	31575	52737	5	(110,993)	110,993	(110,993)	No	Project is complete and can be closed Project is complete and can be closed; Transferred to
PSG	SHF	1025533	MMCOF7897 NCRC Vista Detention Facility Site Improvements	26005	7897D	54202	5	N/A	N/A	(411,939)	No	CP 1024623 Project has been cancelled; Transferred to CP
PSG	OES	1025459	MMCOF7888 Shelter Valley Fire Station 53 Heaters, Air Conditioners, Hose Drying Racks, Retaining Wall	10100	30231	52737	9	(121,502)	121,502	(155,748)	No	1025458 (\$34,246)
			Subtotal Completed/Cancelled Projects					(314,878)	314,878	(761,063)		
			Total Increase (Decrease) of Appropriation				•	162,463	(162,463)	162,463		
	Board Letter Recommendation							REC #	20	REC # 20	]	

1

#### NOTES:

- 1 MMCOF Project identified as MMISF (maintenance/not capital)
- 2 MMISF Project identified as MMCOF
- 3 MMCOF Spending plan increased
- 4 MMCOF Spending plan decreased
- 5 MMCOF Project complete and remaining funds are transferred to Dept. Services & Supplies
- 6 MMCOF Project complete and remaining funds are transferred to an existing MMCOF project

- 7 MMCOF Project complete and remaining funds are transferred to a new MMCOF walk-in project
- 8 MMCOF Project cancelled and funding source returned to Services & Supplies for department's operation
- 9 MMCOF Project cancelled and funding transferred to an existing MMCOF project
- 10 MMCOF Project cancelled and funding transferred to a new MMCOF walk-in project
- 11 Change in revenue source



45,000

86,502

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000

## FY23/24 2<sup>ND</sup> QUARTER ECONOMIC UPDATE

## FY24/25-FY28/29 CAPITAL IMPROVEMENTS NEEDS ASSESSMENT

Ebony Shelton, Deputy CAO/Chief Financial Officer Marko Medved, Director, General Services Brian Albright, Director, Parks & Recreation

006

41

123,000







### FY23-24 2<sup>ND</sup> QUARTER ECONOMIC UPDATE

Economic Environment 2nd Quarter Operating Results County Financial

Outlook





FY24/25 – FY28/29 CAPITAL IMPROVEMENTS NEEDS ASSESSMENT

Overview Engagement Projects

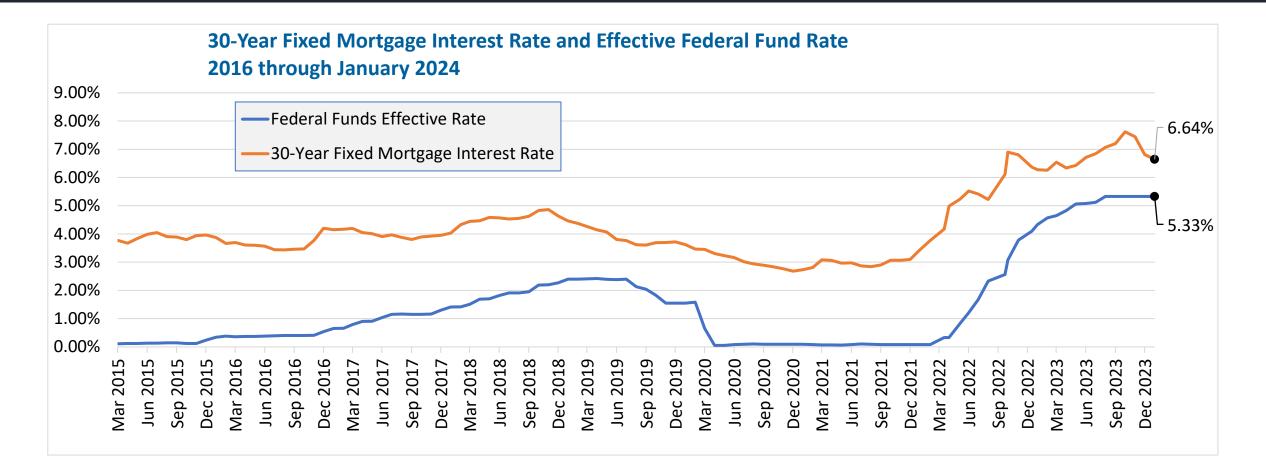


## State Budget Outlook

- Governors Estimated Budget Deficit- \$37.9 billion
- Administration plans to close the \$37.9 billion through reductions, internal borrowing, spending delays
- Most recent revenue outlook from the LAO anticipates collections are \$73 billion below budgeted levels through Fiscal Year 2024-25

Source: State Legislative Analysts Office, January 2024 report, February 2024 report, and EDGA February 2024 memo Highlights of the Governor's Proposed Fiscal Year 2024-25 State Budget and Potential County Impacts

## Interest Rate Environment

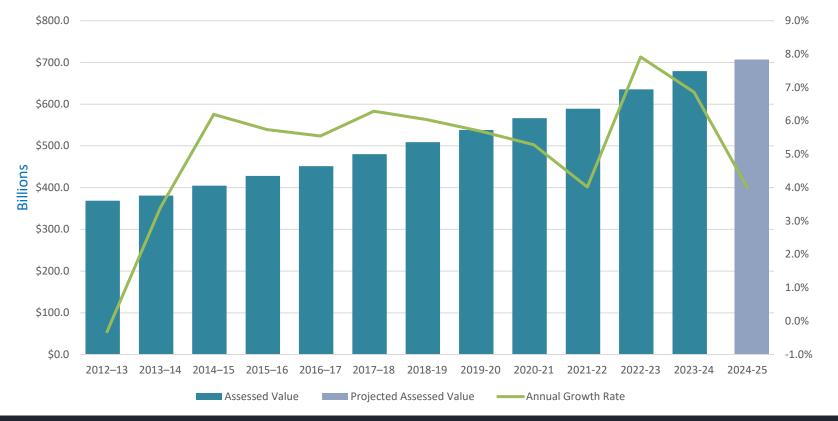


Source: Board of Governors of the Federal Reserve System and Freddie Mac accessed on February 27, 2024

Notes: The Effective Federal Funds Rate is the interest rate banks charge each other when lending large sums of money to help ensure overall bank liquidity. While this rate is agreed-upon between banks, it is influenced by the Federal Reserve (Federal Open Market Committee) and the federal funds rate target.

## San Diego County Assessed Valuation

#### **Locally Assessed Secured Property Values** Fiscal Year 2012-13 to Fiscal Year 2025-26

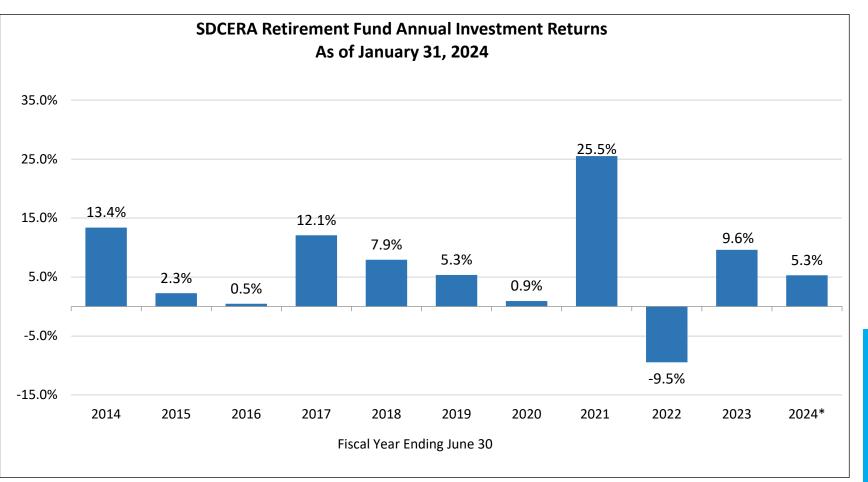


Source: County of San Diego Assessor Recorder County Clerk and Office of Financial Planning



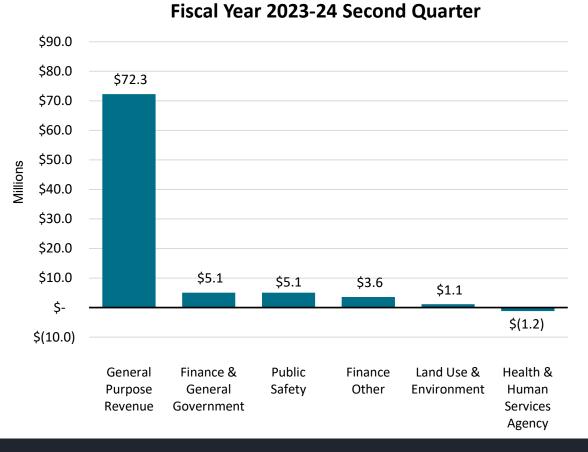
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## **Retirement Update**



Source: SDCERA Actuarial Valuation and Review as of June 30, 2023 \*Reflects FYTD results as of January 31, 2024 based on SDCERA Monthly Risk-Return Report

## Budget Performance 2<sup>nd</sup> Quarter Results



General Fund (\$86.0M)

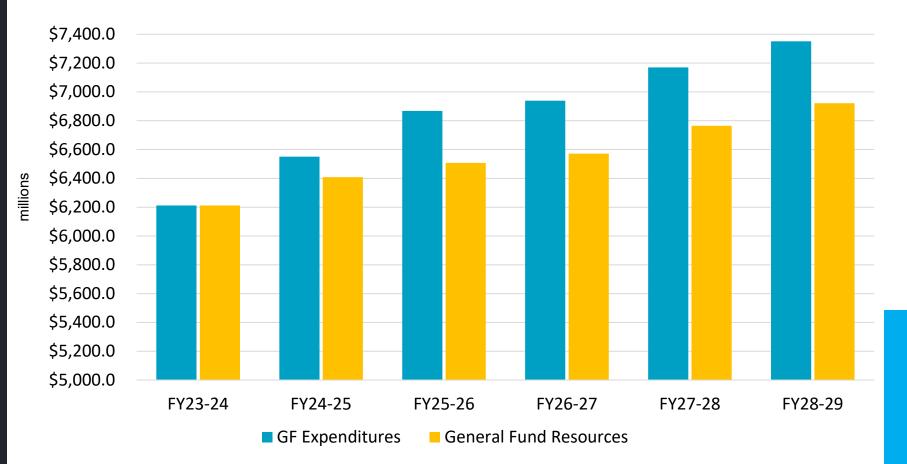
County Summary (in millions)									
	Expenditures Variance	Revenues Variance	% of Projected FB to Budget						
General Fund	\$62.5	\$23.5	<u>\$86.0</u>	1.1%					
Non-General Fund	\$64.0	(\$9.2)	<u>\$54.8</u>	1.8%					
TOTAL	\$126.5	\$14.3	<u>\$140.8</u>	1.3%					

7

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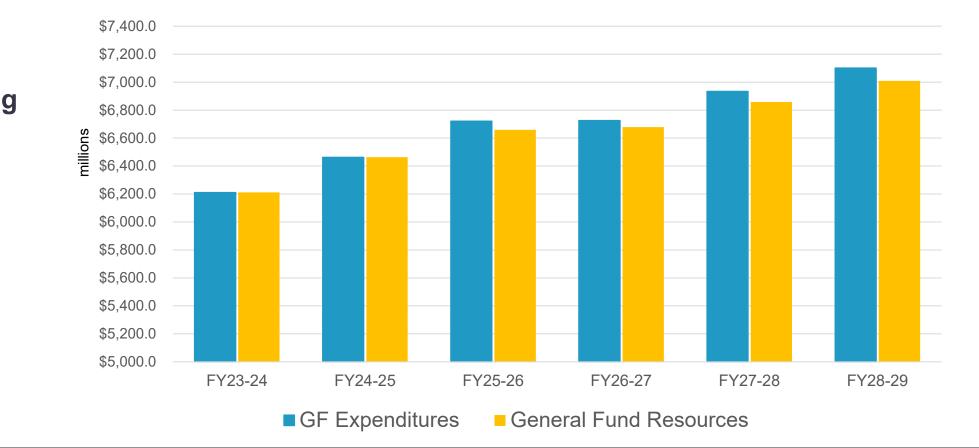
### Cumulative Funding Gap by Fiscal Year FY 23-24 = \$0.0M FY 24-25 = \$142.7M FY 25-26 = \$360.1M FY 26-27 = \$368.4M FY 27-28 = \$405.4M FY 28-29 = \$429.2M

## **County Financial Outlook: December 2023**



Note: For illustration purposes only. General Fund Outlook assumes the FY 23-24 Adopted General Fund Budget plus Salary & Benefit growth. Expenditure Gap and Revenue Shortfalls reflect requests for General Purpose Revenue. May not reflect non salary program revenue supported changes. Does not include: Enhanced Infrastructure Financing Districts, new affordable housing/homeless solutions, new sustainability initiatives, debt financing CINA projects.

## **County Financial Outlook**



Note: For illustration purposes only as of 2/12/2024. General Fund Outlook assumes the FY 23-24 Adopted General Fund Budget plus Salary & Benefit growth. Expenditure Gap and Revenue Shortfalls reflect requests for General Purpose Revenue. May not reflect non salary program revenue supported changes. Does not include: Enhanced Infrastructure Financing Districts, new affordable housing/homeless solutions, new sustainability initiatives, debt financing CINA projects.

Cumulative Funding <u>Gap by Fiscal Year</u> FY 23-24 = \$0.0M **FY 24-25 = \$0.0M** FY 25-26 = \$63.5M FY 26-27 = \$48.9M FY 27-28 = \$76.7M

FY 28-29 = \$92.9M



## **Budget Stabilization**

### **General Fund Reserve Ordinance**

- Requires set aside of 2 months of operating expenses As of June 30, 2023
  - General Fund Reserve Minimum: \$863.8M
  - Available General Fund Reserve: (\$66.3M)
  - Restoration anticipated in FY 23-24 through operating results

#### Bridge, Plan, Reform

- Advance of pending FEMA reimbursement in FY 24/25
- 4/5<sup>th</sup> vote of the Board of Supervisors

March 12, 2024 Item 17

## CAPITAL IMPROVEMENT NEEDS ASSESSMENT (CINA)

FISCAL YEARS 2024/25 - 2028/29

Marko Medved, Director, General Services Brian Albright, Director, Parks & Recreation





## **PLANNING BASICS**



### Capital Improvement Needs Assessment (CINA)

The CINA is a planning document that forecasts all planned capital projects over a five-year period.

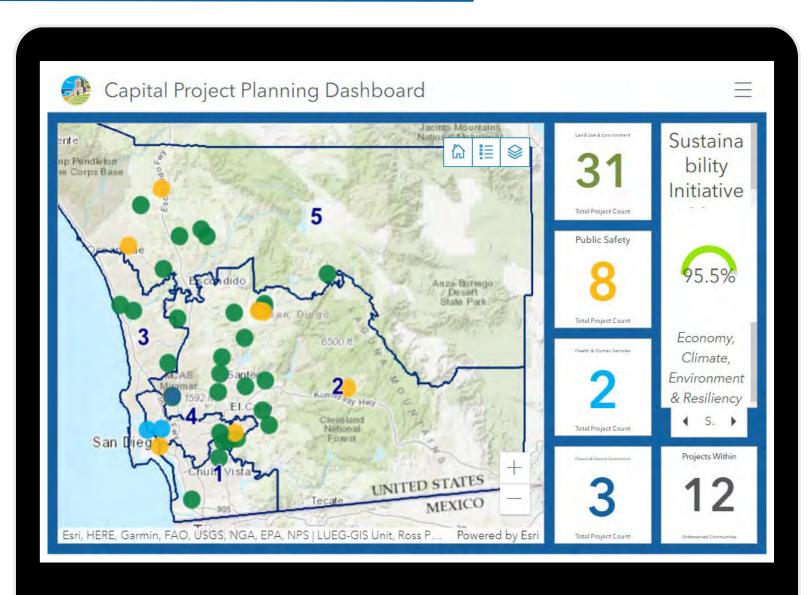
### **Capital Project**

A capital project includes new County buildings, recreational facilities, green infrastructure or land acquisition that supports an existing County service or program run by one of our departments and requires capitalization for financial reporting purposes.

### **Plan First, then Implement**

Projects included on the CINA are implemented through a two-step approach that includes a pre-construction phase and a construction phase.

## **ENGAGEMENT OPPORTUNITIES**





## **SUMMARY**

\$100.6M

Identified for funding consideration in FY24-25 \$1.2B Total five-year funding

requirement for CINA

## \$831.1M

Previously funded for projects under construction or recently completed

## Recommended for Funding in FY24/25 18 Projects / \$100.6M

- Stormwater Program
- Hall of Justice MSRP
- Multiple Species Conservation Program
- Ramona Sheriff Station
- Stowe Trail
- Lindo Lakes Improvements Phase 2

- Sycamore Canyon Trails
- Calavo Park
- Mira Mesa Epicentre
- Electric Vehicle Roadmap
- Casa de Oro Library
- Butterfield Ranch/ Star Valley
   Development

- Encinitas Landfill Park Conversion
- Dictionary Hills Trails
- Vista Detention Facility Modernization
- Ramona Fire Station 80 Expansion
- San Diego County Fire Training Tower
- Green Fleet Action Plan



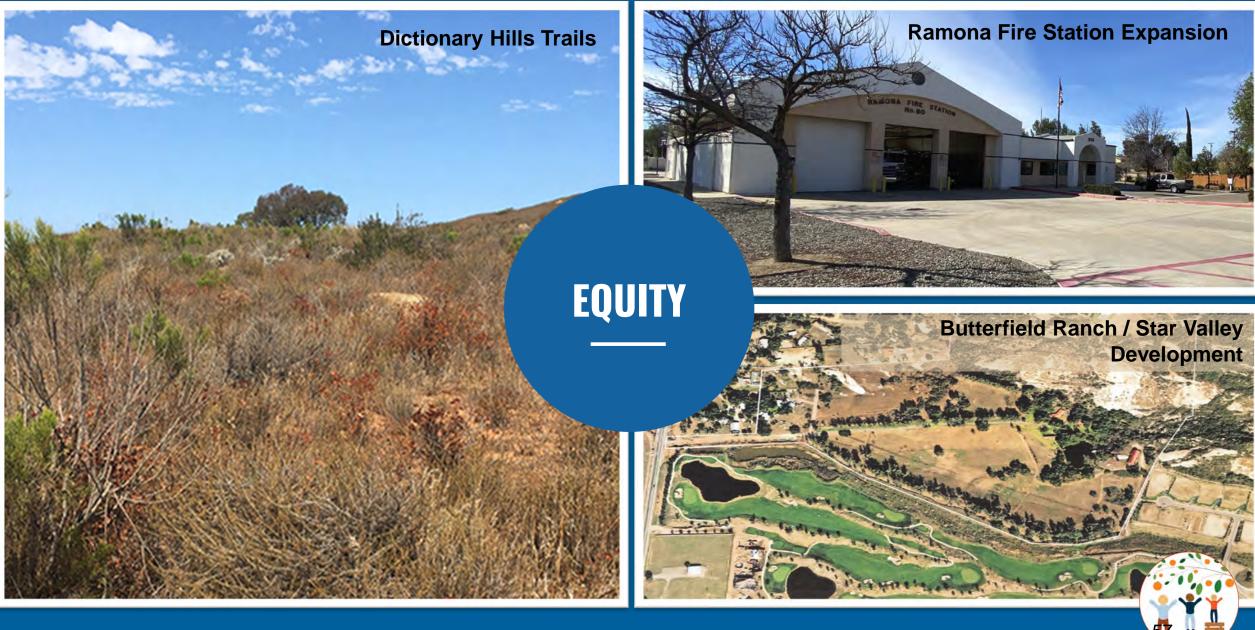






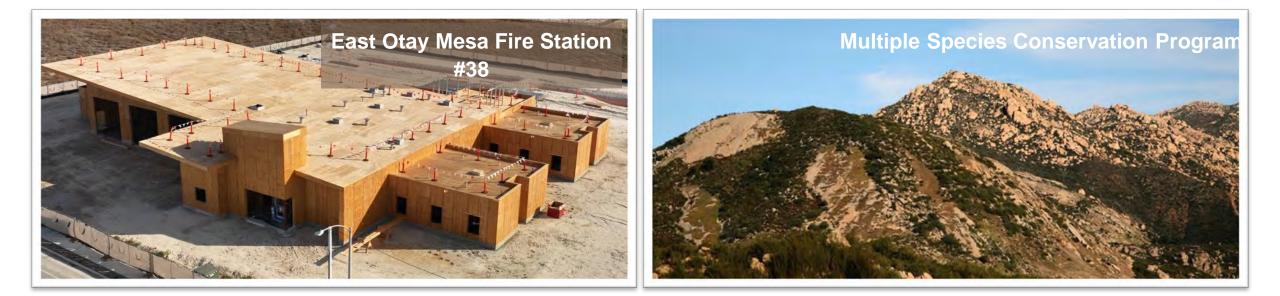
### COMMUNITY







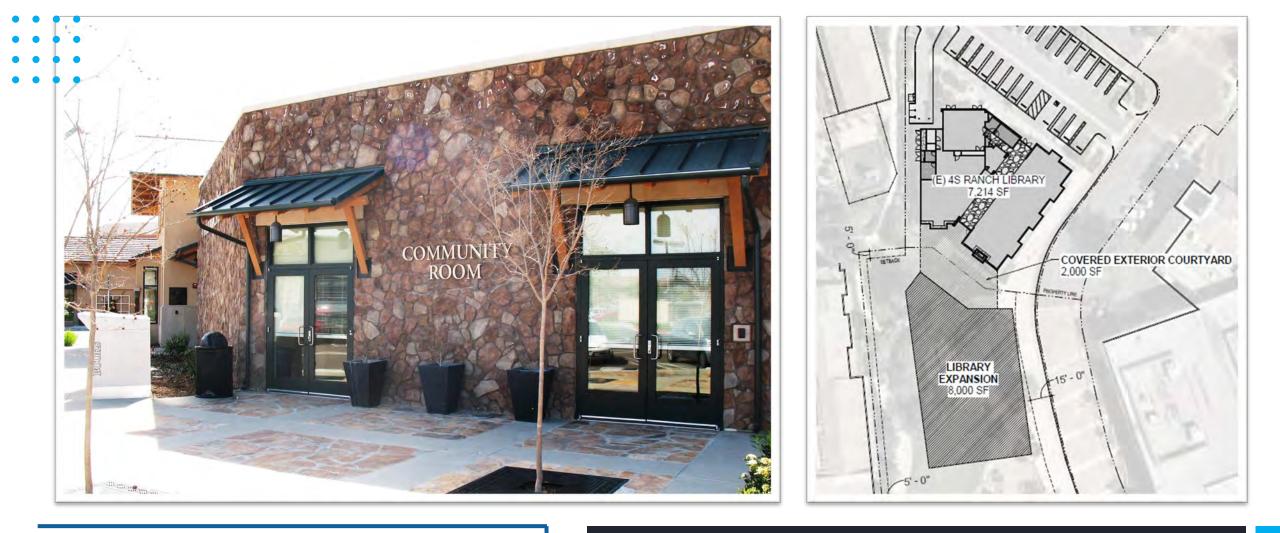




### SUSTAINABILITY







### PRE-CONSTRUCTION 11 PROJECTS / \$64.3M

## 4S Ranch Library Expansion





### RECENTLY COMPLETED 5 PROJECTS / \$315.7M







### Tri-City Psychiatric Facility





## UNDER CONSTRUCTION 11 PROJECTS / \$484.2M

## PARKS PRE-CONSTRUCTION 47 PROJECTS / \$181M





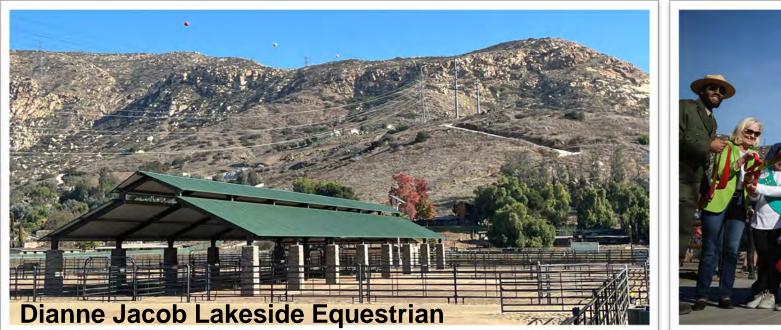




## PARKS UNDER CONSTRUCTION 23 PROJECTS / \$76.5M









## RECENTLY COMPLETED PARKS 4 PROJECTS / \$22M





## RECOMMENDATION

- Approve the Capital Improvement Needs Assessment from Fiscal Years 2024/25 - 2028/29
- Refer to the Chief Administrative Officer to determine timing and funding for implementation of recommended projects

6

## LOOKING AHEAD

• State Outlook

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- FEMA Reimbursement
- Market/Retirement Volatility
- Economic Conditions

### **BUDGET AND MITIGATION STRATEGIES**

- Maximizing alternate funding sources and continuing stabilization strategies
- Slowing discretionary growth while prioritizing existing Board priorities
- Review of service levels, deferral/suspension of nonmandated cost increases, service level adjustments
- Carefully evaluating CINA projects, including major renovation and new facilities
- Bridge Plan Reform, prudent use of reserves
  - Advancing FEMA reimbursements to support bridge funding using reserves

83,000

45,000

68,70

123,000

68

• Drawing up the realignment reserves

86,502

March 12, 2024 Item 16 and 17

## FY23/24 2<sup>ND</sup> QUARTER ECONOMIC UPDATE

## FY24/25-FY28/29 CAPITAL IMPROVEMENTS NEEDS ASSESSMENT

Ebony Shelton, Deputy CAO/Chief Financial Officer Marko Medved, Director, General Services Brian Albright, Director, Parks & Recreation



#### **NORA VARGAS**

#### CHAIRWOMAN

SUPERVISOR, FIRST DISTRICT SAN DIEGO COUNTY BOARD OF SUPERVISORS

#### AGENDA ITEM

**DATE:** April 9, 2024

04

**TO:** Board of Supervisors

#### **SUBJECT**

#### ADVANCING MENTAL HEALTH EQUITY: HARNESSING PROPOSITION 1 BOND FUNDING FOR COMMUNITY WELL-BEING (DISTRICTS: ALL)

#### **OVERVIEW**

Proposition 1 is a two-part measure, that will amend the California Mental Health Services Act (MHSA) and create a \$6.38 billion general obligation bond. The California MHSA will be reconfigured to be the Behavioral Health Services Act (BHSA) which will allow for spending for substance abuse disorders and command spending for non-clinical housing services. Secondly, it creates a \$6.38 billion general obligation bond that would fund behavioral health treatment and residential facilities, and supportive housing for veterans and individuals at risk of or experiencing homelessness with behavioral health challenges.

The County of San Diego's Behavioral Health Services Department, in collaboration with community providers; Behavioral Health Advocates; and Chairwoman Nora Vargas, have already done substantial work to identify key investments in the behavioral health continuum to optimize care for the County of San Diego and its communities. Specifically, the Board of Supervisors, under the Chairwoman's leadership, has emphasized the importance of equity, social determination of health, and the upstream investments as priorities for the behavioral health continuum.

Today's board action supports the critical steps of strategic planning and ordering of priorities needed to properly inform County advocacy and planning efforts to address our mental health crisis, invest in our community, and ensure an equitable use of bond funds.

#### SUBJECT: ADVANCING MENTAL HEALTH EQUITY: HARNESSING PROPOSITION 1 BOND FUNDING FOR COMMUNITY WELL-BEING (DISTRICTS: ALL)

#### RECOMMENDATION(S) CHAIRWOMAN NORA VARGAS

1. Direct the Interim Chief Administrative Officer to work with the Behavioral Health Services Director to create a process for seeking and investing Proposition 1 bond funding, informed by data; community advocates; and stakeholders, and return to the board within 120 days with a set of priorities to inform County planning efforts in areas such as mental health, substance abuse and housing services that would be eligible for these funds.

#### EQUITY IMPACT STATEMENT

The County of San Diego has been actively working on addressing the behavioral health needs of our communities with a specific emphasis on our vulnerable communities. The County has launched several programs to address the unique and specific needs within our County, including the implementation of the CARE Act and Mobile Crisis Response Teams. Despite the implementations of County programs there continues to be a continuous disproportionate amount of infrastructure dedicated to addressing behavioral health needs, with a large disparity within South County. If approved, today's actions will allow for an equitable distribution of Proposition 1 funding.

#### SUSTAINABILITY IMPACT STATEMENT

Today's actions contribute to the County of San Diego's Sustainability Goals by prioritizing the long-term behavioral health needs of individuals, families, and the region through clear planning and advocacy.

#### FISCAL IMPACT

There are no fiscal impacts associated with today's recommendations. There will be no change in General Fund costs and no additional staff years.

**BUSINESS IMPACT STATEMENT** N/A

**ADVISORY BOARD STATEMENT** N/A

#### BACKGROUND

Nearly 1 in 7 adults in California experience a mental illness, and 1 of 26 has a serious mental illness that affects their daily activities. In 2020, there were 39,431 total number of emergency department discharges experiencing homelessness with a median age of 44 years old and an average length of stay of 7 days. Of the top 10 primary diagnoses found, behavioral health related diagnoses such as suicidal ideation and schizophrenia spectrum and other psychotic disorders were present. According to the Healthy People 2030 framework, 3.4% of adults 18 years and older with co-occurring substance use disorders and mental health disorders received both mental health care and specialty substance use treatment. Most adults will receive treatment for one disorder, but not both.

#### SUBJECT: ADVANCING MENTAL HEALTH EQUITY: HARNESSING PROPOSITION 1 BOND FUNDING FOR COMMUNITY WELL-BEING (DISTRICTS: ALL)

Proposition 1 is a two-part measure, that will amend the California Mental Health Services Act (MHSA) and create a \$6.38 billion general obligation bond. The California MHSA will be reconfigured to be the Behavioral Health Services Act (BHSA) which will allow for spending for substance abuse disorders and command spending for non-clinical housing services. Secondly, it creates a \$6.38 billion general obligation bond that would fund behavioral health treatment and residential facilities, and supportive housing for veterans and individuals at risk of or experiencing homelessness with behavioral health challenges.

On January 23, 2024, the Board of Supervisors adopted a Resolution In Support of Proposition 1, Rebuilding California's Mental health Systems. On March 5, 2024, California voters voted on Proposition 1, "Treatment Not Tents", and passed the measure with 50.19% voting "Yes" throughout the state.

The County of San Diego's Behavioral Health Services Department with Chairwoman Nora Vargas have already done substantial work to identify key investments in the behavioral health continuum to optimize care for the County of San Diego and its communities. Specifically, the Board of Supervisors under the Chairwoman's leadership, has emphasized the importance of equity, social determination of health, and the upstream investments as priorities for the behavioral health continuum.

Today's board action supports the critical steps of strategic planning and ordering of priorities needed to properly inform County advocacy and planning efforts to address our mental health crisis, invest in our community, and ensure an equitable use of bond funds.

#### 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 Equity (Health) and Community (Quality of Life) by ensuring there is an equitable implementation and use of bond funding for the County of San Diego.

Respectfully submitted,

Non Evage

NORA VARGAS Supervisor, First District

ATTACHMENT(S) N/A

**BOARD OF SUPERVISORS** 



### COUNTY OF SAN DIEGO

### AGENDA ITEM

NORA VARGAS First District

JOEL ANDERSON Second District

TERRA LAWSON-REMER Third District

MONICA MONTGOMERY STEPPE Fourth District

> JIM DESMOND Fifth District

> > 08

**DATE:** April 9, 2024

**TO:** Board of Supervisors

#### SUBJECT

## **RECEIVE THE FIRST 5 COMMISSION OF SAN DIEGO ANNUAL REPORT FOR FISCAL YEAR 2022-23 (DISTRICTS: ALL)**

#### **OVERVIEW**

In November 1998, voters passed the California Children and Families Act (Proposition 10). The First 5 Commission of San Diego (Commission) uses revenue from voter-approved taxes on cigarettes and tobacco products to promote early childhood development for children ages zero to five. The Commission recently completed and approved the Annual Report for Fiscal Year (FY) 2022-23 summarizing the Commission's activities for the fiscal year. Today's action requests the San Diego County Board of Supervisors to receive the First 5 Commission of San Diego Annual Report for FY 2022-23.

This item supports the County of San Diego's 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 seeking to improve early childhood health and development in the San Diego County region, and the Commission's long-term goal to ensure that "all children in San Diego County enter school ready to learn."

#### **RECOMMENDATION(S) CHIEF ADMINISTRATIVE OFFICER**

1. Receive the First 5 Commission of San Diego Annual Report for Fiscal Year 2022-23.

#### EQUITY IMPACT STATEMENT

The First 5 Commission of San Diego (Commission) has over 25 years of providing high quality early care and education support services throughout the San Diego County region that are accessible to every child. This work is led through various contracted partners who provide families of children, ages zero to five, with comprehensive services that support child development and overall well-being. These services advance the Commission's vision that all children ages zero through five are healthy, loved, and nurtured, and enter school as active learners.

### **SUBJECT:** RECEIVE THE FIRST 5 COMMISSION OF SAN DIEGO ANNUAL REPORT FOR FISCAL YEAR 2022-23 (DISTRICTS: ALL)

The Commission aims to ensure services are equitably accessible to all families that have a need and engages with all population groups regardless of their race, ethnicity, national origin, religion, gender identity, and/or sexual orientation. These groups include, but are not limited to, refugee and immigrant families, teen parents, military families, and low-income families.

#### SUSTAINABILITY IMPACT STATEMENT

The First 5 Commission (Commission) offers families a reliable resource that impacts the wellness of parents and children, ages zero to five, by potentially reducing stress and creating opportunities to increase the likelihood that children will enter school as active learners. The Commission programs contribute to and enhance sustainability in the areas of child and family well-being, the environment, and the economy. This effort aligns with Sustainability Goal #1 to engage the communities in meaningful ways, by providing opportunities for parents and providers to partner and participate in decisions that directly impact them and their children. The Commission also supports Sustainability Goal #2 to provide just and equitable access to resources for children by providing parents and Family Child Care providers who were significantly impacted by the COVID-19 pandemic with opportunities. These opportunities include increasing child care provider capacity and enhancing business resilience to allow parents to return to their jobs confident that their children are cared for. Additionally, the Commission's programs, Family Child Care providers will expand their business infrastructure through a Shared Services Alliance that support their business resiliency and maximize their enrollment and revenue generation.

#### FISCAL IMPACT

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

#### **BUSINESS IMPACT STATEMENT**

N/A

#### **ADVISORY BOARD STATEMENT**

On November 9, 2023 (3) the First 5 Commission of San Diego reviewed and approved the Fiscal Year 2022–23 Annual Report.

#### BACKGROUND

In November 1998, California voters passed the California Children and Families Act (Proposition 10). This Statewide ballot initiative increased the tax on cigarettes and tobacco products and created local county commissions to oversee funding decisions. The revenue is used to facilitate the development of comprehensive, integrated services and systems that promote early childhood development from the prenatal period through age five.

In December of 1998, the San Diego County Board of Supervisors established the San Diego County Children and Families Commission, later renamed the First 5 Commission of San Diego (Commission), to implement Proposition 10 on a local level. On November 9, 2023 (3), the Commission approved the Fiscal Year 2022–23 Annual Report. The goal of the Commission is to ensure that "all children in San Diego County enter school ready to learn."

### **SUBJECT:** RECEIVE THE FIRST 5 COMMISSION OF SAN DIEGO ANNUAL REPORT FOR FISCAL YEAR 2022-23 (DISTRICTS: ALL)

The Commission receives approximately \$24 million per year directly from First 5 California Commission to support the First 5 San Diego Strategic Plan 2020-2025 (Strategic Plan), which guides the actions and funding decisions of the Commission. On April 18, 2019, the Commission adopted the Strategic Plan which includes four areas of focus for funding: 1) Health, 2) Learning, 3) Community, and 4) Family. Each focus area identifies the Commission's objectives and priority strategies.

The annual report submitted today highlights the comprehensive outreach and impact of the Commission during Fiscal Year (FY) 2022-23, which includes:

- Provided 31,978 health and social service referrals for families.
- Provided 16,717 children high-quality early care and education.
- Screened 13,909 children for developmental delays and treated 5,087 children with developmental concerns.
- Served 525 pregnant women and caregivers and 488 children with intensive home visits.

The Commission achieves its vision through advocacy, funding of services, serving as a leader for coordinating and integrating resources, and building community capacity and infrastructure to support families. Significant accomplishments include receiving and distributing grant funding from the First 5 California for the following activities:

- Refugee Family Support Program designed to connect refugee families with communitybased refugee serving organizations to support language assistance, healthcare, care coordination, transportation, and social capital. This effort is funded through an 18-month grant and led by the County Homeless Solutions and Equitable Communities, Office of Immigrant and Refugee Affairs.
- A centralized intake system for the First 5 First Steps Home Visiting program and an expanded Family Support Connection website and referral pathway tool to connect families to a family support program. This effort is funded by a two-year grant and led by the American Academy of Pediatrics.
- Shared Services Alliance intended to support family childcare providers located in child care deserts and in lower healthy places index communities with business infrastructure and resiliency supports. This effort is funded by a two-year grant and is led by the YMCA Child Care Resource Services.

Today's action requests the San Diego County Board of Supervisors receive the First 5 Commission of San Diego Annual Report for FY 2022-23.

#### LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action to receive the First 5 Commission of San Diego Annual Report for 2022-23 supports the County of San Diego 2024-2029 Strategic Plan Initiatives of Sustainability (Resiliency), Equity (Health), and Community (Quality of Life and Partnership). This is accomplished by ensuring access for all children, ages zero to five years, through a fully optimized early care and education system of care, as well as providing programs and services that enhance the community through increasing the well-being of families and providers.

### **SUBJECT:** RECEIVE THE FIRST 5 COMMISSION OF SAN DIEGO ANNUAL REPORT FOR FISCAL YEAR 2022-23 (DISTRICTS: ALL)

Respectfully submitted,

C. Mu FOR

SARAH E. AGHASSI Interim Chief Administrative Officer

#### ATTACHMENT(S)

Attachment A - First 5 Commission of San Diego Annual Report for Fiscal Year 2022-23

### View complete First 5 San Diego Annual Report HERE



Health

Promote each child's healthy physical, social and motional development

Learning Support each child's development of communication, problem-solving, physical, social-emotional and behavioral abilities, building on their natural readiness to learn.

#### Family

Strengthen each family's ability to provide nurturing, safe and stable environments. Parents and primary caregivers are a child's first and best teachers.

Community

Build each community's capacity to sustain healthy social relationships and support families and children.

The vision of First 5 San Diego's work is that all children ages zero through five are healthy, are loved and nurtured, and enter school as active learners.

# First 5 San Diego builds the early care and

education systems and supports needed to ensure our County's youngest children are safe, healthy and ready to succeed in school and life.

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**BOARD OF SUPERVISORS** 



### COUNTY OF SAN DIEGO

#### AGENDA ITEM

NORA VARGAS First District

JOEL ANDERSON Second District

TERRA LAWSON-REMER Third District

MONICA MONTGOMERY STEPPE Fourth District

> JIM DESMOND Fifth District

> > 19

**DATE:** April 9, 2024

**TO:** Board of Supervisors

#### **SUBJECT**

#### UPDATE ON READINESS FOR CHANGES TO INVOLUNTARY BEHAVIORAL HEALTH TREATMENT IN SAN DIEGO COUNTY (DISTRICTS: ALL)

#### **OVERVIEW**

On October 10, 2023, Governor Newsom signed into law Senate Bill (SB) 43. SB 43 amends the Lanterman-Petris-Short Act and significantly expands the definition of "gravely disabled", by including severe substance use disorder as an allowable category for someone to be compelled into involuntary behavioral health evaluation and treatment, and if clinical standards are met, placed under conservatorship. This law also expands the criteria that can be considered in determining whether a person, because of their behavioral health condition, is unable to meet their personal needs, to include "personal safety" and "necessary medical care". Other significant changes brought forth through SB 43 include the expansion of the array of testimony that can be submitted into conservatorship proceedings without requiring in-person cross examination; a requirement that counties consider less restrictive alternatives in conducting conservatorship investigations; and expansion of State reporting requirements. Together, these updates will make new populations of individuals eligible for involuntary holds for evaluation and treatment, and in some cases, conservatorship.

On December 5, 2023 (6), the San Diego County Board of Supervisors (Board) adopted a resolution to implement SB 43 on January 1, 2025, and directed staff to establish a multi-sectoral implementation planning process inclusive of key parties and agencies impacted by and/or involved with the implementation of SB 43; add to the County of San Diego (County) 2024 State Budget Advocacy support for additional funding needed to implement SB 43, and apply for any available funding that will support implementation; and return to the Board in 90 days for an update on the implementation plan. Today's action requests the Board receive an update on progress of the implementation plan for SB 43, which outlines key actions needed to support readiness for the changes brought forth by this major update to State law.

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 providing the necessary resources and infrastructure needed to ensure all individuals with behavioral health needs have the best possible outcomes.

#### **RECOMMENDATION(S) CHIEF ADMINISTRATIVE OFFICER**

1. Receive the 90-day update on Senate Bill 43 implementation plan as directed by the San Diego County Board of Supervisors on December 5, 2023 (6).

#### EQUITY IMPACT STATEMENT

Senate Bill (SB) 43 introduces major changes that influence the rights of people with severe substance use disorder (SUD), and how they interface with the healthcare system, local law enforcement, and other facets of our communities. Aspects of the legislation may support a more equitable healthcare landscape by focusing on expanding access to treatment rather than punitive measures; considering less restrictive alternatives to treatment before conservatorship; and considering personal safety and necessary medical care as elements of well-being. However, much care must be taken in implementing the legislation to ensure that the dignity and autonomy of individuals with severe SUD are at the center of the conversation and that the application of involuntary treatment is equitably applied across demographic groups.

The County of San Diego is facilitating an inclusive, multi-sectoral planning process for Involuntary Behavioral Health Treatment (implementing SB 43) to ensure a thoughtful, rightsbased approach that prioritizes the dignity and autonomy of individuals and invites community stakeholders into the conversation. The approach outlined in this Board action represents a collaborative, community-driven effort to address the behavioral health needs of our community members.

#### SUSTAINABILITY IMPACT STATEMENT

Today's action supports the County of San Diego Sustainability Goal #1 to engage the community in meaningful ways and continually seek stakeholder input to foster inclusive and sustainable communities. The implementation of SB 43 as outlined in this San Diego County Board of Supervisors action is designed to ensure that implementation is informed by the community including those with lived experience. Today's action also supports the County of San Diego Sustainability Goal #2 to provide just and equitable access to County services, by supporting efforts to create parity and integration amongst mental health and substance use as disciplines within behavioral health.

#### FISCAL IMPACT

There is no fiscal impact associated with the recommendation to receive an update on Senate Bill 43 (SB 43).

On February 27, 2024 (11), the San Diego County Board of Supervisors (Board) approved bridge funding totaling \$15 million from the American Rescue Plan Act (ARPA) Evergreen component to fund costs to support SB 43 implementation. Funds for the initial implementation of SB 43 are included in the Fiscal Year (FY) 2023-24 Operational Plan. It is estimated that the initial implementation of SB 43 will result in estimated costs and revenue of up to \$0.4 million in FY 2023-24 and \$14.6 million in FY 2024-25. The funding source for the initial costs will be ARPA funds for costs that can be obligated before December 31, 2024, and General Purpose Revenue through the lost revenue strategy for programs that cannot be obligated before the end of 2024. As part of future updates to the Board, staff will outline recommended investments for remaining

amounts from the SB 43 ARPA Evergreen component and request mid-year action to adjust the budget if necessary and/or incorporate in future budgets. At this time, there will be no change in net General Fund cost and no additional staff years.

#### **BUSINESS IMPACT STATEMENT**

N/A

#### **ADVISORY BOARD STATEMENT**

This item was presented to the Behavioral Health Advisory Board on March 7, 2024, for review and comment.

#### BACKGROUND

On October 10, 2023, Governor Newsom signed into law Senate Bill (SB) 43, amending the Lanterman-Petris-Short (LPS) Act, which governs the involuntary detention and conservatorship of individuals with behavioral health conditions. Prior to SB 43, involuntary treatment law under the LPS Act had remained largely unchanged since the 1960s.

#### LPS Act Prior to SB 43

The LPS Act allows for individuals deemed to be a danger to self or others, or "gravely disabled", to be detained, and if certain clinical standards are met, compelled into treatment and/or placed under conservatorship. Prior to SB 43, the LPS Act defined "gravely disabled" as a condition in which a person, because of a mental health disorder or impairment by chronic alcoholism, is unable to provide for their basic needs for food, clothing, or shelter. The 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 a designated facility. Additionally, prior to SB 43, Emergency Departments (EDs) have been the most common facility type to which individuals under a 5150 hold were transported. The initial 5150 hold can last up to 72 hours, during which a clinician must evaluate whether the hold should be extended for a longer period. If the 5150 hold is released before or at the 72-hour mark, an individual is generally offered information on or connected to any clinically appropriate voluntary services.

At any stage of the evaluation, if the person chooses to accept voluntary treatment, then a hold is not necessary. If the 5150 hold is not released before or at the 72-hour mark, and if clinically indicated, the individual may be transferred to an LPS-designated psychiatric facility or unit. From there, additional holds of 14 days, 30 days, an additional 30 days, and 180 days may be initiated as clinically indicated.

A psychiatrist and/or licensed clinician from the facility at which the person is under a hold may refer the person's case to the County of San Diego (County) Public Conservator's Office to determine if conservatorship is appropriate. From there, the matter is brought before the Court by the Public Conservator, and the judge may determine that an LPS conservatorship is appropriate based upon clinical recommendations. LPS conservatorship is for the most severely impaired individuals and involves a court-appointed conservator making decisions for individuals when they are unable to care for themselves. Placement for conservatees is determined based on the least

restrictive level of care to maintain stability and may include locked facilities. Conservatorship may last for up to one year and is evaluated for renewal annually.

#### LPS Act After SB 43

SB 43 significantly expands the eligibility criteria for who can be detained for involuntary care and subjected to conservatorship under LPS Act to include people with severe substance use disorder (SUD). As a result of SB 43, "gravely disabled" under the LPS Act is defined as a condition in which a person because of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic needs for food, clothing, shelter, access to medical care or personal safety.

Due to the high prevalence of substance use conditions and because of the new "basic needs" criteria to consider someone gravely disabled under the LPS Act, it is anticipated that SB 43 will result in an increase in the number of individuals detained and transported to EDs under 5150 holds. People with SUD have historically presented to EDs for various reasons. However, it is anticipated that implementation of SB 43 will result in more people with SUD to be brought into EDs under a 5150 hold. Many individuals with SUD who present in EDs under a 5150 hold will have their symptoms subside within the 72-hour hold or may have willingness to accept voluntary services which would result in the hold being dropped. If they are no longer subject to a hold under the LPS Act, individuals can be offered services and treatment, but it must be on a voluntary basis.

In addition, SB 43 makes other significant changes to the LPS Act. This includes expanding the array of testimony that can be submitted into conservatorship proceedings without requiring inperson cross examination; requiring counties to consider less restrictive alternatives in conducting conservatorship investigations, such as assisted outpatient treatment (AOT) and the Community Assistance, Recovery and Empowerment (CARE) Act program; and expanding the State reporting requirements, with the potential for civil penalties and plans of correction for counties not reporting data to the State timely and accurately. Together, the changes brought forth by SB 43 will have impacts across communities in the San Diego County region, affecting the rights of those with behavioral health conditions and how they interface with the healthcare and justice systems.

#### Involuntary Behavioral Health Treatment in San Diego County

On December 5, 2023 (6), the San Diego County Board of Supervisors (Board) adopted a resolution to implement SB 43 on January 1, 2025, and directed staff to:

- Establish a multi-sectoral implementation planning process inclusive of key parties and agencies impacted by and/or involved with implementation of SB 43;
- Add to the County 2024 State Budget Advocacy support for additional funding needed to implement SB 43, and apply for any available funding that will support implementation; and
- Return to the Board in 90 days for an update on the implementation plan.

Today's action requests the Board receive an update on progress of the implementation plan for SB 43, which outlines key actions needed to support readiness for the changes brought forth by this major update to State law.

#### Convening Key Parties and Agencies

The County Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) has engaged and convened key partners and stakeholders to collaboratively advance the region's readiness to implement SB 43 no later than January 1, 2025. Stakeholders have included local hospital and health system partners, housing providers, justice partners including local law enforcement, client advocates and people with lived experience, community-based behavioral health providers, health plans, and other County partners. These stakeholders have brought unique perspectives and contributed valuable input at convenings.

On January 17, 2024, the Involuntary Behavioral Health Treatment Collaborative Workgroup (Collaborative Workgroup) discussed strategies to implement SB 43 on January 1, 2025. The group defined what readiness for SB 43 would look like across critical priority areas of work. These priorities were utilized as the basis for forming the following subcommittees, which were convened in February 2024:

- The Alternatives to EDs Subcommittee met on February 22, 2024. Areas of focus included: crisis stabilization unit (CSU) readiness and capacity development; client journey-mapping across levels of care; and policy considerations related to siting of and billing for services.
- The Training and Education Subcommittee met on February 15 and February 21, 2024. Areas of focus included: the legal and clinical framework for holds, including distinction of severe SUD; local law enforcement officer training; clinician training; and education and public awareness efforts.
- The Expanded Treatment, Services and Supports for Those with SUD Subcommittee met on February 21 and February 27, 2024. Areas of focus included: hospital-based treatment; community-based treatment; complementary supports (e.g., housing).

On March 1, 2024, the Collaborative Workgroup reconvened to review the outputs of the three subcommittees outlined above and to discuss overall community readiness for implementation.

#### Advocate and Pursue Necessary Funding for Implementation

The County continues to advocate to the State for funding to support implementation of SB 43. This includes addressing mechanisms for reimbursement for services for Medi-Cal beneficiaries who have a primary and stand-alone SUD diagnosis in settings such as CSUs, inpatient settings, and other diversionary and step-down mental health programs; as well as funding needed for the County operationalization of the new State requirements associated with SB 43. On March 15, 2024, the County sent a formal budget advocacy letter to the Chairs of the Legislative Budget Committees highlighting funding for SB 43 as a top priority. As the State Legislature convenes its budget hearing process, the County will continue to highlight the need for funding for implementation through advocacy and ongoing engagement and partnership with other counties and statewide advocacy organizations.

#### Update on Implementation Plan

In preparing for the implementation of SB 43, BHS has advanced activities on four distinct bodies of work needed to establish the infrastructure that is essential to effectively prepare for implementation on January 1, 2025.

#### A. Education and Training

As identified via internal and external stakeholder input, and through analyses conducted by BHS staff, SB 43 education and training readiness would include: Developing content for new LPS trainings; implementing LPS trainings for local law enforcement and LPS facility staff in San Diego County; and preparing initial educational messaging for community stakeholders. The following outlines immediate, mid-, and long-term actions to support education and training for SB 43 implementation, including an anticipated timeline of actions and descriptions of known and potential barriers and opportunities.

#### Immediate Actions – Next Three months

#### Develop LPS Training

The existing contract for BHS Patient Advocacy Services will be amended to include developing and delivering new trainings for each local law enforcement jurisdiction and LPS facility staff, as well as support coordination of the individual 5150 certification process for qualified facilities and personnel. Additional contract costs are estimated at \$0.1 million in Fiscal Year (FY) 2023-24 and \$0.4 million in FY 2024-25.

BHS will coordinate with local law enforcement entities to ensure training and education offered through the County's contractor considers the SB 43 messaging provided through various law enforcement organizations and membership associations, including the California Commission on Peace Officers Standards and Testing.

#### Focused Education and Public Awareness Efforts

BHS is engaging with stakeholders to plan a community "roadshow" on involuntary behavioral health treatment and associated topics. This includes assessing appropriate content, format, and frequency. Initial activities will be conducted by existing County staff and supported by existing contracted resources, as needed.

#### Development of SB 43 Public Website

County BHS has developed a public-facing website that outlines key information about SB 43 including Frequently Asked Questions, to support public education and awareness. Website content will continue to be added as the need is identified and supportive materials are developed. The website went live in March 2024.

#### Mid-Term Actions – Next Three to Six Months

#### Conduct LPS Trainings

Introductory SB 43 trainings will be conducted for each law enforcement jurisdiction no later than June 2024. Updated LPS trainings would be delivered to local law enforcement jurisdictions and LPS facility staff, no later than September 2024.

#### Develop Focused Education and Public Awareness Efforts

Trainings for local law enforcement and clinicians within San Diego County would be promoted via in-person, print, and digital media content. Announcements of upcoming trainings would be amplified via existing distribution lists and communication channels, including but not limited to the HHSA regional community newsletters, continuing education

associations, *Live Well San Diego* Sectors (e.g., Health Professionals Sector Telebriefings), local behavioral health academic programs alumni newsletters/websites and academies (e.g., San Diego State University Academy for Professional Excellence), and community-based coalitions and councils (e.g., Suicide Prevention Council). Initial ad-hoc presentations to cities, health systems, justice partners, and housing programs would be conducted by July 2024.

#### *Long-Term Actions – Next 6-12+ Months*

#### Reassessment of LPS Trainings

A reassessment would be conducted in collaboration with stakeholders 90 days after communitywide implementation of SB 43 to review learnings and explore if new materials and engagement activities would add value for community education efforts for specific sectors and groups.

#### Continue Focused Education and Public Awareness Efforts

Roadshow presentations to specific stakeholder groups will continue. The SB 43 website will be refreshed with additional content as needed. General public information sessions (similar to workshops conducted for the CARE Act Program) will be conducted, anticipated in September 2024.

#### B. Expanded Treatment, Services, and Supports for People with SUD

As identified via internal and external stakeholder input, and through analyses conducted by BHS staff, readiness for SB 43 in this area would include: estimating the anticipated need for locked and voluntary SUD treatment; and alignment of resource availability to meet critical operational needs across emergency departments, inpatient facilities, residential and community-based treatment providers. The following outlines actions to support community readiness for SB 43 implementation, including a timeline of actions and a description of known and potential barriers and opportunities.

#### Immediate Actions – Next Three Months

#### Implementation of San Diego (SD) Relay Program

SD Relay is a new program that is being competitively procured by the County, with services anticipated to begin in summer 2024. SD Relay is a behavioral health peer response system delivered in EDs by people with lived experience. The program will support people who present in EDs who have experienced a non-fatal overdose through a crucial period, as they transition from the ED back into the community. SD Relay will provide overdose prevention education, naloxone, support, and linkage to care for opioid overdose survivors after an overdose event. Trained peers are deployed to partnering EDs immediately after a reported overdose to initiate engagement and offer noncoercive services and resources. Following this initial engagement, peers contact and stay connected with participants after discharge.

Once operational, SD Relay will support readiness for SB 43 by supporting connections from EDs to voluntary harm reduction and SUD treatment services. BHS staff will monitor program operations and assess operational components of SD Relay that could be leveraged to support those with severe SUD (i.e., not limited to nonfatal overdose). Additional contract costs are estimated at \$0.4 million in FY 2024-25, which is prorated, and approximately \$0.7 million

annually in future years. If additional funding or procurement authority requires authorization by the Board, these items would be brought forward in future actions for consideration by the Board.

#### Mid-Term Actions – Next Three to Six Months

Enhance Connections for Patients in EDs to SUD Residential and Outpatient Treatment BHS staff is exploring opportunities to enhance outreach, engagement, and care coordination work within existing County-contracted SUD outpatient and residential programs to link patients in EDs to voluntary care. These enhancements would support the workforce and operational infrastructure to develop and sustain this service and would be designed to draw down Medi-Cal funding, to offset what would otherwise be County costs to support this service.

#### Long-Term Actions – Next 6-12+ Months

#### Pursue Policy Changes to Establish Locked Hospital-Based SUD Treatment

Some individuals who are subject to involuntary holds for grave disability due to severe SUD may need to receive care in a locked facility, similar to how individuals who are gravely disabled due to a mental health condition may need to receive care in a locked facility. It is anticipated that developing locked SUD treatment within the current footprint of existing LPS inpatient hospitals will be clinically optimal, as well as the most cost- and time-efficient.

To date, the State has not established Medi-Cal reimbursement rates for locked primary and stand-alone SUD treatment. Per the State Department of Health Care Services (DHCS), State laws and regulations do not designate nor permit DHCS to approve designation of new categories of facilities for evaluation and treatment of individuals on involuntary holds for grave disability due to severe SUD.

County staff will continue to collaborate with the State and local hospitals to inform considerations for establishing Medi-Cal rates and regulatory updates that would allow for Medi-Cal reimbursable services within dedicated areas of hospitals for evaluation and treatment of individuals on involuntary holds for grave disability due to severe SUD. Until the State addresses policy barriers related to Medi-Cal billing, County funding would be necessary or other funding sources would need to be leveraged to cover costs of these services, if access to this level of care were to be needed by Medi-Cal beneficiaries.

County staff will pursue contract actions to establish or amend agreements with local hospitals to develop locked SUD treatment capacity. If additional funding or procurement authority requires authorization by the Board, these items would be brought forward in future actions for consideration by the Board.

#### Establish New Crisis Residential Treatment for Primary and Stand-Alone SUD

Existing mental health crisis residential treatment programs face the same regulatory challenges and inability to receive Medi-Cal reimbursement for people with severe SUD that impacts inpatient psychiatric care. Therefore, crisis residential units would be unable to immediately provide diversion or step-down care for primary or stand-alone SUD treatment.

Crisis residential providers are well-equipped to collaborate with EDs and inpatient providers for care transitions if policy and regulatory barriers at the State level are addressed. Developing new, crisis residential capacity to serve primary and stand-alone SUD would be a longer-term goal. If additional funding or procurement authority for establishing such capacity requires authorization by the Board, these items would be brought forward in future actions for consideration by the Board.

#### Expand Harm Reduction Housing Options through City Partnerships

Opportunities to partner with local cities and housing authorities to develop housing options for those with severe SUD, such as harm reduction housing, will be explored.

#### Develop the Optimal Care Pathways 2.0 Model

BHS is continuing the development of a systemwide analysis that identifies the need and capacity for SUD services and supports. According to the 2016-2018 National Survey of Drug Use and Health, the prevalence of past-year SUD among adults aged 12 and older is estimated to be 7.98% within San Diego County. In addition, according to the 2021 National Survey of Drug Use and Health, 94% of individuals with SUD are not connected to treatment. This statistic alone suggests that the current ways of delivering care are not effectively meeting the needs of individuals with SUD.

The Optimal Care Pathways model outlined the need to establish new care pathways that better meet the long-term care needs of individuals through community-based mental health care and divert individuals from unnecessary utilization of acute care. Following a similar methodology, BHS aims to (1) map current and future client pathways to clinically appropriate SUD services and identify access barriers; (2) quantify capacity needed to support seamless transitions between levels of care and prevent bottlenecks; and (3) develop a plan for systemwide resourcing that supports recovery maintenance.

#### C. Alternatives to EDs for 5150 Transports

As identified via internal and external stakeholder input, and through analyses conducted by BHS, readiness for SB 43 in this area would include: reviewing regulatory parameters for maximal use of CSUs for primary and stand-alone SUD evaluation and treatment; exploring opportunities for local bridge funding as the Board-directed policy advocacy related to funding is pursued; and establishing communication plans to ensure optimal utilization of emergency department alternatives. The following outlines actions to support community readiness for SB 43 implementation, including a timeline of actions and a description of known and potential barriers and opportunities.

#### Immediate Actions – Next Three Months

#### Pursue State Policy Changes to CSU Medi-Cal Billing and Designation

DHCS has been engaged in addressing the policy barriers that currently prevent CSUs from billing Medi-Cal for primary or stand-alone SUD services. Preliminary discussions support the use of CSUs for those with primary or stand-alone SUD, given their designation as LPS facilities. DHCS has not established Medi-Cal reimbursement guidance for primary and stand-alone SUD that extends the existing Medi-Cal Transformation (formerly known as CalAIM)

allowances for reimbursement during assessment periods; as such, engagement of DHCS will continue in order to seek more definitive policy guidance.

#### Mid-Term Actions – Next Three to Six Months

Contract Actions to Support CSU Capacity for those with Primary and Stand-Alone SUD Diagnoses

If definitive State guidance on billing Medi-Cal for CSU services remains pending, BHS will explore leveraging existing County-contracted CSUs to provide services for those with primary and stand-alone SUD diagnoses, in addition to their existing services for those with primary and stand-alone mental health diagnoses. The CSU services for those with primary and stand-alone SUD diagnoses would not be eligible for Medi-Cal reimbursement, and therefore County bridge funding would be needed to cover costs for the delivery of these services until they became eligible for Medi-Cal reimbursement.

BHS will also support efforts to train and provide technical assistance to existing CSU providers to prepare for the addition of capacity for primary and stand-alone SUD diagnoses, including strategies to optimize billing when services become eligible for Medi-Cal reimbursement.

#### Long-Term Actions – Next 6-12+ Months

*Operationalize CSU Capacity for People with Primary and Stand-Alone SUD Diagnoses* Upon receipt of definitive State guidance on billing Medi-Cal for CSU services, Countycontracted CSUs would optimize clinical operations and Medi-Cal billing for services provided to those with primary and stand-alone SUD diagnoses under the new regulatory framework that supports integrated care. Capacity of the existing CSUs would be continuously monitored and assessed for further enhancement, if needed. If additional funding or procurement authority requires authorization by the Board, these items would be brought forward in future actions for consideration by the Board.

#### D. Updating Procedures and Adding Capacity to Support the Public Conservator's Office

As identified via internal and external stakeholder input, and through analyses conducted by BHS, readiness for SB 43 in this area would include: critical Public Conservator's Office staff hired, trained, and prepared to conduct conservatorship investigations; Public Conservator's Office policy and procedures updated to reflect most current statutory requirements, along with best practices related to clinical thresholds and evaluation standards; the behavioral health services system of care being prepared to receive referrals from inpatient settings; and capacity developed in hospitals and in the community to accept clients with primary SUD diagnosis.

The following outlines actions to support community readiness for SB 43 implementation, including a timeline of actions and a description of known and potential barriers and opportunities.

#### Immediate Actions – Next Three months

#### Establishing New Policies and Procedures for Conservatorship Evaluations

The Public Conservator's Office is working to revise policies and procedures to reflect the inclusion of involuntary care for severe SUD, including as a stand-alone condition, in the evaluation for LPS involuntary treatment. Policies and procedures will also include updated training requirements for Public Conservator's Office staff to include American Society for Addiction Medicine and substance use assessment. Additionally, policies and procedures are being updated in alignment with the legislative intent of SB 43 with respect to evaluation and treatment of persons with serious mental health conditions and severe substance use disorder and ensuring the least restrictive setting is provided to meet the needs of each patient.

#### Participation in Statewide Convenings to Inform Clinical Thresholds

County leadership will participate in California Behavioral Health Directors Association (CBHDA) committees, workgroups, and other statewide convenings to identify clinical thresholds for involuntary care and conservatorship for people with severe SUD, and conversely, thresholds for voluntary care. Information gathered via CBHDA convenings will be threaded into practice and policy as appropriate.

#### Public Conservator's Office Resourcing

County staff are developing a strategy for recruitment and hiring of staff that will be needed to conduct conservatorship evaluations and other mandated activities. Other operational needs, including transportation for clients to attend required court hearings, are being identified. Resource needs not currently in the County Operational Plan as approved by the Board are anticipated to be brought forward through County operational planning processes.

#### Mid-Term Actions – Next Three to Six Months

#### Implementing New Policies and Procedures for Conservatorship Evaluations

Policies and procedures will continue to be updated with emerging statutory guidance and best practices from CBHDA and other statewide convenings.

#### Continued Participation in Statewide Convenings to Inform Clinical Thresholds

County leadership will continue to participate in statewide convenings to share the region's best practices as well as learn from other early adopters.

#### Continued Public Conservator's Office Resourcing

Hiring of critical personnel will proceed. Resources needed for personnel including any additional office space and equipment will be identified and pursued. It is anticipated that the existing office space can be leveraged initially to house staff and client functions. Public Conservator contracts will be reviewed to ensure they can accommodate projected increase in services (i.e. courier services, ambulance services, IT systems). Data reporting processes will be established in conformance with new State requirements.

*Evaluate Assisted Outpatient Treatment and Community Assistance, Recovery and Engagement Assertive Community Treatment (ACT) Capacity* 

Based upon new information on clinical thresholds for involuntary care, as well as current trends in utilization and system capacity, County staff will assess the need to serve additional AOT and CARE clients in their respective programs. Though AOT and CARE require a primary mental health diagnosis, it is anticipated that SB 43 will generate additional referrals to the Public Conservator overall, and that a proportion of those referrals will require mental health outpatient services including those that may be court involved. Contract mechanisms to increase any ACT program capacity will be reviewed and if additional funding or procurement authority requires authorization by the Board, these items would be brought forward in future actions for consideration by the Board.

#### Long-Term Actions – Next 6-12+ Months

#### Implement Data Collection, Reporting Infrastructure, and Processes

SB 43 outlines substantial new data collection requirements, including new data elements that will be required to be reported to the State on a quarterly basis. County staff will leverage and modify existing data collection systems to capture the required data, along with developing and enhancing new data reporting capability and systems, including enhancements to Panasoft, to align with mandated reporting requirements. Additional contract costs are estimated at \$0.3 million in FY 2023-24 and \$0.7 million in FY 2024-25.

#### Assess Ongoing Public Conservator's Office Resourcing Needs

Resource needs for the Public Conservator's Office will be continuously evaluated and if major additional operational needs are identified, these would be included in County operational planning processes.

#### 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 Equity (Health) and Community (Quality of Life) by providing necessary resources and infrastructure needed to ensure individuals with behavioral health needs have the best possible outcomes.

Respectfully submitted,

Zie C. Me and FOR

SARAH AGHASSI Interim Chief Administrative Officer

ATTACHMENT(S) N/A

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**BOARD OF SUPERVISORS** 



### COUNTY OF SAN DIEGO

#### AGENDA ITEM

NORA VARGAS First District

JOEL ANDERSON Second District

TERRA LAWSON-REMER Third District

MONICA MONTGOMERY STEPPE Fourth District

> JIM DESMOND Fifth District

> > 20

DATE: April 9, 2024

TO: Board of Supervisors

#### SUBJECT

#### UPDATE ON THE REGIONAL CAPACITY AND NEED FOR BOARD AND CARE AND SUBACUTE SERVICES TO SUPPORT MEDI-CAL ELIGIBLE ADULTS WITH BEHAVIORAL HEALTH CONDITIONS, AUTHORIZE AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND AUTHORIZE SUNSET OF REPORTING ON UPDATES TO ADDRESS THE BEHAVIORAL HEALTH WORKER SHORTAGE (DISTRICTS: ALL)

#### **OVERVIEW**

In California, counties are responsible for administering specialty mental health and substance use services to residents eligible for Medi-Cal. In order to optimize access to care and quality as a health plan, the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) is required to maintain a local network of mental health and substance use services and providers that meets the needs of Medi-Cal beneficiaries. Recent work by BHS has sought to rebalance the entire care system using a more upstream approach that emphasizes prevention and connects people to care within least restrictive settings.

On September 27, 2022 (23), the San Diego County Board of Supervisors (Board) received an update on the Behavioral Health Continuum of Care that outlined strategies to rebalance the system and address the historical lack of equity within long-term care through enhancements to community-based care and shifts within subacute services. These strategies were informed by the Behavioral Health Optimal Care Pathways (OCP) model, a data-informed algorithm that quantifies utilization across three key service areas: community crisis diversion, subacute care, and community-based care.

Further building on the OCP model, on September 12, 2023 (23), the Board directed staff to assess the capacity of board and care and subacute beds that serve Medi-Cal eligible adults with behavioral health conditions in San Diego County. The Board also directed staff to report back with estimates on the capacity needed to adequately support individuals within the region and strategies to enhance capacity. Today's action provides an update on this direction and requests the Board to authorize amendments to extend five existing board and care contracts, known as augmented services programs. Additionally, today's action requests the Board direct the Interim Chief Administrative Officer to sunset previously directed time-certain reporting on addressing the behavioral health worker shortage in San Diego County. BHS has completed all actions set

forth by the Board and has provided three updates on progress to date, and any additional workforce related items will be included as-needed in future updates to the Board.

#### **RECOMMENDATION(S)**

#### CHIEF ADMINISTRATIVE OFFICER

- 1. Receive an update on the regional capacity of board and care and subacute beds for Medi-Cal eligible adults with serious behavioral health conditions and strategies to enhance board and care and subacute capacity in San Diego County.
- 2. 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 a determination of a fair and reasonable price, to amend five licensed board and care contracts, also referred to as augmented services programs, inclusive of adult residential facilities (ARFs) and residential care facilities for the elderly (RCFEs) listed below to extend the contract term up to June 30, 2025, and up to an additional six months, if needed; 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 Agency Director, Health and Human Services Agency.
  - a. Casa de Oro Residential Care ARF (Contract #560378)
  - b. Carroll's Community Care ARF Contract #560381)
  - c. Tharon San Diego, LLC RCFE (Contract #569769)
  - d. Fancor Guest Home ARF (Contract #560379)
  - e. Orlando Residential Care ARF (Contract #560380)
- 3. Direct the Interim Chief Administrative Officer to sunset time-certain reporting for addressing the behavioral health worker shortage in San Diego County as directed actions have been completed.

#### EQUITY IMPACT STATEMENT

The update on these recommendations highlights the equity considerations of enhancing board and care, as well as subacute bed capacity, for Medi-Cal eligible adults with serious behavioral health conditions in San Diego County. The initiatives to update regional capacity, amend contracts with care facilities, and address the behavioral health worker shortage directly target the needs of our most vulnerable populations. By focusing on equitable access and resource allocation, these actions aim to dismantle barriers in healthcare access, ensuring that every individual, irrespective of socioeconomic status, receives the necessary care and support.

Expanding services and extending contracts with adult residential facilities and residential care facilities for the elderly are pivotal steps toward creating a more inclusive healthcare system. Coupled with strategic efforts to overcome the workforce shortage in the behavioral health sector, these recommendations promise to significantly improve service availability and quality for underserved communities. The San Diego County Board of Supervisors consideration of these equity-focused proposals is crucial for fostering a healthcare environment where equity is not just an aspiration but a realized outcome for all San Diego County residents.

#### SUSTAINABILITY IMPACT STATEMENT

Today's proposed actions align with the County of San Diego (County) Sustainability Goal #2, which seeks to ensure equitable access to County services. Enhancing board and care facilities and increasing subacute bed capacity across the county prioritize equitable access to essential services for Medi-Cal eligible adults.

This item also supports Sustainability Goal #4 to protect the health and well-being of everyone in San Diego County. By increasing capacity within community-crisis diversion, community-based care, and establishing additional subacute care, this body of work moves our long-term care system to a more ideal state to better serve the entire region.

#### FISCAL IMPACT

There are no fiscal impacts for recommendations #1 or #3. For recommendation #2, funds are included in the Fiscal Year (FY) 2024-26 CAO Recommended Operational Plan for the Health and Human Services Agency. If approved, today's recommendation will result in approximate costs and revenue of \$3.4 million in FY 2024-25. The funding source is Mental Health Services Act. There will be no change in net General Fund cost and no additional staff years.

#### **BUSINESS IMPACT STATEMENT**

N/A

#### **ADVISORY BOARD STATEMENT**

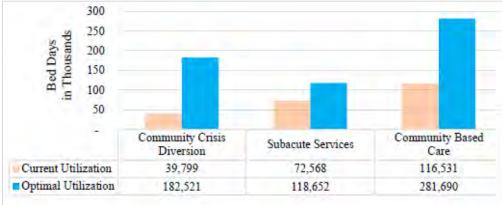
The Behavioral Health Advisory Board voted to approve this item at their regular meeting on February 7, 2024.

#### BACKGROUND

In California, counties are responsible for administering specialty mental health and substance use services to residents eligible for Medi-Cal. To optimize access to care and quality as a health plan, the County of San Diego (County) Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) is required to maintain a network of mental health and substance use services and providers that meets the needs of Medi-Cal beneficiaries locally. Recent work by BHS has sought to rebalance the entire care system using a more upstream approach that emphasizes prevention and connects people to care within least restrictive settings.

On September 27, 2022 (23), the San Diego County Board of Supervisors (Board) received an update on the Behavioral Health Continuum of Care that outlined strategies to rebalance the system and address the historical lack of equity within long-term care through enhancements to community-based care and shifts within subacute services. These strategies were informed by the Behavioral Health Optimal Care Pathways (OCP) model, a data-informed algorithm that quantifies utilization across three key service domains: community crisis diversion, subacute care, and community-based care.

The OCP model focuses on care utilization assumptions that reflect appropriate lengths of stay and durations of connection to the right level of care focusing on prevention, community supports, and diversion from unnecessary higher levels of care. It outlines the need to recalibrate and enhance existing services, and more than double utilization across these three domains of care to optimize flow, minimize barriers to care, and open more cost-effective care pathways.



Once OCP recommendations are fully realized, it is anticipated that individuals will be able to access the care they need to ensure long-term wellness. Additionally, it is anticipated that there will be 1) an overall reduction in the average cost per bed day by nearly 40% across the services above, from an estimated \$519 per bed day to about \$330 per day, 2) a reduction in utilization of acute inpatient services by approximately 40%, and 3) alleviated pressure of administrative days. Administrative days occur when a client is no longer in need of acute hospital care and is unable to step down to a lower level of care due to a lack of available placement to meet their individual needs.

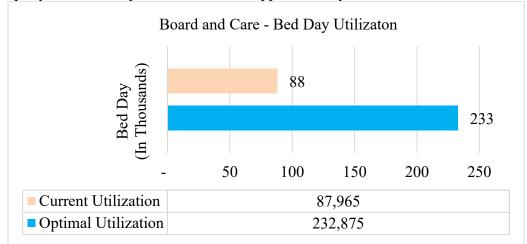
Further building on the OCP model, on September 12, 2023 (23), the Board directed staff to assess the capacity of board and care and subacute beds that serve Medi-Cal eligible adults with behavioral health conditions in San Diego County by Supervisorial district. The Board also directed staff to report back with estimates on the capacity needed to adequately support individuals within the region and strategies to enhance capacity. Today's action provides an update on this direction.

### I. Assessment of Board and Care and Subacute Bed Capacity for Medi-Cal Eligible Adults with Behavioral Health Conditions

OCP capacity recommendations were developed based on the needs of individuals who are Medi-Cal eligible and served within the public behavioral health system. Recently, State of California policymaking has emphasized initiatives that hold county mental health plans accountable for broader sets of payors. The Community Assistance, Recovery and Empowerment (CARE) Act program and changes to involuntary detainment and treatment policy through Senate Bill (SB) 43, for example, have service targets that include not only individuals who are Medi-Cal eligible but also represent other payor categories. This may impact the OCP estimates.

#### **Board and Care**

Licensed board and care facilities (board and cares), also referred to as ASPs, are inclusive of adult residential facilities (ARFs) and residential care facilities for the elderly (RCFEs). Board and cares are an essential service within community-based care providing 24-hour staffed residences that support individuals in need of care and supervision who are unable to live independently within other types of housing. ARFs and RCFEs are licensed by the California Department of Social Services and overseen by the State's Community Care Licensing Division (CCLD). As outlined in the OCP model, there is an urgent need to grow utilization of board and cares by over 140,000 bed days per year, which equates to a need for approximately 400 beds.



Current barriers to care are the decreasing number of licensed care facilities and the even fewer that serve individuals with Supplemental Security Income (SSI) and have serious mental illness. These barriers often leave people with behavioral health conditions homeless, institutionalized, and/or on extended stays in acute care settings.

According to the CCLD data for San Diego County as of January 2024:

- A total of 1,208 licensed board and care providers provide 30,630 beds across San Diego County.
- Since 2019, 156 of the 833 licensed ARFs, or 19%, closed their doors, decreasing the number of beds by over 2,300. Additionally, 131 of the 712 unique RCFEs, or 18%, closed their doors reducing the number of beds by over 900.
- Across the existing board and cares in San Diego County, 116 (less than 10%) serve individuals with SSI, for a total of only 1,994 beds (or less than 7% of total).
- Of board and cares that serve individuals with SSI, eight of those facilities provide 255 total beds (about 13%) for individuals with serious mental illness, which is provided through a daily rate, or patch rate, that augments the SSI reimbursement rate.
- Of the 30,633 total licensed board and care beds across the county, less than one percent (255 beds) provide care for BHS clients.

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Licensed Board and Care Facilities and Beds									
	Overall		Serving Individuals with SSI		Serving BHS Clients				
HHSA Region	# ARFs/RCFEs	# Beds	# ARFs/RCFEs	# Beds	# ARFs/RCFEs	# Beds			
North Coastal	181	6,675	26	210	0	0			
North Inland	290	8,006	26	894	1	21			
North Central	160	4,353	9	151	0	0			
East	255	5,707	7	128	6	185			
Central	160	2,300	20	328	1	49			
South	162	3,589	28	283	0	0			
Totals	1,208	30,630	116	1,994	8	255			

Below is a table of current licensed board and care facilities and beds, by HHSA region:

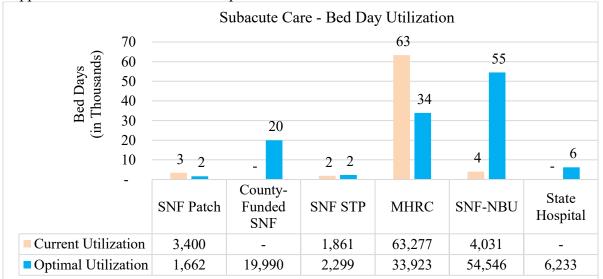
BHS anticipates the need for about 380 additional board and care beds to reach optimal utilization, excluding the additional capacity needed for individuals participating in the CARE Act program.

#### Subacute Care Capacity

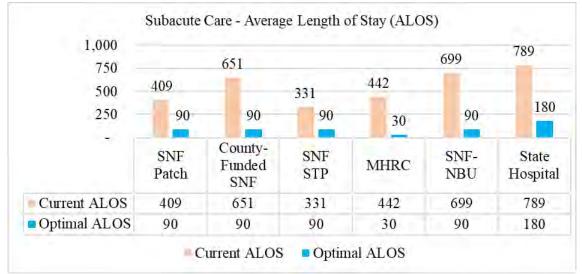
Subacute care is provided to individuals who are stepping down from acute psychiatric care or for individuals whose acuity may have intensified and need a higher level of care. Services are provided on a 24/7 basis in a secured setting to adults who need intensive rehabilitative services and supports, and may include room and board, health monitoring, medication therapy, individual, group and/or family therapy, case management, and discharge planning. Services offered provide structured daily programming to assist clients in improving functioning so they can return to live in the community.

Subacute care includes a variety of licensed and certified health care settings that provide care for cohorts of clients with clinical needs that cannot be met in a community-based setting, but do not require acute care services. Subacute care includes skilled nursing facility (SNF) patches, County-funded SNFs, Department of State Hospital beds, SNF-specialized treatment program (STP) beds, Mental Health Rehabilitation Centers (MHRCs), and SNF neuro-behavioral unit (NBU) beds. MHRCs are licensed by Department of Health Care Services (DHCS) to provide specialty mental health and rehabilitation services that prepare clients for step-down to a community-based setting. SNFs are licensed by the California Department of Public Health and provide 24/7 skilled nursing care. SNFs may specialize care to address specific conditions, such as neurobehavioral needs, and may be certified by DHCS for an STP to address behavioral health needs. BHS clients placed in a SNF have a combination of physical and behavioral health needs, and payment is primarily the responsibility of Medi-Cal Managed Care Plans. BHS has contracted with SNFs, both directly and through BHS Administrative Services Organization (ASO), to provide payments via augmented rates to support additional behavioral health services for clients with serious mental illness who are in skilled nursing settings. Utilization is managed by BHS ASO.

The bottlenecks across the continuum have often resulted due to clients who present with unique and complex needs and do not have access to the right kind of subacute care. The OCP model recommends that the County establish specialized subacute capacity that meets the needs of individuals with especially complex conditions. Within subacute care, challenges continue in identifying appropriate clinical options for individuals who are incompetent to stand trial, forensic patients, and those waiting for State Hospital placement. As outlined in the OCP model, and represented in the chart below, there is a need to recalibrate the beds across specific subacute bed types, including reducing utilization of standard MHRCs and increasing capacity for utilization within more robust clinical settings, such as, SNF-NBU and/or SNF STP beds, to improve access to support individuals with more complex needs.



Additionally, the OCP model assumes more appropriate lengths of stay for people who are in subacute care as the subacute bed types are shifted and additional board and care capacity becomes available. As outlined in the chart below, the current average length of stay across the various subacute beds ranges from 330 to 789 days, due to clients not having appropriate step-down beds available. In an optimal system, the average length of stay shifts to 30-90 days as utilization of the appropriate types of subacute beds increases to allow clients to transition out. BHS will continue to shift the array of beds within subacute care to better align with the needs of clients who have complex needs.



#### Subacute Care Capacity by HHSA Region

As of January 2024, in San Diego County, there were six licensed subacute care providers providing 397 beds serving individuals with Medi-Cal, with an additional 20 beds at an out-of-county facility, for a total of 417 subacute beds. Subacute beds are utilized based on patient needs and though BHS contracts with multiple facilities for beds, the beds are not dedicated to the County.

Ъ	below is a fable that outlines the total subactic facilities and beds by mish Region.										
		Licensed Subacute Care Facilities and Beds									
		Overa	ıll	Serving BHS Clients							
	HHSA Region	# Subacute Facilities	# Subacute Beds	# Subacute Facilities	# Subacute Beds						
	North Coastal	-	-	-	-						
	North Inland	1	132	1	71						
	North Central	-	-	-	-						
	East	3	194	3	178						
	Central	1	109	1	108						
	South	1	40	1	40						
	<b>County Total</b>	6	475	6	397						
	Out of County	1	120	1	20						
	Total	7	595	7	417						

Below is a table that outlines the total subacute facilities and beds by HHSA Region:

#### II. Strategies to Enhance Community-Based Care and Subacute Service Capacity

Since bringing the OCP model to the Board in September 2022, BHS has taken several critical steps to implement the strategies outlined in 2022 to achieve a more optimal state. These steps include planning for key capital infrastructure projects and service enhancements to increase

capacity within community-crisis diversion, community-based care, inclusive of board and cares, recuperative care, and establish additional subacute care, including:

- Developing the Behavioral Health Strategic Facilities Plan (SFP);
- Optimizing revenue and pursuing new funding opportunities;
- Establishing dedicated behavioral health capital infrastructure;
- Bolstering the behavioral health workforce;
- Continuing to engage with local organizations and stakeholders to determine need and develop capacity through innovative public-private partnerships; and
- Leaning into new opportunities resulting from large-scale policy changes, which are threaded throughout the strategies above.

Through the strategies, we anticipate being able to establish new board and care beds and reconfigure the array of subacute beds over the next several years, pending the availability of funding, progress on building capital infrastructure, and ability of behavioral health workforce, in alignment with utilization needs as outlined in the OCP model.

#### Behavioral Health Strategic Facilities Plan (SFP)

In Fiscal Year 2023-24, BHS commenced work, in partnership with the County Department of General Services (DGS) and a consultant, to develop a Behavioral Health SFP to support the planning and development of BHS capital infrastructure in alignment with the OCP model and other needs across the continuum of care. The SFP will provide a framework for long-term facility planning, serving as a capital infrastructure roadmap to support access to behavioral health care for individuals across the region. The SFP is anticipated to accelerate the implementation of the OCP model and will outline a vision and key principles, infrastructure needs and priorities, planning and development activities and timelines, funding and resources, and alignment of projects with other County and community infrastructure priorities to support BHS in establishing new capacity in alignment with the OCP model.

The SFP will serve as a tool to help optimize the portfolio of capital assets, support development of technical expertise required for developing behavioral health infrastructure, help respond more nimbly to meet the needs of the community, and strategically leverage funding and resourcing opportunities as they arise.

The SFP will also support the development and siting of new behavioral health facilities, which has been extremely challenging owing primarily to municipal zoning laws. In December 2023, the City of San Diego (City), citing data from the OCP model, passed a resolution declaring a behavioral health bed crisis within the City. The resolution directs City staff to advocate for funding and policy changes at the county, State, and federal levels, and explore zoning options to minimize barriers to site behavioral health facilities. More recently, the City began taking actions to amend the City code related to zoning; however, it is still unknown how these actions will impact permitting restrictions and expedite permitting processes to allow community-based providers to site and operationalize behavioral health facilities more efficiently.

#### **Optimizing Revenue and Pursuing New Funding**

BHS continues to develop financial and service models that incorporate various service arrays to optimize funding to support financial sustainability and lower per capita cost, along with pursuing and implementing new funding opportunities. Since Board adoption of the OCP model in September 2022, BHS has been awarded over \$77 million in new one-time grant funding to build behavioral health capacity within the San Diego region.

#### Medi-Cal Transformation - Behavioral Health Payment Reform

Beginning in July 2023, BHS began implementation of Medi-Cal Transformation, formerly known as California Advancing and Innovating Medi-Cal (CalAIM), a state initiative designed to improve the quality of life and health outcomes of Californians through delivery system, program, and behavioral health payment reform across Medi-Cal services. One of the most impactful aspects of Medi-Cal Transformation will be behavioral health payment reform, which will transition all Medi-Cal service providers from a cost reimbursement model of payment to a fee for service structure that incentivizes outcomes and quality over volume and cost.

Payment reform is anticipated to simplify payment structures and burdensome administrative practices, while providing an opportunity to better sustain costs of behavioral health care and build network capacity and bolster the workforce. It is anticipated that by improving service utilization and increasing billing for Medi-Cal eligible services, BHS will be able to drawdown additional federal funding to reinvest into the continuum of care to support service enhancements, address potential funding gaps, and to support a sustainable workforce. BHS is currently implementing payment reform across approximately 200 County-operated and contracted programs that provide Medi-Cal eligible services through a phased approach that is expected to be executed early in FY 2024-25. It is anticipated there will be financial benefits resulting from payment reform implementation to support enhancements within board and care and subacute services.

#### Community-Based Care Services

On January 24, 2023 (9) 2023, BHS was awarded \$15.8 million in one-time Community Care Expansion (CCE) Preservation Funds. The CCE is comprised of \$6.7 million for operating subsidy payments to support existing licensed board and care facilities to avoid closure due to potential or projected operating deficits and \$9.1 million in capital project funds to make physical repairs to board and care facilities that serve individuals with behavioral health needs to ensure they are able to maintain compliance with licensing standards. A 10% local match, Realignment funds, equivalent to \$910,954 was also required. Development of an implementation plan is underway, which may result in funding allocations to existing and new board and care providers that meet criteria within grant requirements. The number of board and care beds that will be preserved will depend on the unique financial needs of the applicants.

On July 18, 2023 (15), the Board authorized BHS to accept \$44.3 million of Behavioral Health Bridge Housing (BHBH) Round 1 funds from the DHCS to support establishing new licensed

board and care capacity to support individuals with behavioral health conditions. The BHBH program addresses the immediate need for housing people with serious behavioral health conditions that are experiencing homelessness, including individuals with a CARE plan. The one-time BHBH grant funds must be spent by June 30, 2027. Funding will be allocated to community-based board and care providers that serve behavioral health clients that are Medi-Cal eligible. The funding is anticipated to establish 150-185 new board and care patch slots, further establishing the capacity necessary to operationalize the OCP model. Development of an implementation plan is underway, and BHS anticipates bringing online 100-150 board and care beds for people with behavioral health conditions in FY 2024-25. BHS will also pursue additional future rounds of BHBH funding as they become available.

The California Department of Social Services (CDSS) CCE Capital Infrastructure Program provides grant funding for acquisition, construction, and rehabilitation of licensed residential care settings that serve people with behavioral health conditions. BHS submitted applications for the initial round of the CCE Capital Expansion grant for two capital projects, including the Central Region Community-Based Care (CBC) facility, and the East Region CBC facility, each of which would add nearly 150 board and care and recuperative care beds dedicated for individuals with behavioral health conditions. In November 2023, BHS was informed that the department was not awarded this grant funding through the initial application process and that in this round, CDSS received 374 applications totaling \$3.8 billion in funding for CCE Capital Expansion grant funding. Through further consultation with the State's grant administrator, BHS will pursue CCE State Set Aside grant funding to support the development and construction of the Central Region CBC. The department will bring forward updates to the Board at a future date.

In addition to the grant funding awarded to the department, BHS is developing a service acuitybased rate strategy that will support recruitment and retention of existing board and care providers, and establish tiered rates tied to the level of services and support being provided to clients. The tiered rate strategy and phased-approach for implementation is anticipated to sustain existing capacity, enhance quality, expand access and oversight, and improve care-matching. The patch rates for board and cares will range from low-intensity care, supervision, social and rehabilitation supports, and service coordination up to high-intensity care for individuals with more complex needs that include coordination with professionally supervised staff. A tiered rate structure will incentivize board and care providers to serve clients with higher acuity needs who have been historically difficult to place due to complex needs.

Today's action requests the Board to authorize amendments to extend existing board and care contracts, known also as ASPs, for one year through June 30, 2025 to ensure continuity of the existing licensed board and care beds, and in alignment with potential new funding opportunities that will support improved service delivery. On June 19, 2018 (9), the Board authorized competitive solicitations for board and cares, or ASPs, that support individuals with behavioral health conditions. The five contracts will expire by the end of FY 2023-24 and require an amendment to extend services to ensure continuity of critical behavioral health housing and

support. As authorized by the Board on January 26, 2021 (11), new board and care contracts will be awarded through a Request for Statement of Qualifications process.

#### Behavioral Health Capital Infrastructure

BHS continues to partner with DGS to develop and construct critical facilities that will provide essential services to individuals with behavioral health conditions who are Medi-Cal eligible.

#### Community-Based Care

Within the CBC component, efforts continue to develop and construct the Central Region CBC facility, which will be sited on a County-owned parcel of land in the Hillcrest neighborhood within San Diego County. The facility is anticipated to include over 100 units, potentially establishing up to 140 beds, inclusive of licensed board and care and recuperative care beds, dedicated to serving individuals with behavioral health needs. This facility would open new care pathways and remove barriers to care for individuals who need to step down from more acute care by providing safe and supportive housing and care. In partnership with DGS, planning is underway to develop the Central Region CBC facility and includes collaboration with pre-design and real estate consultants. A request for information (RFI) was issued in March of 2023 for provider to design, build, and operate this type of facility.

#### Subacute Care

Planning is underway to redesign and reconfigure services operating at the San Diego County Psychiatric Hospital (SDCPH) to better meet the needs of the clients being served. Though still under development and subject to approval by the State, the new array of services will likely include subacute care in the more immediate term and potentially evolve to serve clients with complex conditions, in the future. Currently, the SDCPH is staffed to provide care for 60 acute inpatient beds and 18 crisis stabilization unit beds. Due to the lack of available subacute bed capacity for patients to step down into, many patients end up with long stays at SDCPH.

BHS is exploring a reconfiguration of services within the SDCPH that would, in near time, shift the SDCPH from providing only psychiatric acute inpatient care and crisis stabilization services, to a model that includes a small inpatient unit and a crisis stabilization unit, with the remaining capacity shifting to subacute services to align with the level of care needed by a majority of clients receiving services in the SDCPH. It is also anticipated to reduce the cost per bed within the SDCPH shifting from psychiatric acute inpatient with a cost per bed day of about \$2,800, which does not drawdown any Medi-Cal funding due to the Institutions for Mental Disease exclusion, to roughly \$500 - \$800 per bed day for subacute care, depending on patient acuity. This strategy is anticipated to both result in better care for clients and a more optimal financial model that supports long-term sustainability.

#### **Bolstering the Behavioral Health Workforce**

Ongoing challenges remain in recruiting and retaining qualified staff within County-operated and contracted behavioral health programs, which will remain a challenge as BHS continues to add

capacity as outlined in the OCP model. This includes licensed clinical staff and non-clinical staff that provide direct client care and support, along with an array of staff that comprise the essential infrastructure of the department to support its role as a mental health plan.

On May 2, 2023 (5), the Board approved the Mental Health Services Act (MHSA) Innovation Public Behavioral Health Workforce Development and Retention Program to strengthen the behavioral health workforce. Two components of the proposal will be implemented, including an Outcomes-Based Renewable Training and Tuition Fund component and Upskilling to Meet Professional Needs component. Both components are anticipated to help recruit and retain the workforce to support growth in services as outlined in the OCP model. The Workforce Development and Retention program also aligns with recommendations outlined in the 2022 *San Diego Behavioral Health Workforce Report (Workforce Report)*. The program is anticipated to launch in FY 2024-25.

On February 27, 2024 (11), the Board took action to allocate \$10.0 million of the Evergreen component of the County's American Rescue Plan Act (ARPA) Framework to support the expansion of the behavioral health workforce, which will further complement and amplify public behavioral health workforce development efforts.

BHS has also been providing quarterly updates on addressing the behavioral health workforce shortage in San Diego County, as directed by the Board on October 11, 2022 (10). The quarterly reports have provided updates on recommendations to support the development and preservation of the local behavioral health workforce, as outlined within the 2022 *Workforce Report*, including:

- Investing in competitive compensation;
- Pursuing administrative relief opportunities;
- Establishing Regional Training Centers of Excellence;
- Building a regional workforce training fund; and
- Continuing to listen to workers.

Today's recommendation will sunset the time-certain workforce reporting to coincide with significant developments. BHS has completed all actions set forth by the Board and provides three updates on progress to date.

#### **Community Engagement**

BHS has continued engagement with local organizations, providers of care, and stakeholders, including hospitals, board and care operators, developers, and other community-based providers to develop new capacity through innovative public-private partnerships. Through ongoing engagement, BHS continues to receive consistent feedback that the lack of subacute beds and board and care capacity remains a critical need to step individuals out of higher levels of care. In April 2022, County Department of Purchasing and Contracting (DPC) initiated an RFI to seek input from all interested parties, agencies, and stakeholders regarding grant funding opportunities available through the CCE Capital Expansion Program. The RFI was intended to engage subacute

care providers, licensed residential facility operators and administrators, and community stakeholders in informing the County strategy to apply for CCE Capital Expansion funds and potentially partner to pursue grant funding. Five providers submitted responses to help inform the County strategy for pursuing CCE Capital Expansion grant.

Building on the first RFI, in March 2023, BHS initiated a second RFI to gauge the interest of providers and developers in potentially partnering to develop, construct, and operate a communitybased care facility, inclusive of the Central Region CBC facility, dedicated for individuals with behavioral health conditions within the future. DPC conducted outreach to experienced providers and developers, and six organizations submitted questionnaires. Based on the information gathered, the next steps will be to engage a consultant to help develop a specific scope of anticipated services and admissions criteria to inform the facility design and most optimal array of care in alignment with best practices. Additionally, this work is anticipated to inform the most ideal arrangement for development, construction, and operation of the new Central Region CBC facility through a public-private partnership. Staff will bring forward any recommendations resulting from this effort to the Board for approval.

In Spring 2023, BHS solicited input from facility administrators and operators to identify the needs of residents living within these facilities and gain a better understanding of the operational capacity necessary to operate a board and care facility. The goals were to identify the mental health needs of individuals living within these settings, explore opportunities for capacity building and workforce development, and identify funding opportunities for licensed board and care providers to sustain services and infrastructure. Participants also shared their most pressing concerns related to behavioral health among the residents at their facilities. Some key needs and areas of concern identified by the licensed board and care providers who offered input were as follows:

- Residents of board and cares often have significant behavioral health needs; however, staff providing support to them have limited training in mental health care.
- Ongoing challenges remain in recruiting and retaining qualified staff at competitive salaries.
- Sustaining operations and remaining financially viable remains an ongoing challenge due to the increased costs of doing business.
- Increased communication and support in applying for new funding and grant opportunities, particularly for smaller facilities, is crucial to support long-term financial health.

These concerns and recommendations will help inform strategies as BHS pursues new board and care capacity in San Diego County.

#### Large-Scale Policy Changes

BHS is planning for or implementing large-scale policy changes that will have significant impacts to services and operations, along with sizable financial implications, as follows: *Senate Bill 43* 

In October 2023, the Governor signed SB 43, a new State mandated program that expands California conservatorship laws to include people who are unable to provide for their personal safety or necessary medical care, in addition to food, clothing, or shelter, due to a severe substance use condition. On December 5, 2023 (6), the Board approved a resolution to implement SB 43 effective January 1, 2025. Planning is underway for Involuntary Behavioral Health Treatment (implementing SB 43) including a community convening that occurred on January 17, 2024, kicking off collaboration with local hospitals, community providers, community partners, and other stakeholders, with anticipated community engagement sessions in the future. Involuntary behavioral health treatment will likely result in a need for additional beds and services across the system within community-based care and subacute care, which is yet to be determined. More information and recommendations will be provided to the Board today for consideration through another recommended Board action, and on an ongoing basis based on recommendations identified during future planning sessions.

#### Proposition 1: Behavioral Health Services Program and Bond Measure

On October 12, 2023, Governor Gavin Newsom signed Senate Bill (SB) 326, the Behavioral Health Services Act (BHSA), which proposes a set of reforms to the Mental Health Services Act (MHSA), including modernization and a shift in the scope of services funded. The BHSA went to California voters on March 5, 2024 as Proposition 1, and the election results will be certified by April 12, 2024. The BHSA makes substantive changes within behavioral health services, accountability, outcome reporting, and funding availability, including a new requirement for counties to report on all funding sources supporting behavioral health care. Most of the shifts associated with BHSA will be implemented beginning July 1, 2026. The BHSA prioritizes care for individuals experiencing homelessness and chronic homelessness, full-service partnership services, and early intervention services, along with adding flexibility to support programming for individuals with substance use disorders. Board and cares utilized by behavioral health clients are funded solely through MHSA; therefore, the implementation of BHSA may impact those services due to shifts in available funding, as outlined in Proposition 1.

Also included as part of Proposition 1 is Assembly Bill (AB) 531, which was signed by the Governor on October 12, 2023. AB 531 is an infrastructure bond that will authorize the issuance of bonds totaling \$6.38 billion to finance loans or grants for the acquisition of capital assets for the conversion, rehabilitation, or new construction of permanent supportive housing for veterans and others who are homeless and meet specified criteria. The bond funding will be used to construct, acquire, and rehabilitate 11,150 new treatment beds and supportive housing units, as well as 26,700 treatment slots to help serve thousands of people annually, as follows:

- \$4.4 billion for the development of new behavioral health treatment beds for communitybased clinical care, with \$1.5 billion of those funds dedicated for cities, counties, and tribal entities to apply for.
- \$2.0 billion for permanent supportive housing units in the form of affordable housing with supports, inclusive of \$1.07 billion to house veterans.

If Proposition 1 is approved by voters, BHS will pursue these new funding opportunities for essential infrastructure projects, including board and care and subacute care facilities, in support of the OCP model.

#### Senate Bill 525: Minimum Wages for Health Care Workers

In support of workforce, the Governor signed SB 525 on October 13, 2023, establishing new minimum wages for health care workers beginning June 1, 2024, including employees working in skilled nursing facilities, acute care hospitals, board and care facilities, and other behavioral health settings. SB 525 is anticipated to impact the delivery of services across the public behavioral health system, which has been traditionally underfunded. In the Governor's proposed FY 2024-25 State budget proposal released on January 10, 2024, the Governor outlined triggers to delay SB 525 implementation due to the State's budget deficit. SB 525 will likely positively impact the ability for board and care and subacute care facilities to recruit and retain workforce. However, in a behavioral health system that has been historically underfunded, increased costs for staffing may result in inability of existing facility operators to remain financially viable due to new costs and thereby result in facility closures unless the State provides new funding. It is unclear at this time what the long-term results of SB 525 will mean for the system of care, but if a delay is implemented by the State, the avoidance of increasing operational costs to facilities provides some near-term stability.

#### 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 Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision 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,

in C. Mulana

SARAH E. AGHASSI Interim Chief Administrative Officer

ATTACHMENT(S) N/A

## Items #20 and #19: COMPREHENSIVE UPDATE ON THE CONTINUUM OF CARE, BOARD & CARE CAPACITY, CARE ACT PROGRAM, AND SENATE BILL 43

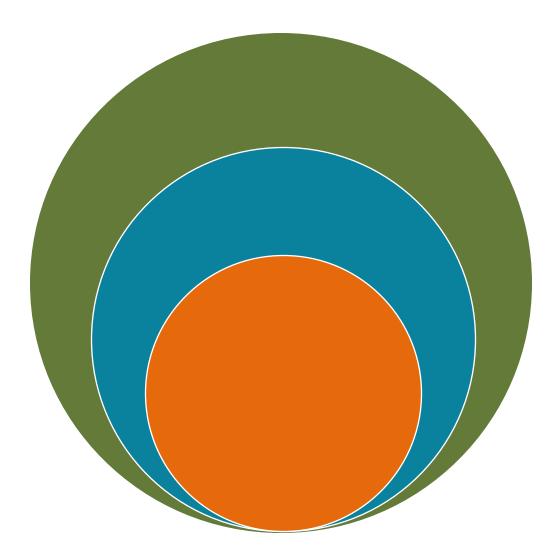
Eric C. McDonald, MD, Interim Agency Director, Health and Human Services Agency Luke Bergmann, PhD, Director, Behavioral Health Services Nadia Privara, MPA, Assistant Director, Behavioral Health Services Nicole Esposito, MD, Chief Population Health Officer, Behavioral Health Services

April 9, 2024



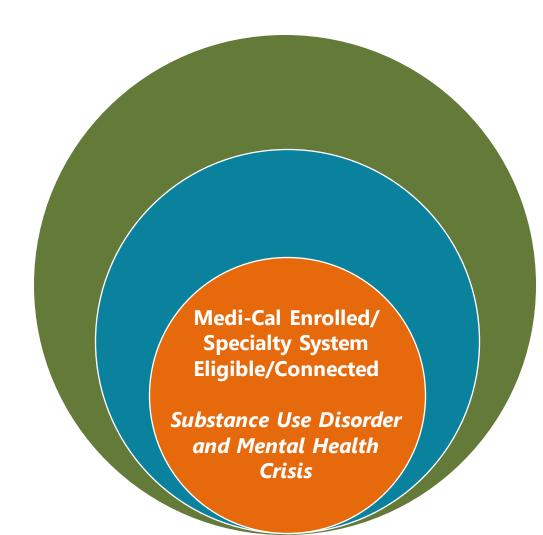
# **Behavioral Health Services**





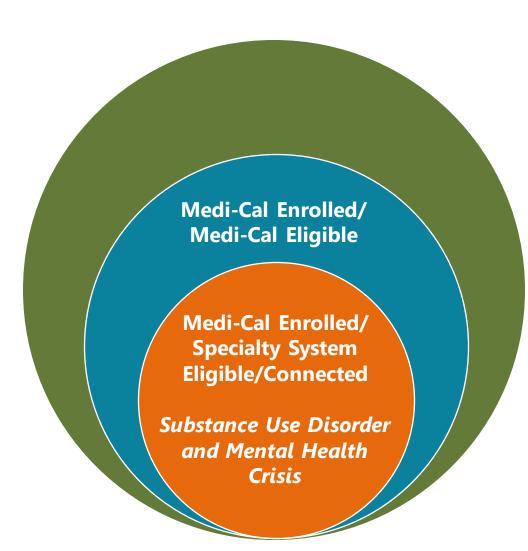
# **Behavioral Health Services**





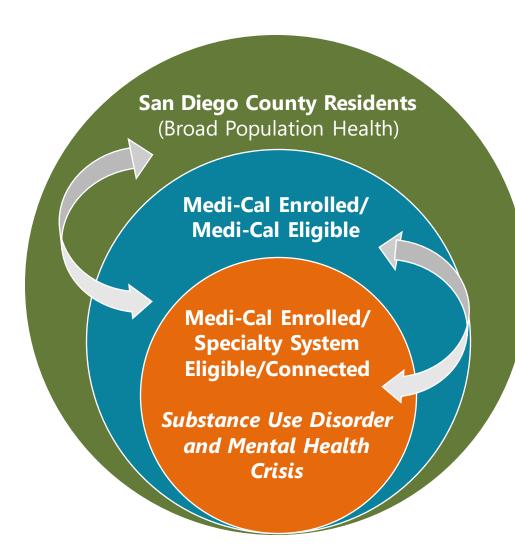
#### **Behavioral Health Services**





#### **Behavioral Health Services**





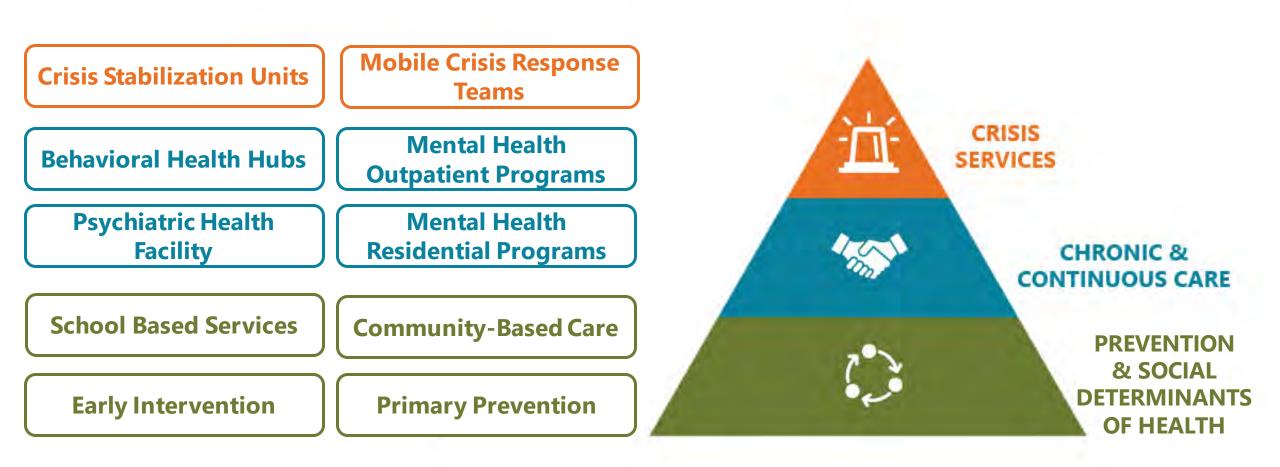
### **Advancing Behavioral Health**





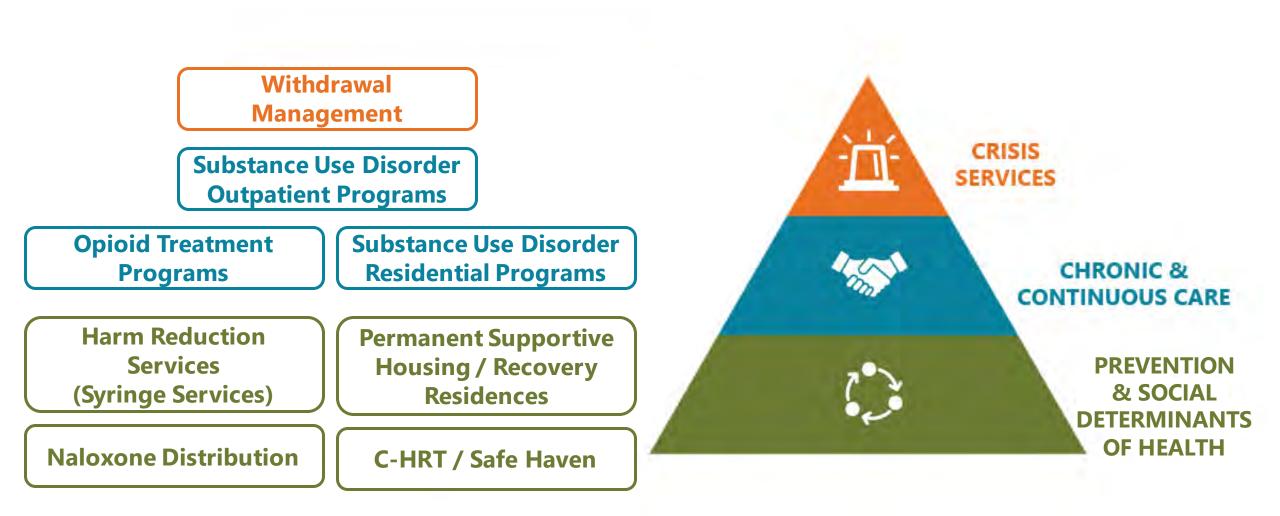
# **Transforming Mental Health Care**





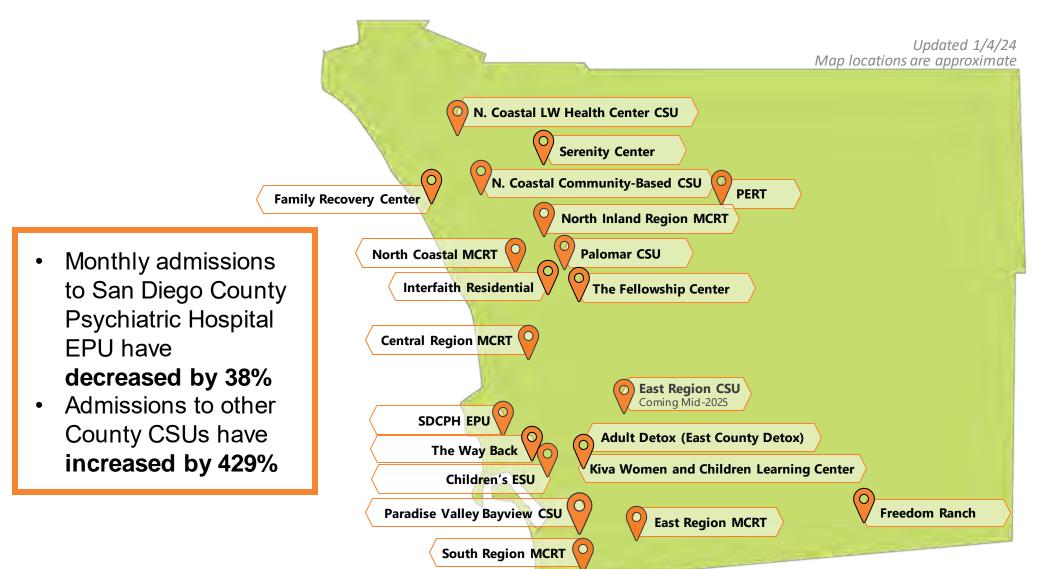
### **Transforming Substance Use Care**





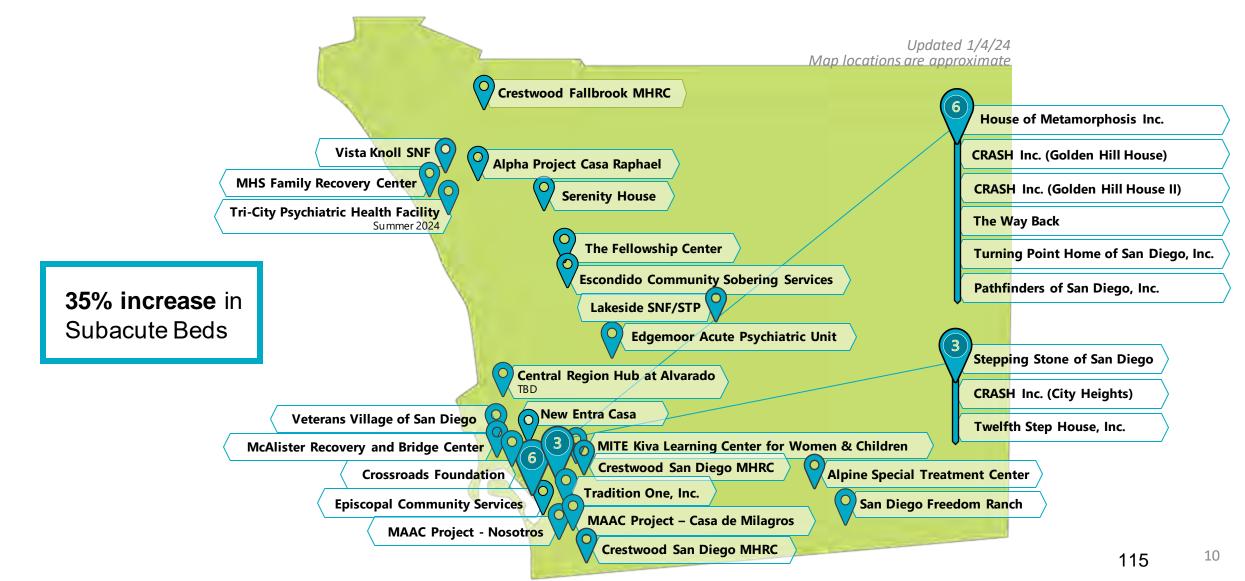
# **Regional Crisis & Diversionary Services**





# **Regional Inpatient & Residential Services**





### **Regional Prevention Services**





116 <sup>11</sup>

# **Regional Prevention Services**





# Regional Long-Term Care & Housing Services

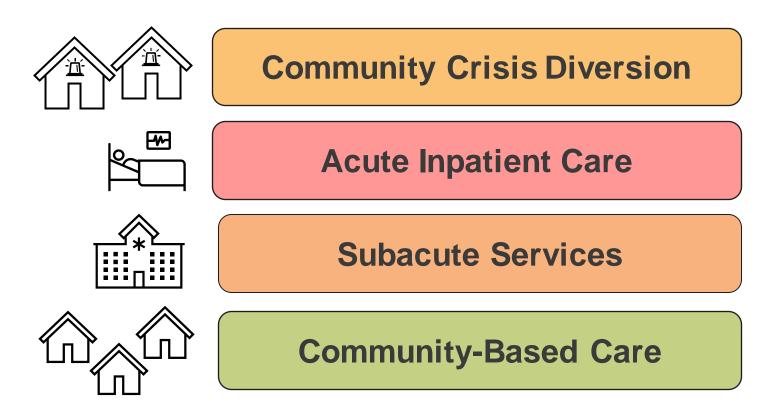




#### **Behavioral Health Optimal Care Pathways Model**

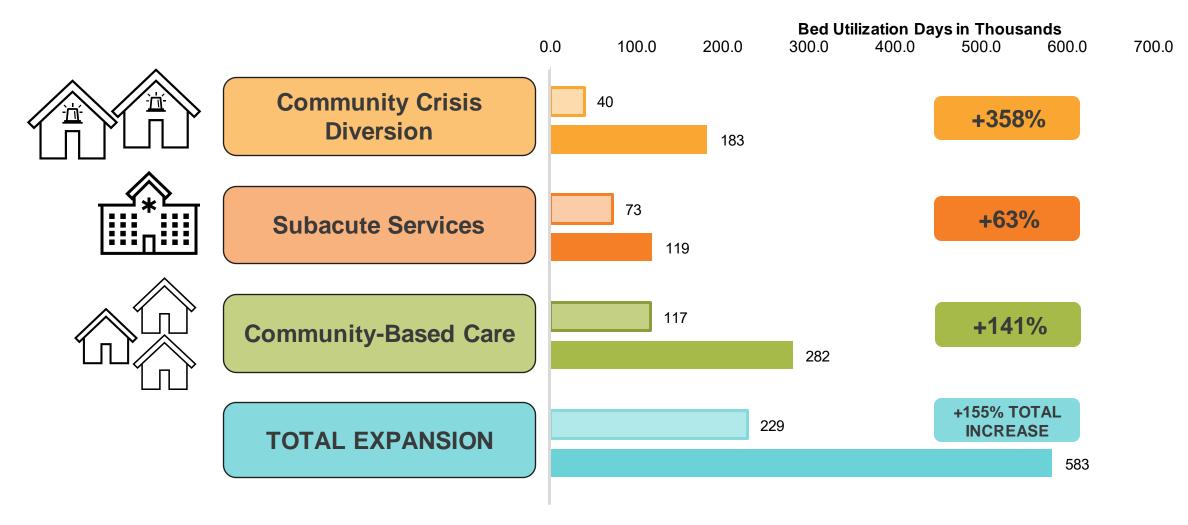


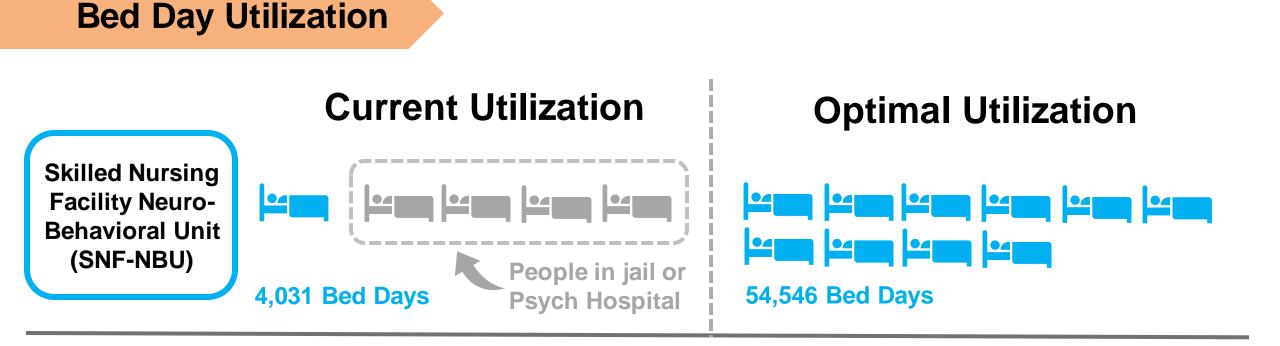
- Algorithm using data, models of care, and best practices
- Recommends the future capacity necessary to optimize behavioral health care under four service categories:



### **Optimal Service Utilization**







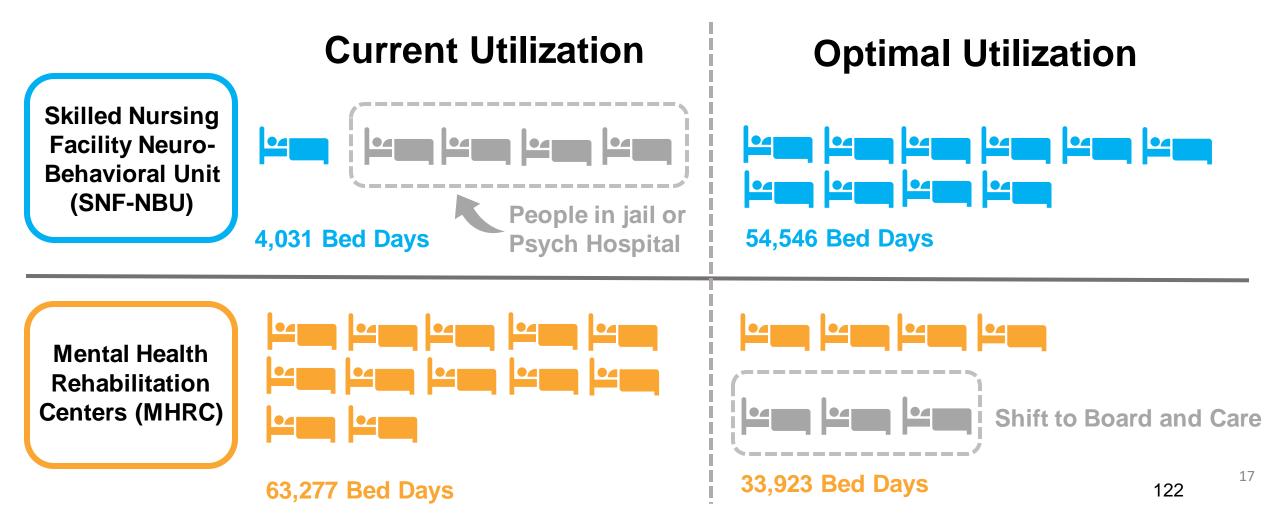
### **Recalibrating Subacute Care**



### **Recalibrating Subacute Care**



#### **Bed Day Utilization**



#### **Board and Care Capacity**



Total Licensed Board and Care Beds in San Diego County 1,208 Providers 30,630 Beds

#### **Board and Care Capacity**



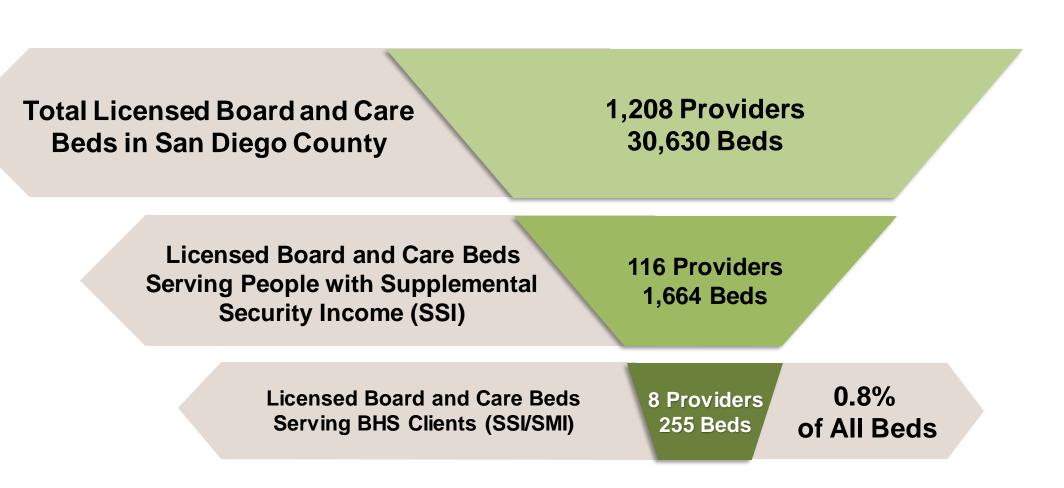
Total Licensed Board and Care Beds in San Diego County 1,208 Providers 30,630 Beds

Licensed Board and Care Beds Serving People with Supplemental Security Income (SSI)

116 Providers 1,664 Beds

#### **Board and Care Capacity**





# **Board and Cares with County Clients**



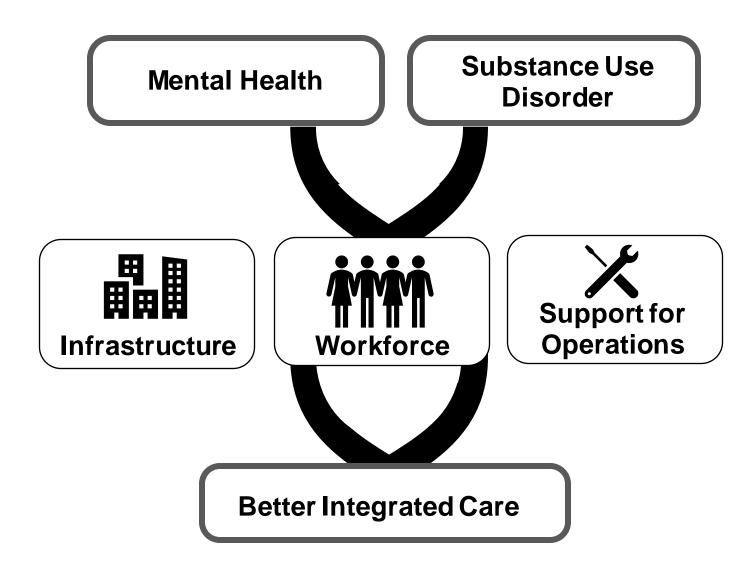
#### What We Need

- 400 additional Board and Care beds in San Diego County
- More Board and Cares located in the South, Central, North Central, North Inland, and North Coastal regions
  - RFI for new 115-bed Board and Care Campus in Central region

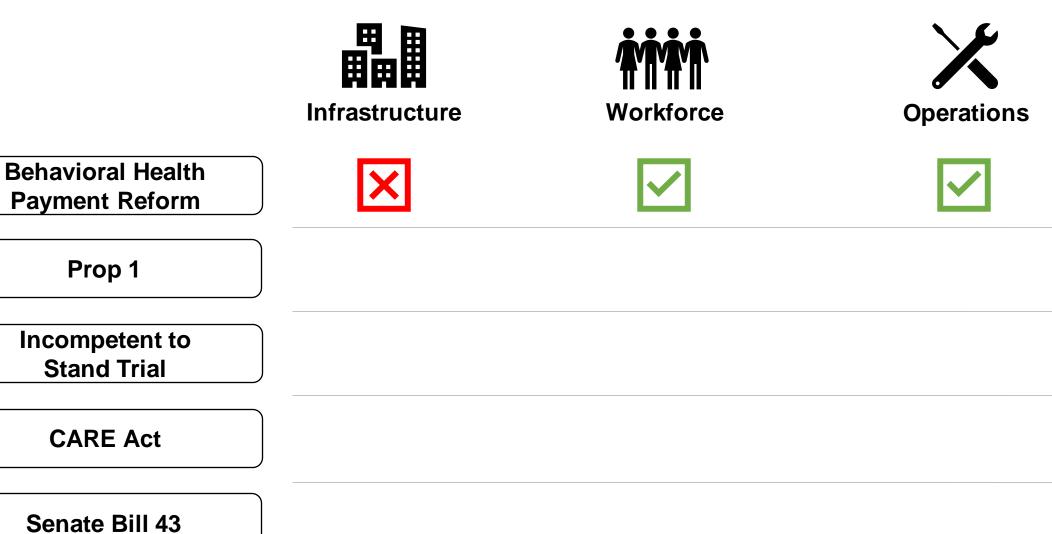


#### Strategies to Enhance Community-based Care and Subacute Service Capacity

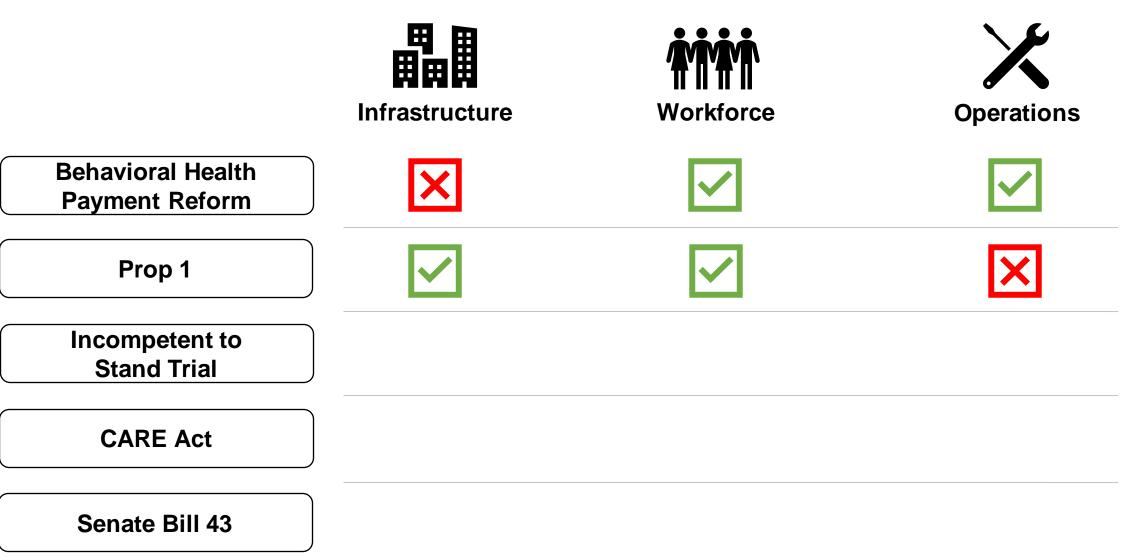




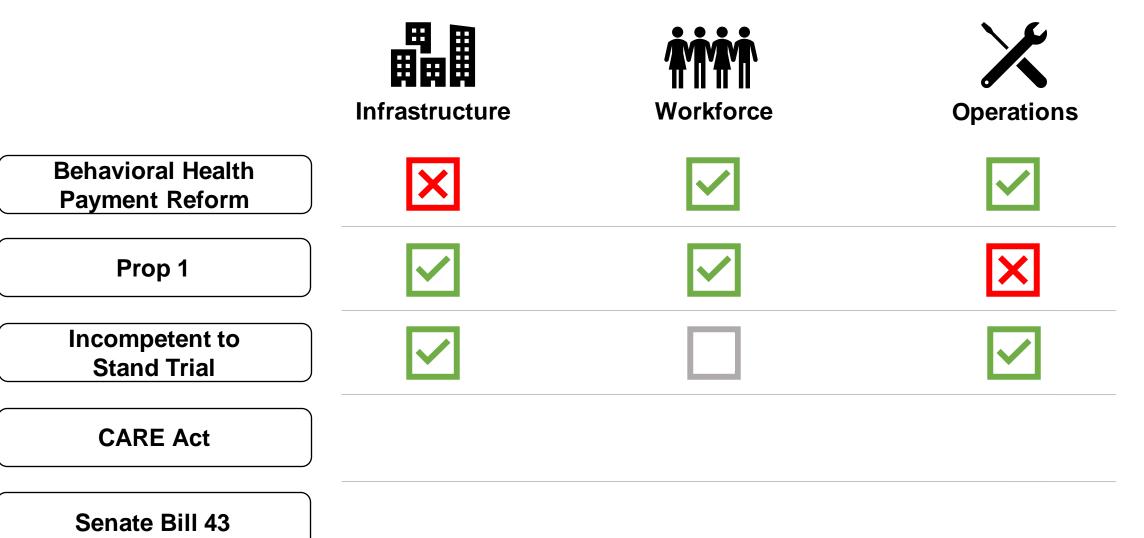




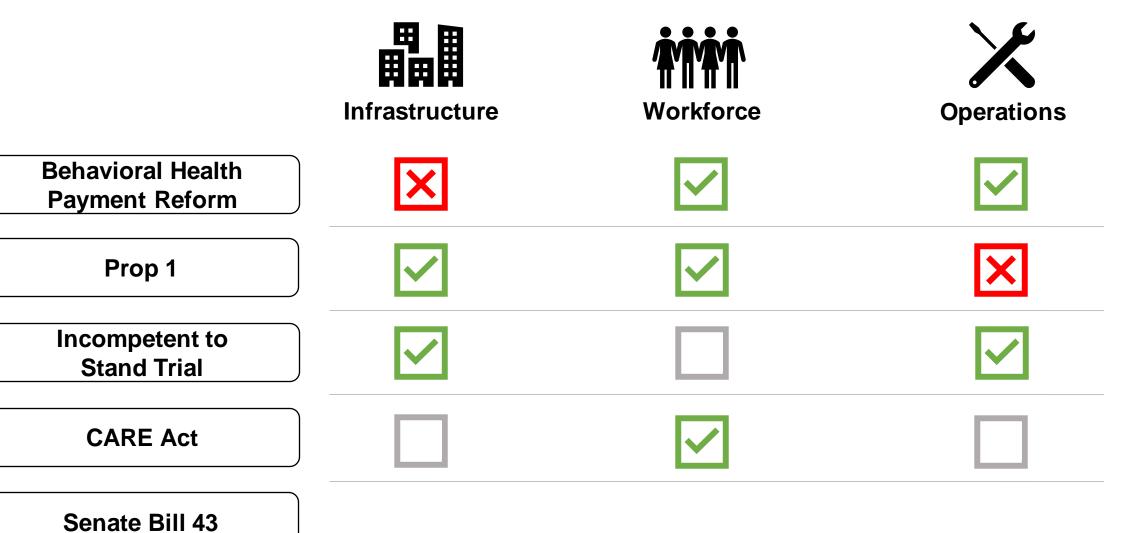




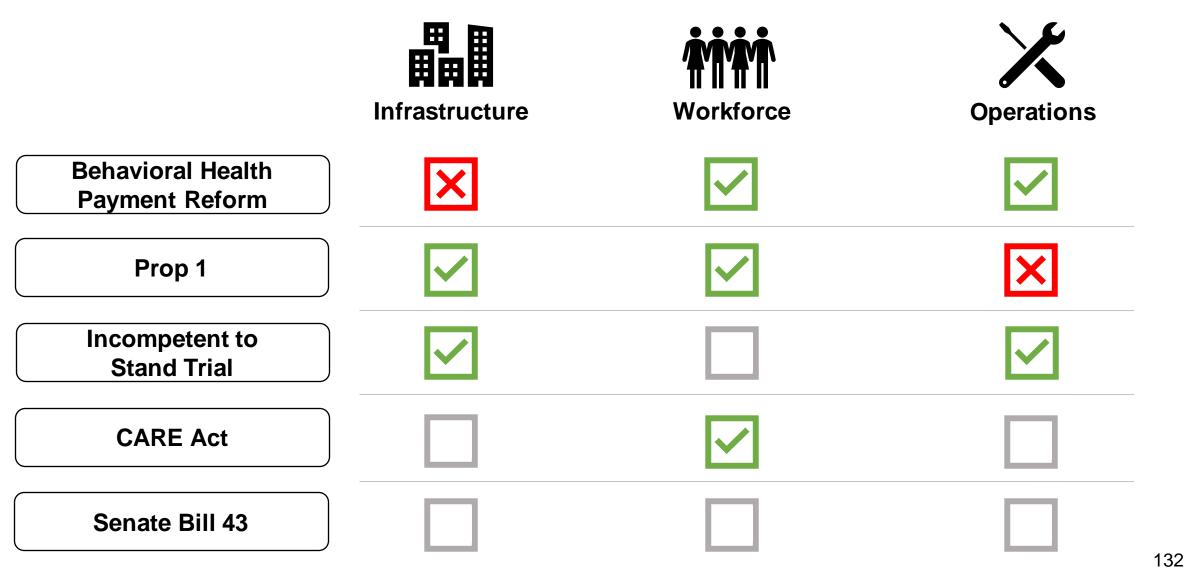












# **SB 43 Multi-Sectoral Convening**



#### Involuntary Behavioral Health Treatment Collaborative Workgroup

- Co-chairs:
  - Dr. Nicole Esposito, Behavioral Health Services
  - Mike Phillips, Jewish Family Service of San Diego
- Workgroup convenes partners across multiple sectors
  - County government
  - Housing providers
  - Hospital and health system partners
  - Consumer advocates and peers
  - Justice partners
  - Community-based behavioral health providers
  - Health plans
  - And others

#### Collaborative Workgroup Subcommittees

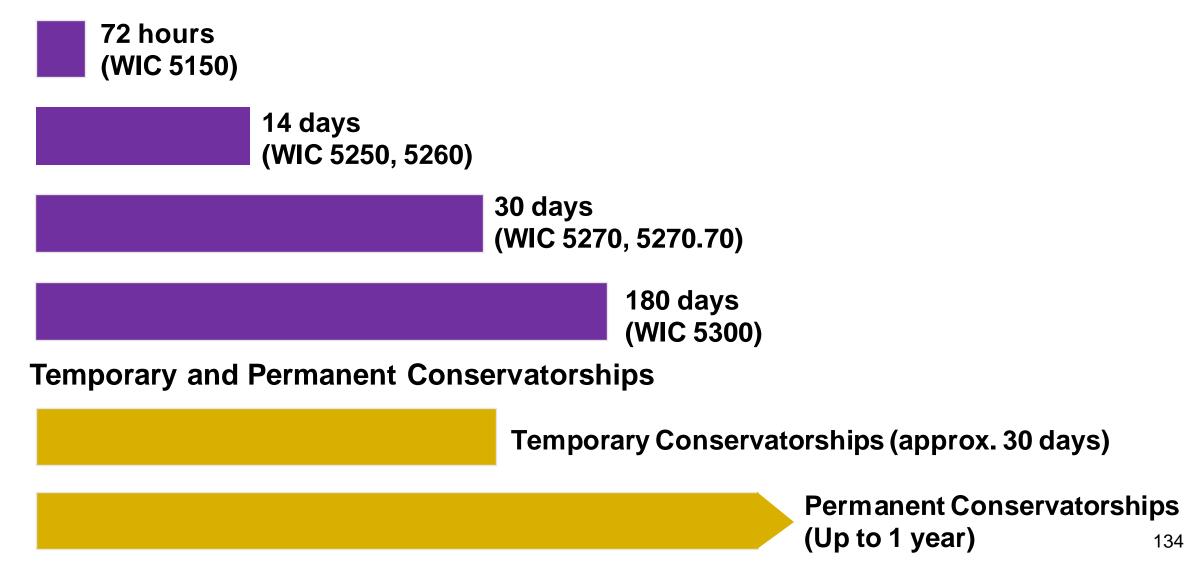
**Training and Education** 

Expanded Treatment, Services, and Support for Those with SUD

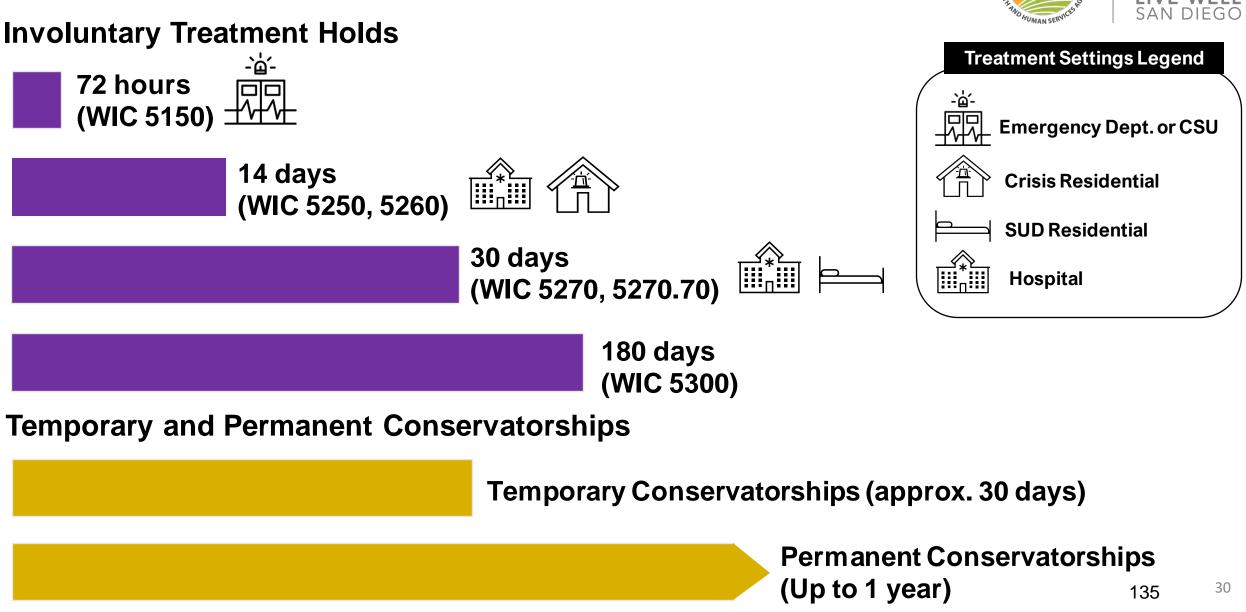
### Continuum of Holds Under the LPS Act



**Involuntary Treatment Holds** 

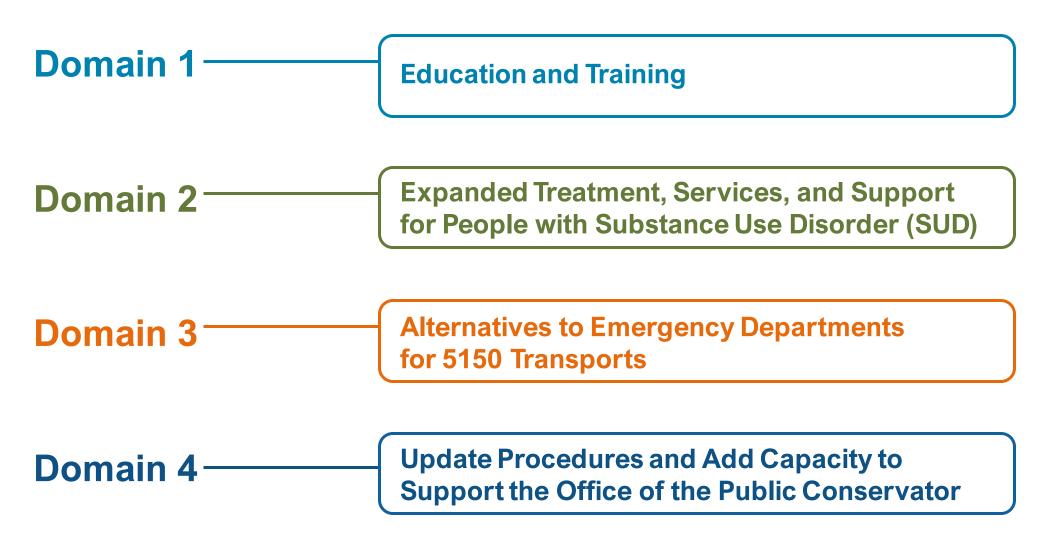


# **Continuum of Holds Under the LPS Act**



### **Initial Readiness Domains**





	<i>IMMEDIATE ACTIONS</i>	MID-TERM ACTIONS	LONG-TERM ACTIONS
	March – May 2024	June – August 2024	September 2024 – March 2025
Education & Training	<ul> <li>Develop LPS training</li> <li>Focused education and public awareness efforts</li> <li>Development of SB 43 public website</li> </ul>	<ul> <li>Conduct LPS trainings</li> <li>Develop focused education and public awareness efforts</li> </ul>	<ul> <li>Reassessment of LPS trainings</li> <li>Continue focused education and public awareness efforts</li> </ul>

	<i>IMMEDIATE ACTIONS</i> March – May 2024	<i>MID-TERM ACTIONS</i> June – August 2024	LONG-TERM ACTIONS September 2024 – March 2025
Education & Training	<ul> <li>Develop LPS training</li> <li>Focused education and public awareness efforts</li> <li>Development of SB 43 public website</li> </ul>	<ul> <li>Conduct LPS trainings</li> <li>Develop focused education and public awareness efforts</li> </ul>	<ul> <li>Reassessment of LPS trainings</li> <li>Continue focused education and public awareness efforts</li> </ul>
Expanded Treatment, Services & Support	Implementation of SD Relay program	<ul> <li>Enhance connections for patients in emergency departments to SUD residential and outpatient treatment</li> </ul>	<ul> <li>Policy changes to establish locked hospital-based SUD treatment</li> <li>Establish new crisis residential treatment for primary stand-alone SUD</li> <li>Expand harm reduction housing options Develop the Optimal Care Pathways 2.0</li> </ul>

	IMMEDIATE ACTIONS	<i>MID-TERM ACTIONS</i>	LONG-TERM ACTIONS
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Expanded Treatment, Services & Support	Implementation of SD Relay program	Enhance connections for patients in emergency departments to SUD residential and outpatient treatment	<ul> <li>Policy changes to establish locked hospital-based SUD treatment</li> <li>Establish new crisis residential treatment for primary stand-alone SUD</li> <li>Expand harm reduction housing options Develop the Optimal Care Pathways 2.0</li> </ul>
Alternatives	Pursue state policy changes to CSU	<ul> <li>Contract actions to support CSU capacity</li></ul>	Operationalize CSU capacity for primary
to EDs	Medi-Cal billing and designation	for primary and stand-alone SUD <li>Technical assistance for CSUs</li>	and stand-alone SUD

	IMMEDIATE ACTIONS March – May 2024	MID-TERM ACTIONS June – August 2024	LONG-TERM ACTIONS September 2024 – March 2025
Education & Training	<ul> <li>Develop LPS training</li> <li>Focused education and public awareness efforts</li> <li>Development of SB 43 public website</li> </ul>	<ul> <li>Conduct LPS trainings</li> <li>Develop focused education and public awareness efforts</li> </ul>	<ul> <li>Reassessment of LPS trainings</li> <li>Continue focused education and public awareness efforts</li> </ul>
Expanded Treatment, Services & Support	Implementation of SD Relay program	<ul> <li>Enhance connections for patients in emergency departments to SUD residential and outpatient treatment</li> </ul>	<ul> <li>Policy changes to establish locked hospital-based SUD treatment</li> <li>Establish new crisis residential treatment for primary stand-alone SUD</li> <li>Expand harm reduction housing options Develop the Optimal Care Pathways 2.0</li> </ul>
Alternatives to EDs	Pursue state policy changes to CSU Medi-Cal billing and designation	<ul> <li>Contract actions to support CSU capacity for primary and stand-alone SUD</li> <li>Technical assistance for CSUs</li> </ul>	Operationalize CSU capacity for primary and stand-alone SUD
Public Conservator Procedures & Capacity	<ul> <li>Establish new policies and procedures for conservatorship evaluations</li> <li>Participation in statewide convenings to inform clinical thresholds</li> <li>Public Conservator's Office resourcing</li> </ul>	<ul> <li>Implement new policies and procedures for conservatorship evaluations</li> <li>Continued participation in statewide convenings</li> <li>Continued Public Conservator's Office resourcing</li> <li>Evaluate AOT and CARE Act capacity</li> </ul>	<ul> <li>Implement data collection and reporting processes and infrastructure</li> <li>Assess ongoing Public Conservator's Office resourcing needs</li> </ul>

### Recommendations



#### **Update on Board & Care**

- 1. Receive an update on the regional capacity of board and care and subacute beds for Medi-Cal eligible adults with serious behavioral health conditions and strategies to enhance board and care and subacute capacity in San Diego County.
- 2. Amend the following five board and care contracts to extend contract terms up to June 30, 2025: Casa de Oro Residential Care ARF; Carroll's Community Care ARF; Tharon San Diego, LLC RCFE; Fancor Guest Home ARF; and Orlando Residential Care ARF.
- 3. Direct the Interim Chief Administrative Officer to sunset time-certain reporting for addressing the behavioral health worker shortage in San Diego County to coincide with significant developments.

#### Update on SB 43

1. Receive the 90-day update on Senate Bill 43 implementation plan as directed by the San Diego County Board of Supervisors on December 5, 2023.

#### Items #20 and #19: COMPREHENSIVE UPDATE ON THE CONTINUUM OF CARE, BOARD & CARE CAPACITY, CARE ACT PROGRAM, AND SENATE BILL 43

Eric C. McDonald, MD, Interim Agency Director, Health and Human Services Agency Luke Bergmann, PhD, Director, Behavioral Health Services Nadia Privara, MPA, Assistant Director, Behavioral Health Services Nicole Esposito, MD, Chief Population Health Officer, Behavioral Health Services

April 9, 2024





#### **COUNTY OF SAN DIEGO**

#### **BOARD OF SUPERVISORS**

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

#### AGENDA ITEM

**DATE:** April 30, 2024

24

TO: Board of Supervisors

#### SUBJECT: A REGIONAL CAMPUS FOR HEALING: SOBER HOUSING AND BEHAVIORAL HEALTH TREATMENT (GREEN OAK RANCH) (DISTRICTS: ALL)

#### **OVERVIEW**

Homelessness, mental health, and addiction are some of the most pressing issues facing our region. Despite great strides taken to address these issues, we are a far cry from meeting the long-term needs of San Diego County's homeless population. According to the 2023 Point in Time Count, homelessness increased by 22%. A study conducted by UC San Francisco found that 82% of our homeless population has mental illness and/or substance use disorder.

At the heart of this crisis lies a critical shortage of resources and housing tailored to individuals with mental health challenges and substance use disorder. These challenges will continue to worsen unless we take immediate steps towards long-term investments in our continuum of care. To prevent people from falling through the gaps, we need long-term housing solutions for those in treatment and recovery. San Diego County needs a campus for healing, where individuals can live in sober housing and continue to receive services as they rebuild their lives.

Green Oak Ranch is a hidden oasis, tucked into urban Vista, currently operating as a faith-based sober living program. For nearly a decade, the Veteran Stand Down has taken place at Green Oak Ranch. The Stand Down takes place once a year, when dozens of services are offered to homeless veterans to help them get connected to what they need. The site has historically been a place of healing, and the Board of Supervisors should continue its legacy, while significantly increasing the capacity.

This is a unique location and opportunity. With the increasing number of homelessness, addiction, and mental illness, coupled with legislative initiatives such as CARE Court, Senate Bill 43, and Proposition 1, the time is now to invest in a campus for healing for long-term sober housing and treatment facilities. Green Oak Ranch has the capacity to accommodate withdrawal management Legistar v1.0

#### SUBJECT: A REGIONAL CAMPUS FOR HEALING: SOBER HOUSING AND BEHAVIORAL HEALTH TREATMENT (GREEN OAK RANCH) (DISTRICTS: ALL)

beds, recovery residences, and board and care facilities. In addition, the property has the potential to contribute to the County's conservation and recreation goals. In seizing this opportunity, we will lay the foundation for a long-term housing and treatment solution for the most vulnerable members of our society.

Throughout the County, we have seen an increase in regional facilities, and more are needed. Cities and the County are working to expand emergency housing options regionwide. This campus for healing would be an important regional asset, serving as a haven for individuals to go after they graduate from temporary shelters. We know that hospitals are in desperate need of facilities where they can safely discharge patients. Green Oak Ranch, in the long-term, can meet these needs in a meaningful way.

This campus for healing would be a place of regional rehabilitation. With 24/7 on-site security, job/skills training, opportunities to continue education, and recreational facilities, Green Oak Ranch has the potential to be the first of its kind as a home to those in need of sober living housing as they continue their recovery. At Green Oak Ranch, we will also ensure that long-term, suitable housing is identified for those who are graduating from the program prior to their release from the programs. With a recent decision by Palomar Hospital to shut down 12 inpatient behavioral health beds, it's critical for the County to build out the continuum of care to free up shorter term resources for those with longer term needs.

Beyond the immediate rehabilitation and housing potential of the campus, the site can support the County's conservation and recreation goals. Approximately 63.3 acres of the site includes open space/habitat areas. The habitat area includes portions of Buena Creek, which serves as an important wildlife corridor, contributes to improved water quality and helps regulate the area's local microclimate. Additionally, the federally threatened coastal California gnatcatcher was identified onsite. The rest of the site is largely developable, with potential for civic and recreational opportunities such as public trails connecting to the surrounding community.

Today's action would direct the interim Chief Administrative Officer to enter into negotiations for the purchase of Green Oak Ranch.

#### RECOMMENDATIONS CHAIRWOMAN NORA VARGAS AND SUPERVISOR JIM DESMOND

- 1. Find that the proposed action is not subject to the California Environmental Quality Act (CEQA) because it does not approve a project as defined under Sections 15061(b)(3), 15378(b)(4) and (5) of the CEQA Guidelines.
- 2. Direct the interim Chief Administrative Officer, or designee, to enter into good faith negotiations with the owners/trustees of Green Oak Ranch for the purchase of the property.

- 3. Upon successful negotiations, authorize Director, Department of General Services to execute an option to purchase agreement for the purchase of Green Oak Ranch, pay the option deposit, and perform the necessary due diligence and planning on the property.
- 4. Subject to the execution of the option to purchase agreement, add to the 2025-26 Capital Improvement Needs Assessment (CINA) the purchase of the Green Oak Ranch property and development of a master plan for a long-term buildout of the property based on mental health treatment services and substance use addiction treatment programmatic needs, which may include: withdrawal management beds, recovery residences, and board and care.
- 5. Direct the interim Chief Administrative Officer to take all steps necessary to ensure that when programs begin, the Green Oak Ranch property will have round-the-clock on-site security and require sober living, and people exiting the programs will be placed in suitable long-term housing.

#### EQUITY IMPACT STATEMENT

Prioritizing the expansion of behavioral health treatment and housing is essential to address the pressing challenges faced by individuals struggling with addiction and mental illness in our community. Delaying the implementation of vital services due to lack of housing exacerbates the suffering of vulnerable populations, highlighting the critical need for a property where people can live and continue treatment.

#### SUSTAINABILITY IMPACT STATEMENT

This proposed action contributes to the County of San Diego's Sustainability Goal of protecting the health and well-being of all San Diegan residents. Enhancing access to housing and mental health and substance use disorder treatment is of paramount priority for the County's most vulnerable residents.

#### FISCAL IMPACT

If approved, these recommendations would result in one-time costs in the Health and Human Services Agency estimated at \$300,000, for a good faith deposit for the purchase of the Green Oak Ranch property and site due diligence which includes hazardous materials review and CEQA review. This amount can be supported by available appropriations in the Health and Human Services Agency based on FY 2023-24 Operational Plan spending authority. The funding source is existing one-time General Purpose Revenue. Approval of these recommendations will reduce year-end operating results by \$300,000, which would otherwise replenish the General Fund minimum reserve. There will be no additional staff years.

Costs and revenue for the acquisition and initial management of the Green Oak Ranch property as a campus for healing for long-term sober housing and treatment facilities will be based on successful negotiations to purchase the property. Estimated total costs include acquisition of the property (estimated at up to \$12.0 million) and maintenance prior to any property improvements. There will be ongoing costs associated with the maintenance of the property.

Depending on the programs that will be located at Green Oak Ranch, additional ongoing funding will be required. Some of the services identified, including recovery residences and board and care, are not currently eligible for Medi-Cal reimbursement and will therefore result in new costs solely funded by County funds to be identified. There will be fiscal impacts associated with future related recommendations and will be based on the specific programming needs that are established. Staff would return to the Board for consideration and approval.

### **BUSINESS IMPACT STATEMENT** N/A

#### **ADVISORY BOARD STATEMENT** N/A

#### BACKGROUND

Homelessness, mental health, and addiction are some of the most pressing issues facing our community. Despite great strides taken to address these issues, we are a far cry from meeting the long-term needs of San Diego's homeless population. According to the 2023 Point in Time Count, homelessness increased by 22% in 2023. A study conducted by UC San Francisco found that 82% of our homeless population has mental illness and/or substance use disorder.

At the heart of this crisis lies a critical shortage of resources and housing tailored to individuals with mental health challenges and substance use disorder. These are challenges that will continue to worsen unless we take immediate steps towards a long-term investment in our continuum of care. To prevent people from falling through the gaps, we need long-term housing solutions for those in treatment and recovery. The County of San Diego needs a campus for healing, where individuals can live in sober housing and continue to receive services as they rebuild their lives.

Green Oak Ranch is a hidden oasis, tucked into urban Vista, currently operating as a faith-based sober living program for 50 men. A map of the property is shown below. The site has historically been a place of healing, and the County should continue its legacy, while significantly increasing the capacity.



Parcel A: 57.8 acres – APN 217-011-45 with no improvements – Nature Habitat, available for purchase.

Parcel B: 28.1 acres – APN 217-011-46 with some improvements – Not for sale (Green Oak Ranch Ministries substance use recovery program is moving to this parcel).

Parcel C: 46.7 acres - APN 217-011-47 with improvements – Usable Space, available for purchase. Parcel D: 5.5 acres -APN 217-011-15 with no improvements – Nature Habitat, available for purchase.

For nearly a decade, the Veteran Stand Down has taken place at Green Oak Ranch. The Stand Down takes place once a year, when dozens of services are offered to homeless veterans to help them get connected to what they need. If the County purchases Green Oak Ranch, we would be able to serve the homeless veteran population year-round.

Throughout the County, we have seen an increase in emergency housing capacity. Cities and the County have all contributed to increases across the region. This campus for healing would be an important regional asset, serving as a haven for individuals to go after they graduate from temporary shelters. We know that hospitals are in desperate need of facilities where they can safely discharge patients. Green Oak Ranch can meet these needs in a meaningful way.

#### Senate Bill 43 and LPS-Designated Facilities:

Senate Bill (SB) 43 makes changes to the Lanterman-Petris-Short (LPS) Act – a California law governing involuntary detention, treatment, and conservatorship of people with behavioral health conditions. 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.

<u>Prior to SB 43, the LPS Act</u> 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.

New law as indicated by bold text, 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,
- <u>and</u>, 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.

#### **Proposition 1:**

Proposition 1 is a two-part measure, that amended the California Mental Health Services Act (MHSA) and created a \$6.38 billion general obligation bond. The California MHSA will be reconfigured to be the Behavioral Health Services Act (BHSA) which will allow for spending for substance abuse disorders and command spending for non-clinical housing services. Secondly, it creates a \$6.38 billion general obligation bond that would fund behavioral health treatment and residential facilities, and supportive housing for veterans and individuals at risk of or experiencing homelessness with behavioral health challenges.

#### **Care Court:**

The Community Assistance, Recovery and Empowerment (CARE) Court program created a pathway to deliver mental health and substance use services to individuals who are diagnosed with schizophrenia or other psychotic disorders and are not engaged in treatment.

Through a state law, CARE Court created a process for families, clinicians, first responders, and others to file a petition with the civil court to connect individuals (ages 18+) to court-ordered voluntary treatment if they meet criteria and would benefit from the program.

This court-ordered voluntary treatment may include the need for housing.

This campus for healing would be a place of rehabilitation. Approximately 46.7 acres are available for this purpose, as shown as Parcel C on the map above. This parcel is developed with a private

recreation youth camp and recovery facility and a long-term trailer/RV park with 22 spaces. The recovery facility includes various structures totaling 33,319 square feet, which includes a dining hall, meeting halls, chapel, nature center, staff offices, and cabins. With 24/7 on-site security, job/skills training, opportunities to continue education, and recreational facilities, Green Oak Ranch has the potential to be the first of its kind as a home to those in need of sober living housing as they continue their recovery. At Green Oak Ranch, we will also ensure that long-term, suitable housing is identified for those who are graduating from the program prior to their release from the programs. With a recent decision by Palomar Hospital to shut down 12 inpatient behavioral health beds, it's critical for the County to build out the continuum of care to free up shorter term resources for those with longer term needs.

It is anticipated that building and infrastructure would require improvements to be used for County programs as well as construction of new buildings. Infrastructure costs are roughly estimated at approximately \$51,000,000. Improvements to existing buildings are approximated at \$5,200,000. New facilities for County programs on this property are estimated up to \$280,000,000. Costs for California Environmental Quality Act analysis may range from \$100,000 to \$300,000 for a Mitigated Negative Declaration and \$500,000 to \$1,500,000 for an Environmental Impact Report. Annual maintenance and operations are estimated up to \$2,100,000.

Beyond the immediate rehabilitation and housing potential of the campus, the site can support the County's conservation and passive recreation goals. Approximately 63.3 acres of the site includes open space/habitat areas with existing trails as shown as Parcel's A and D above. The habitat area includes portions of Buena Creek, which serves as an important wildlife corridor, contributes to improved water quality, and helps regulate the area's local microclimate. Additionally, the federally threatened coastal California gnatcatcher was identified onsite, which thrive in habitat characterized by relatively low growing, dry-season deciduous and succulent plants (coastal sage scrub). The rest of the site is largely developable, with potential for civic and recreational opportunities such as public trails connecting to the surrounding community and continue the existing use as allowed by the Major Use Permit. Estimated costs for care of the open space are approximately \$160,000 in initial costs and approximately \$100,000 annually.

This is a unique location and opportunity. With the increasing number of homelessness, addiction, and mental illness, coupled with legislative initiatives such as CARE Court, SB 43, and Proposition 1, the time is now to invest in a campus for healing for long-term sober housing and treatment facilities. Green Oak Ranch has the capacity to accommodate withdrawal management beds, recovery residences, and board and care facilities. In seizing this opportunity, we will lay the foundation for a long-term housing and treatment solution for the most vulnerable members of our society.

**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.

**Recovery residences:** A sober living home is a residential facility providing a supportive environment for individuals with Substance Use Disorder, fostering recovery, accountability, and community.

**Board and Care facilities:** A board and care facility is a residential setting offering housing, meals, and assistance with activities of daily living for individuals who require some level of support but do not need full-time nursing care.

Today's action would direct the interim Chief Administrative Officer to enter into negotiations for the purchase of Green Oak Ranch.

#### **ENVIRONMENTAL STATEMENT**

The Board's approval to enter into an option-to-purchase agreement for the potential acquisition of parcels 217-011-15, 217-011-45, and 217-011-47 (Parcels A, C and D, totaling 110.06 acres) is not a project under the California Environmental Quality Act (CEQA) pursuant to Section 15061(b)(3) as the transfer of ownership of an interest in land does not include any activity or change in the existing use of the property that may cause a significant effect on the environment. Additionally, the requested Board action does not commit the County to a definite course of action with respect to any project (CEQA Guidelines, Sections 15378(b)(4) and (5)). There are no development plans currently in place for this site. Any future changes to the property that may result in direct or indirect physical changes in the environment will be contingent upon CEQA compliance once proposed.

#### LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Health, Housing, and Quality of Life Initiatives of the County of San Diego's 2024-2029 Strategic Plan by expanding access to detox beds, recovery residences, and board and cares.

Respectfully submitted,

JIM DESMOND Supervisor, Fifth District

Mon E Vage

NORA VARGAS Chairwoman, First District

ATTACHMENTS Attachment A – Maps and Photos of Green Oak Ranch

#### CYBHI NEWSLETTERS (Click on each flier to view full document)







### County Releases Recommended Budget

Overall, the recommended budget for 2024-25 totals \$8.48 billion, an increase of \$317.7 million or 3.9% over the 2023-24 adopted budget, with an emphasis on investments in key priorities while sustaining core services and efficiently managing the growth of staffing.

Almost half of the funding comes from federal and state governments, but that money must be used on certain programs. The rest comes from property taxes, fees for services and other sources.

Behavioral Health: Mental health and substance use support.

- More than \$1.1 billion in total investments for Behavioral Health Services.
  - \$28 million increase for substance use residential and outpatient services.
  - \$25 million to expand and support the public behavioral workforce which includes the development of a new training and tuition program.
  - \$15 million increase to implement Senate Bill 43 for Involuntary Behavioral Health treatment.
  - More than \$9 million to provide services in the new Tri-City Psychiatric Health Facility in Oceanside.
  - \$4 million increase for a total of \$11.1 million to address the opioid crisis.
  - More than \$4 million for youth suicide prevention.

#### Budget Summary (sandiegocounty.gov)

You can give your feedback in person and online. An in-person community budget meeting is scheduled for 5:30 p.m. on Thursday, May 23 at the County Operations Center. A virtual community meeting will take place at 6 p.m. on Wednesday, May 29. Visit our **open budget page** for more information.

#### Open Budget (sandiegocounty.gov)



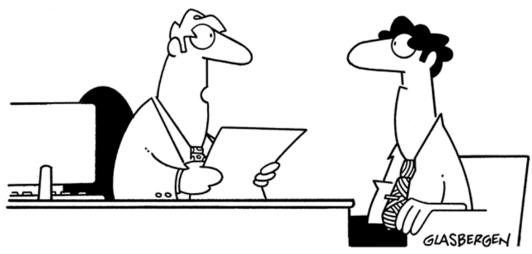
## **COUNTY OF SAN DIEGO**

FY 2024-25 CAO RECOMMENDED OPERATIONAL PLAN MAY 2024 Presented by Amy Thompson, HHSA Chief Financial Officer





- Economic Updates
- State Budget
- FY 2024-25 CAO Recommended Budget
- > Upcoming Budget Events
- ≻Q&A

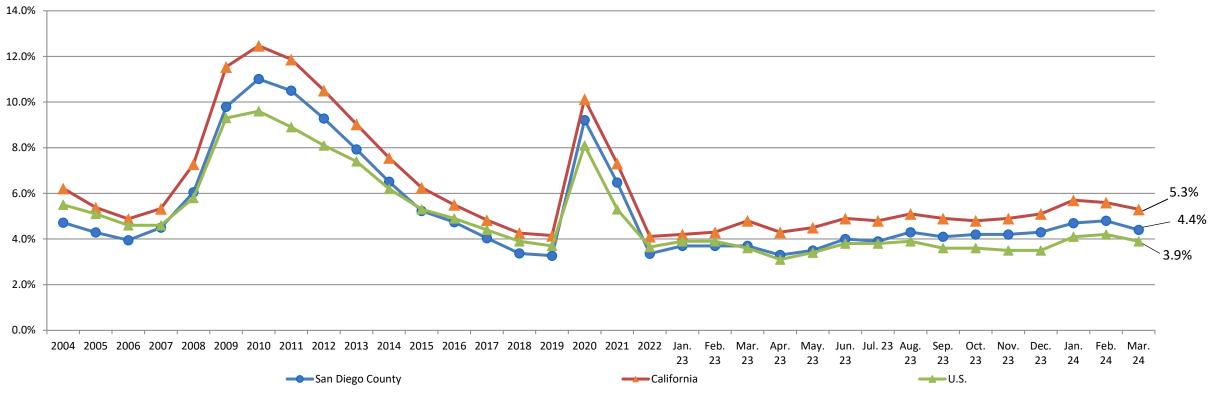


"In today's economy, it's important to diversify! Put some of your money under your mattress, put some in a cookie jar, bury some in your back yard..."



# UNEMPLOYMENT

#### Unemployment Rate 2004 through March 2024 Comparison



**Notes:** Data not seasonally adjusted; 2004–March 2024 actuals. **Sources:** Actuals: California Employment Development Department, US Bureau of Labor Statistics



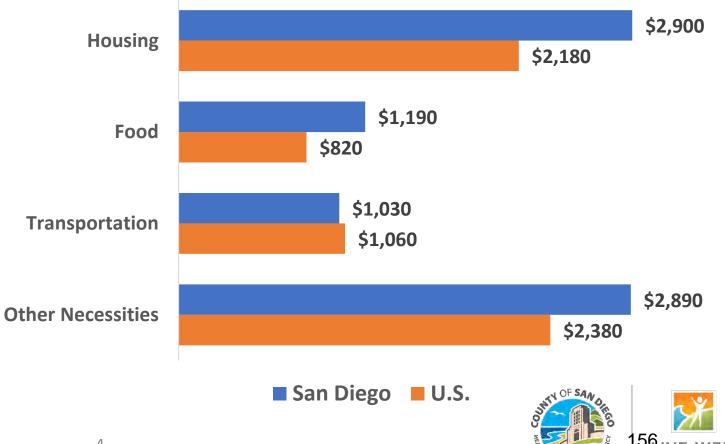
# SAN DIEGO REGIONAL ECONOMY

Prices increased nearly 20% since early 2021, creating financial stress



**Higher Cost of Living** 

#### **Average Monthly Household Expenses** September 2023

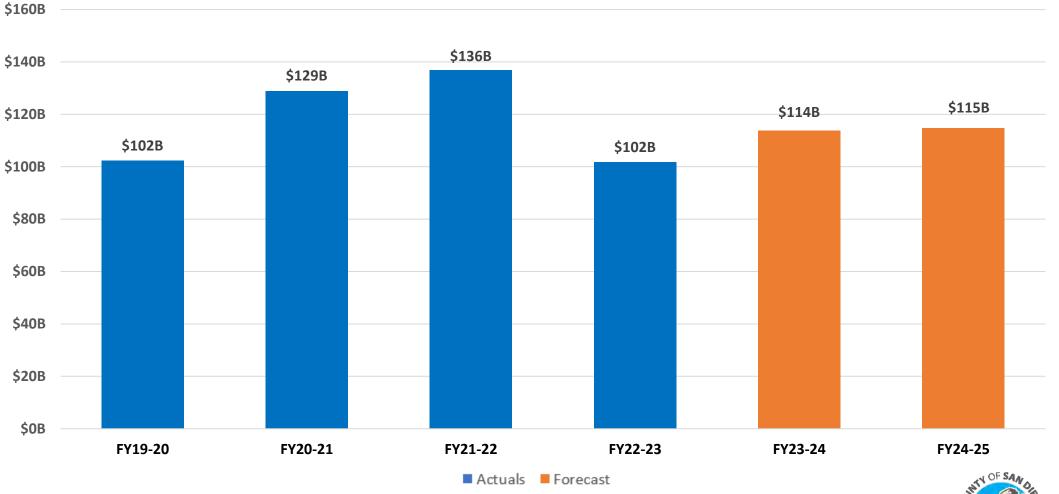


DIEGO

SANDAG

## **STATE REVENUE TRENDS**

#### State Personal Income Tax Revenue

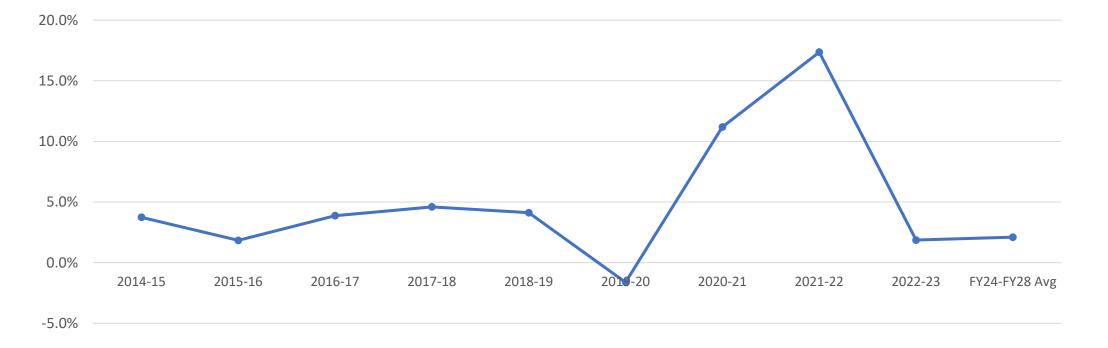




Source: State of California, FY 24-25 Governor's Proposed Budget

## **STATEWIDE SALES TAX**

Statewide Sales Tax Growth Rate



#### Sales tax drives HHSA realignment revenue: \$879.2M, 25.5% of HHSA's Budget



# STATE BUDGET OUTLOOK

State Faces Serious Budget Problem in 2024-25, and Significant Operating Deficits in Future Years (In Billions)

\$0 (\$10) (\$20) (\$20) (\$30) (\$40) (\$40) (\$50) (\$60) (\$60) (\$60) (\$70) (\$80) 2024-25 2025-26 2026-27 2027-28 (\$ource: The 2024-25 Budget: California's Fiscal Outlook)

#### **HHSA Items of Interest:**

### Statewide reductions in various programs

- CalWORKs Expanded Subsidized Employment
- CalWORKs Family Stabilization
- CalWORKs Employment Services Intensive Case
   Management
- CalWORKs Single Allocation
- Family Urgent Response System

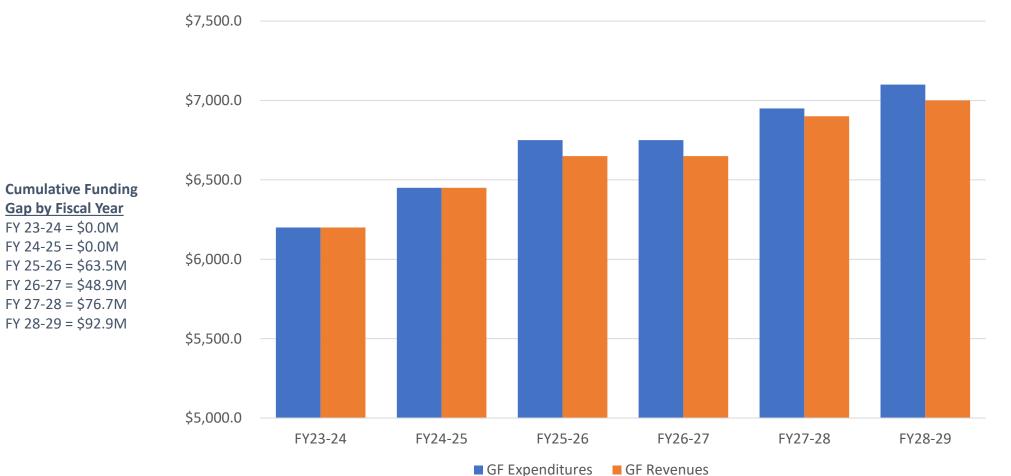
### Delays in various programs

- Homeless Housing, Assistance and Prevention
- o Behavioral Health Bridge Housing
- Behavioral Health Continuum Infrastructure Program
- o Bringing Families Home
- o Housing and Disability Advocacy
- o Home Safe



# **COUNTY FINANCIAL OUTLOOK**

### **GENERAL PURPOSE REVENUE REQUESTS**



Note: Estimated projections as of 2/12/2024. General Fund Outlook assumes the FY 23–24 Adopted General Fund Budget plus Salary & Benefit growth. Expenditure Gap and Revenue Shortfalls reflect requests for General Purpose Revenue. May not reflect non salary program revenue supported changes. Does not include: Enhanced Infrastructure Financing Districts, new affordable housing/homeless solutions, new sustainability initiatives, debt financing CINA projects.



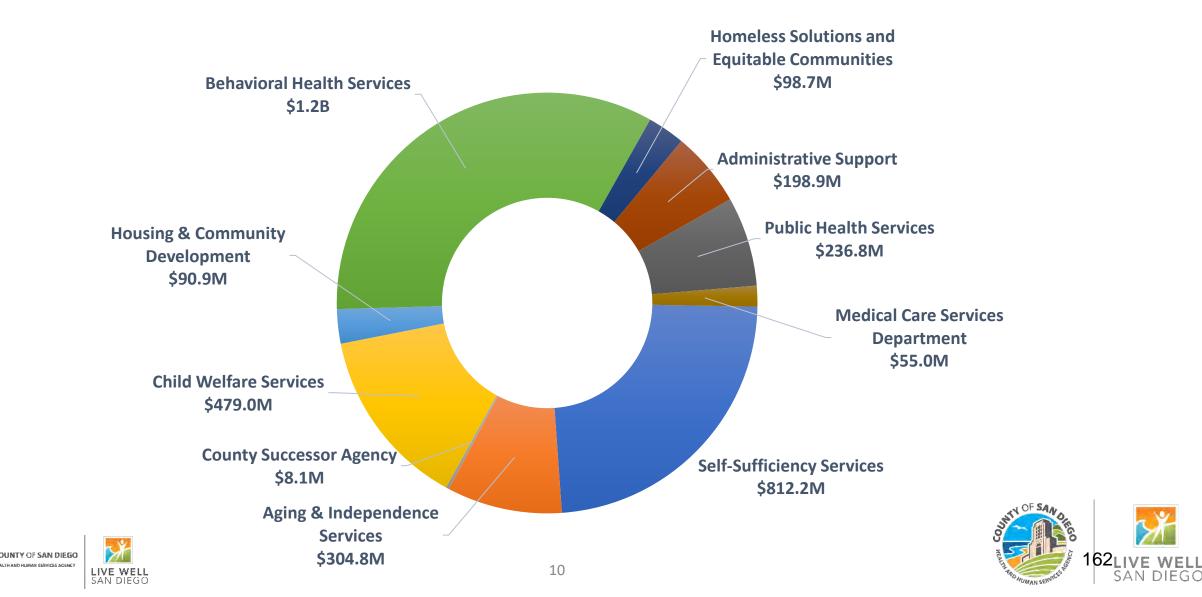
# **HHSA MITIGATIONS**

- Pause non-mandated areas
- Pause/slow position growth where able to in mandated areas and align service levels to State requirements
- Use of one-time resources paired with service reductions in discretionary programs phased in over multiple years as necessary starting with least impact
- Revenue strategies
- Continue longer term strategies to enhance efficiencies and reengineer programs



## **HHSA BUDGET BY DEPARTMENT: \$3.4 BILLION**

Increase of \$243.2 million from FY 2023-2024 Adopted Budget



# FY 2024-25 CAO RECOMMENDED BUDGET

### BUDGET BY DEPARTMENT: \$3.4 BILLION

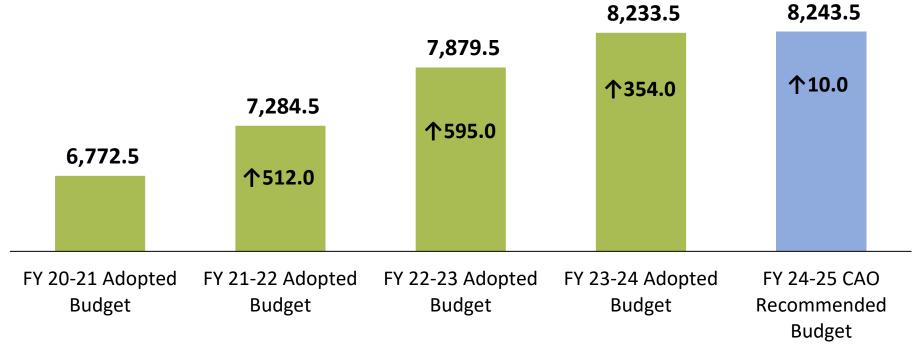
(in Millions)

DEPARTMENT	FY 23/24 ADOPTED		FY 24/25 CAO RECOMMENDED		CHANGE FROM FY 23/24 ADOPTED TO FY 24/25 CAO RECOMMENDED	
	FTE	BUDGET*	FTE	BUDGET*	FTE	BUDGET*
Self-Sufficiency Services	2,845.00	786.0	2,846.00	812.2	1.00	\$26.2
Aging & Independence Services	651.00	281.7	654.00	304.8	3.00	23.1
Behavioral Health Services	1,332.50	1,021.1	1,332.50	1,156.6	-	135.5
Child and Family Well-Being	1,670.00	456.8	1,672.00	479.0	2.00	22.2
Public Health Services	764.00	228.2	775.00	236.8	11.00	8.6
Medical Care Services	215.00	50.4	216.00	55.0	1.00	4.6
Administrative Support	438.00	184.4	430.00	198.9	(8.00)	14.5
Housing and Community Development Services	156.00	99.4	158.00	91.0	2.00	(8.4)
Homeless Solutions and Equitable Communities	162.00	82.1	160.00	98.7	(2.00)	16.6
County Successor Agency	-	7.8	-	8.1	-	0.3
TOTAL	8,233.50	3,197.9	8,243.50	3,441.1	10.00	\$243.2



## A LOOK BACK: 5 YEAR TREND STAFF YEARS (FTES)

## 22% FTE increase over 5 years





# HHSA FY 2024-25 FULL TIME EQUIVALENT GROWTH

## **Net Increase of 10.00 Full Time Equivalents**

- **4.00** in Aging & Independence Services
  - 2.00 for San Diego Veterans Independence Services at any Age (SD-VISA) program
  - 2.00 for modernizing the Mello-Granlund Older Californians Act (OCA) Supportive Services and Nutrition Services
- **4.00** in Public Health Services for Live Well On Wheels
- **2.00** in Housing & Community Development Services for the Housing Choice Voucher program





# **BUDGET INCREASE \$243 MILLION**

## Salaries & Benefits up \$98 million

- Negotiated labor agreements and lowered vacancy assumptions
- Current vacancy rate 4.4% compared to 10.4% last year

## Services & Supplies up \$109 million

- Program investments tied to dedicated federal and State revenue
- Mandated cost increases and new mandated services
- Cost of doing business increases
- Net of decreases for prior year one-time costs

## **Other Charges up \$16 million**

• Growth in General Relief and CalWORKs Child Care

## **Balance of \$20 million**

 Various adjustments primarily for costs funded outside the General Fund with no service impacts and adjustments for prior year one-time capital asset costs



## **Behavioral Health Services \$119.3 million**

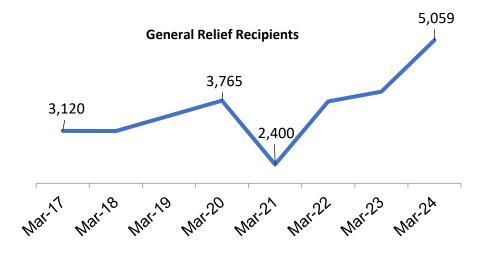
- Behavioral Health Prevention Programs
- Substance Use Services
- Long-Term Care
- Mental Health Inpatient Services
- Mental Health Outpatient Treatment and Support Services
- Workforce
- Involuntary Behavioral Health Treatment (SB 43)





## **General Relief - \$11.4 million**

• Increased caseload and grants



## **CalWORKs - Net decrease \$3.2 million**

- Increase of **\$6.6** million in Child Care payments
- Decrease of \$9.8 million across various CalWORKs supportive services programs to align with allocated State funding





## **Housing & Homelessness**

- **\$10.6** million in new funding for the Innovative Housing Trust Fund (IHTF)
- **\$2.4** million to boost multifamily rental housing in the unincorporated area
- \$7.8 million to address the needs of those experiencing homelessness within the San Diego Riverbed and Plaza Bonita areas.
- 2<sup>nd</sup> Safe Parking site expected to open this summer





## **Other Support for Vulnerable Populations**

- **\$11.4** million for In-Home Supportive Services
- **\$2.2** million increase to help veterans who need long-term support to avoid institutionalization
- **\$2.0** million increase for child abuse prevention
- **\$2.0** million increase for transitional housing support to youth leaving foster care



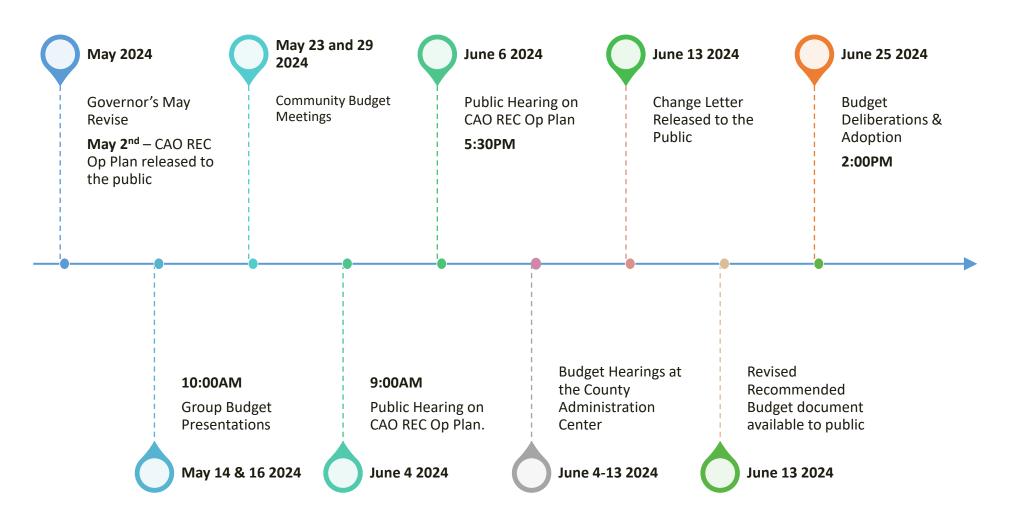


## County Budget 2024 - 26 | Engage San Diego County





# **UPCOMING BUDGET EVENTS: KEY DATES**





## **CLOSING REMARKS AND Q&A**



m.E. menair

"I realize how helpless and needy they are, but I'm afraid you still can't claim a human as a dependent." Amy Thompson HHSA Chief Financial Officer <u>Amy.Thompson@sdcounty.ca.gov</u> Office: (619) 318-5113

Ardee Apostol HHSA Assistant Chief Financial Officer <u>Ardee.Apostol@sdcounty.ca.gov</u> Office: (619) 338-2602



### June 4, 2024 Board Item: Fiscal Year 2024-25 CAO Recommended Operational Plan







Behavioral Health Advisory Board Meeting May 2, 2024 Presented by Nadia Privara, BHS Assistant Director, Chief Strategy and Finance Officer

SANDIEGOCOUNTY.GOV/HHSA

# What We Do





- Mental health and substance use services
- Over 100,000 children, youth and adults receive care annually
- Four domains:
  - Specialty Mental Health Plan
  - Contractor
  - Direct service provider
  - Public health entity
- 350 contracted and County-operated programs
- 300 individual fee-for-service providers

# FY 2024-25 Key Accomplishments



## Transformation of Behavioral Health Continuum of Care:

- Advanced Behavioral Health infrastructure projects
- Enhanced board and care capacity
- Increased Mobile Crisis Response Teams (MCRT)



# FY 2024-25 Key Accomplishments



## Transformation of Behavioral Health Continuum of Care:

- Ramped up Opioid Settlement Funding activities, including public messaging
- Screened almost 15,000 youth in Screening to Care program to date
- Pursued grants totaling over \$36 million



# FY 2024-25 Key Accomplishments



- Implemented Community Assistance, Recovery & Empowerment Act (CARE) Act program
- Planning for launch of Senate Bill 43
- Transitioning under Behavioral Health Payment Reform

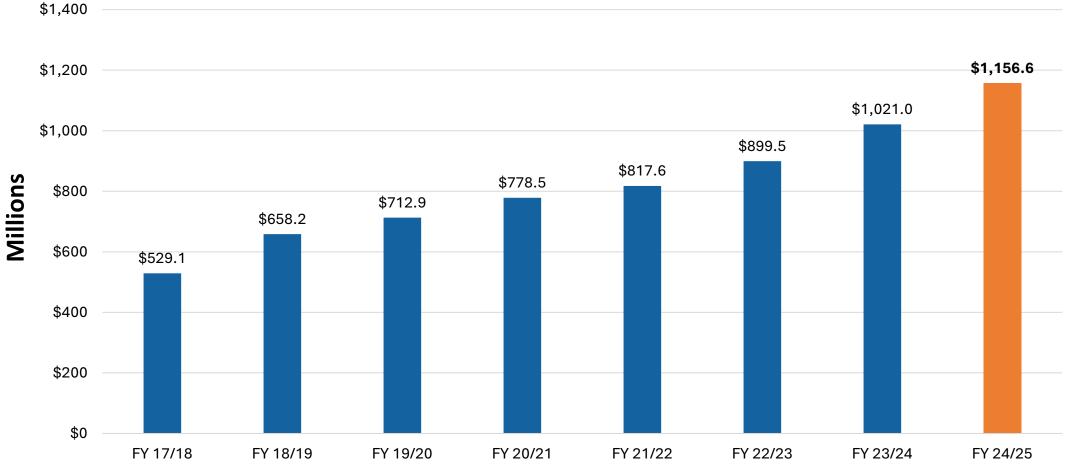


BHS CARE Act Team

# FY 2024-25 CAO Recommended Budget



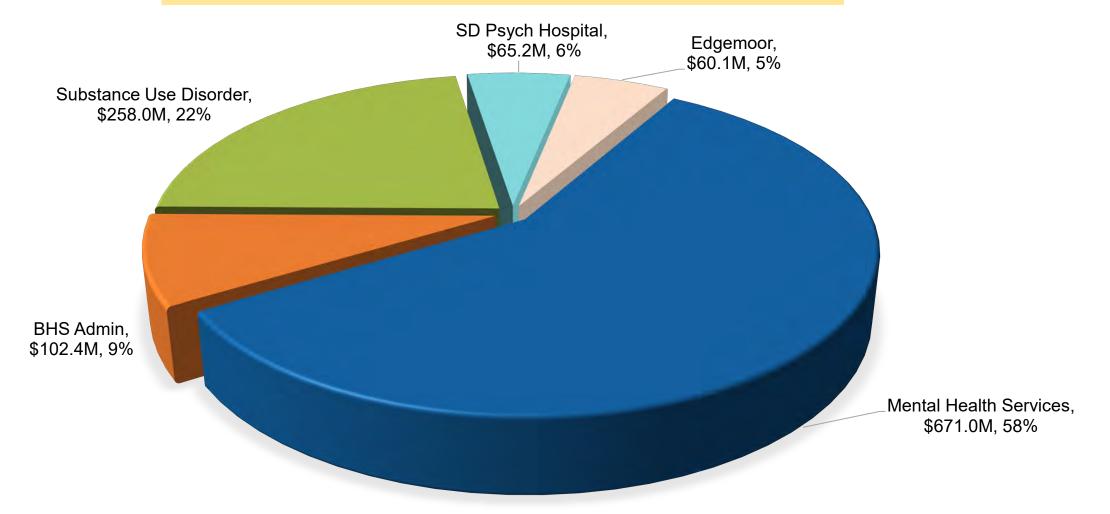
BHS Recommended Budget (\$ in millions)



# FY 2024-25 CAO Recommended Budget



### **Total BHS Recommended Budget \$1,156.6 Million**

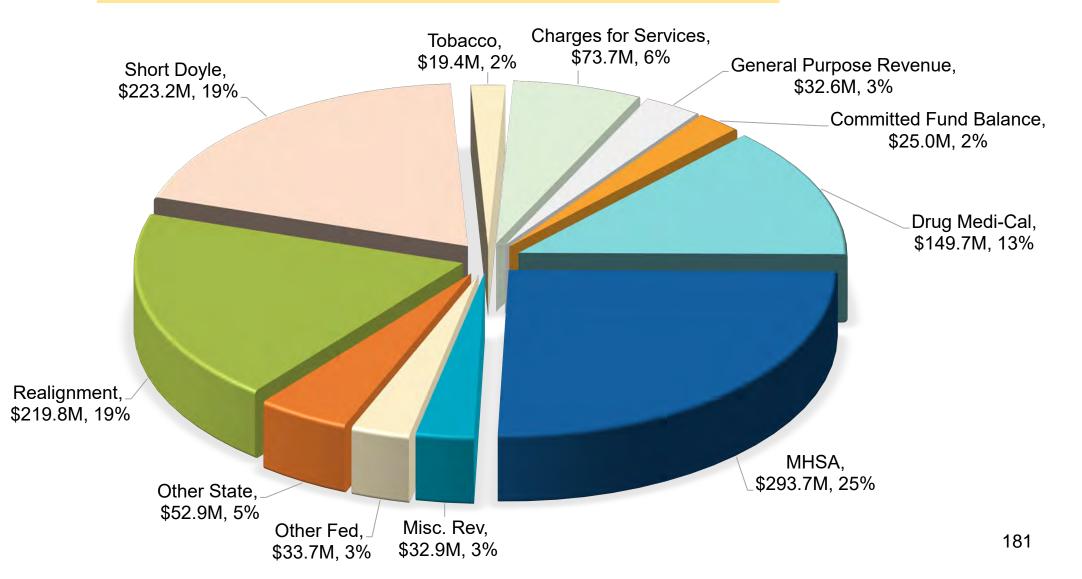


Note: Figures are rounded to the nearest million and therefore may not exactly add up to the dotal.

# FY 2024-25 BHS Revenue Sources



### Total BHS Recommended Budget \$1,156.6 Million



# **New Investments \$135.6 Million**



### **Prevention Programs \$6.8 Million**

- ACEs Prevention Parenting Program
- Native American Prevention and Early Intervention
- Youth Suicide Prevention Program

### Substance Use Services \$65.2 Million

- Residential and outpatient services, including opioid treatment programs
- Partnership with Viejas for opioid treatment services in East Region

### Long-Term Care \$6.0 Million

• Subacute care and board and care beds

### **Mental Health Inpatient Services \$10.6 Million**

- Tri-City Medical Center Psychiatric Health Facility
- Increased rates for acute inpatient care

# **New Investments \$135.6 Million**



### Mental Health Outpatient Treatment and Support Services \$1.7 Million

- Homekey Housing Sites
- Children and Youth Outpatient Services

### Workforce \$25.0 Million

- Behavioral Health Workforce Development and Retention Innovation Program
- Expansion of small, community-based organizations able to provide Medi-Cal funded services within diverse communities

### SB 43 Involuntary Behavioral Health Treatment \$15.0 Million

- Broadens definition to add severe substance use disorder
- Services, infrastructure and training in hospital and community-based settings

# FY 2024-25 Budget Timeline



May 2, 2024	CAO Recommended Budget Released to the Public	
May 14, 2024	Group Budget Presentations (Day 1)	
May 16, 2024	Group Budget Presentations (Day 2)	
May 23, 2024	Community Budget Meeting (Daytime, In-Person)	
May 29, 2024	Community Budget Meeting (Evening, Virtual)	
June 4, 2024	Budget Hearing on CAO Recommended Budget	
June 6, 2024	Budget Hearing on CAO Recommended Budget	
June 13, 2024	Last Day for Written Testimony to Clerk of the Board	
June 13, 2024	<ul> <li>Revised Recommended Budget Available to the Public</li> </ul>	
June 25,2024	<ul> <li>Budget Deliberations and Adoption</li> </ul>	



# **Questions?**



# May 21, 2024 Board Item: Mental Health Services Act Amendment to the FY 2023-26 Three-Year Plan





Behavioral Health Advisory Board Meeting April 4, 2024

SANDIEGOCOUNTY.GOV/HHSA



# **Proposed MHSA Amendment**

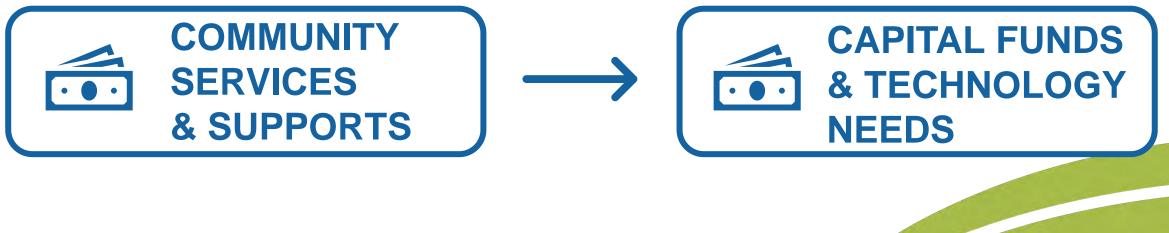


### BACKGROUND

• MHSA allows for an ongoing 20% transfer between components

### **REQUESTED AMENDMENT**

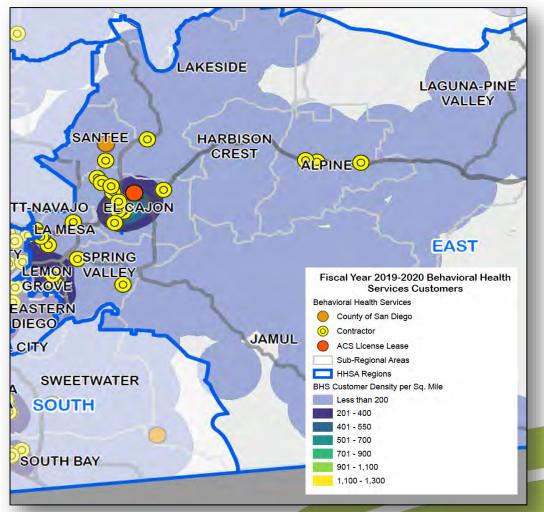
- Requests transfer of \$10 million from Community Services & Supports (CSS) to Capital Funds & Technology Needs (CF/TN)
- Transfer falls within the 20% cap
- Funds will support the construction of the East Region Crisis Stabilization Unit (CSU)



# **Community Need in East Region**







# **Crisis Stabilization Unit Overview**



### **CSU SERVICES**

Services provided on a short-term basis (up to 24 hours):

- Crisis intervention
- Mental health assessment
- Medication assistance
- Therapy and peer support
- Resources and connections to ongoing behavioral health services

### **ACCESSING SERVICES**

- Drop-offs by health, safety, and law enforcement agencies
- Walk-ins for adults ages 18 and up



North Coastal CSU (Oceanside)

# **MHSA Proposed Budget FY 23-24**



Components	Original Budget FY 23-24	Revised Budget
<b>Community Services and Supports</b>	\$228,266,016	\$228,266,016
Prevention and Early Intervention	\$38,271,033	\$38,271,033
Innovation	\$1,522,280	\$1,522,280
Workforce Education and Training	\$6,879,317	\$6,879,317
Capital Facilities and Technological Needs*	\$0	\$10,000,000
Total	\$274,938,646	\$284,938,646

\*Transfer will be with unspent funds

# Recommendation



 Receive and approve the Amendment (MHSA Amendment to the FY 2023-26 MHSA Three-Year Plan) and authorize the Agency Director, Health and Human Services Agency, to submit the amendment to the Mental Health Services Oversight and Accountability Commission.





# QUESTIONS

SANDIEGOCOUNTY.GOV/HHSA









Behavioral Health Advisory Board Meeting May 2, 2024

SANDIEGOCOUNTY.GOV/HHSA



# Mental Health Services Act (MHSA)

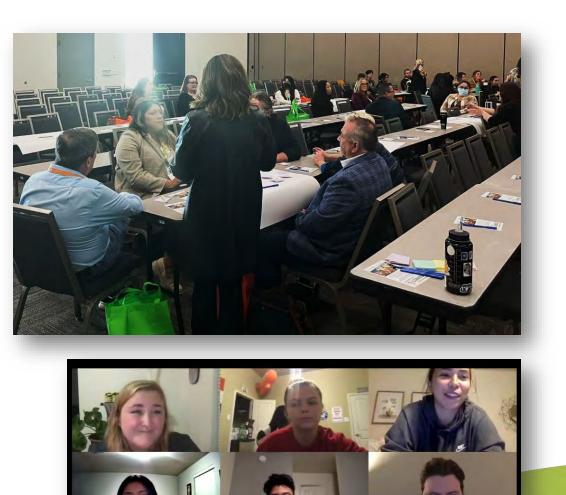
- California ballot initiative passed by voters in 2004
  - 1% tax on personal income more than \$1M
- Addresses a broad continuum of prevention, early intervention, service needs and the necessary infrastructure, technology, and training elements
- Serves all ages with a focus on unserved and underserved communities
- Extensive community engagement to inform use of MHSA funds



# **Community Program Planning (CPP)**



- One of three key drivers of BHS community engagement activities
- Informs development of the MHSA Annual Update
- Opportunity for community members to:
  - Offer feedback
  - Identify priorities
  - Make recommendations
- Input and engagement activities held throughout the calendar year



# **Community Program Planning (CPP)**

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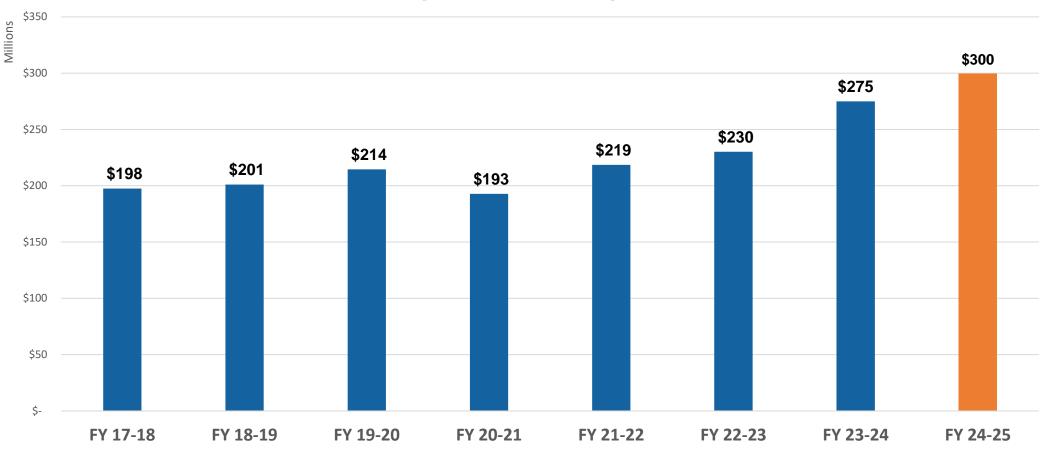
- Input gathered through:
  - BHS programs and services
  - Councils and coalitions
  - Listening sessions and focus groups
  - Key informant interviews
  - Online input forms
  - Participation in community events and meetings
  - Community Experience Partnership (CEP) Initiative
- 16 recommendations (see Appendix F, Table 9, pages 142-145)
- 10 overarching recommendations to better guide logistics/planning (see April 2024 BHAB Director's Report)







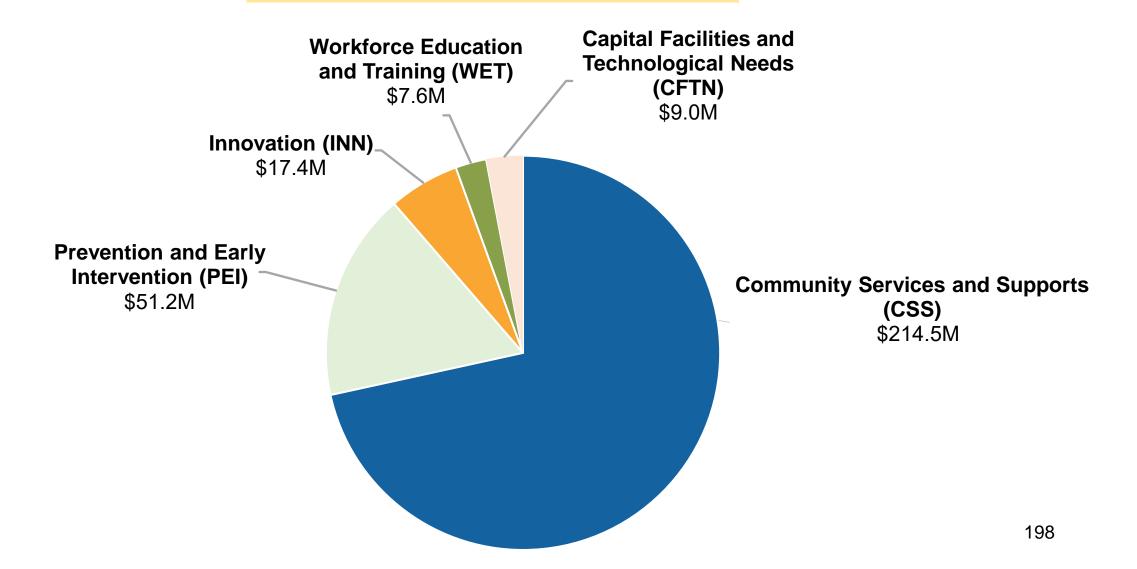
### MHSA Budget (\$ in Millions)



# MHSA Budget FY 24-25



### Total MHSA Budget \$299.7 Million



Expenditures

# Flow of Funds

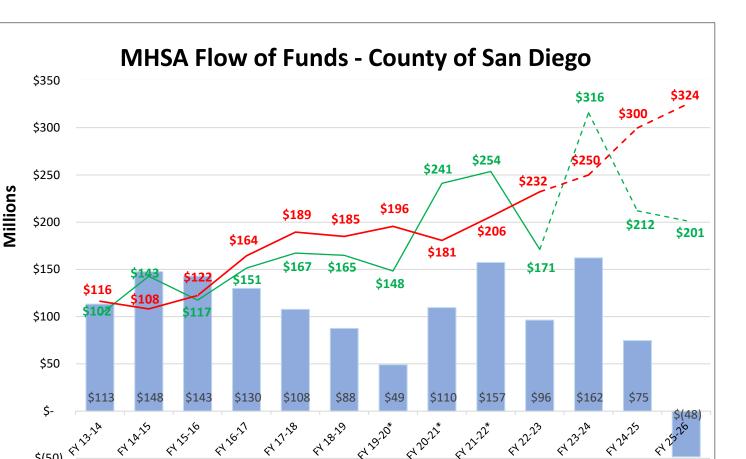
### **Planning & Sustainability**

- MHSA revenue is volatile
- BHS plans to utilize unspent funds
- Balance increased programming with sustainability long term
- San Diego has reverted \$0
- Only \$10.8M of \$28.2B reverted by all counties (<.04%)
- Optimize federal drawdown

\$(50)

\$(100)

Cumulative Unspent



Revenue



# **Community Services and Supports (CSS)**



### Adult Treatment Services

- Full-Service Partnership/Assertive Community Treatment
- Strengths-Based Case Management Housing
- Mental Health Outpatient Treatment Services





- Screening to Care
- Youth Suicide Reporting and Crisis Response Program

Prevention and Early Intervention (PEI)

- Recuperative Services and Support Program for Transitional Age Youth
- Funding Increases in Various Programs
  - Early Intervention for Prevention of Psychosis
  - ACEs Prevention Parenting Program for Fathers
  - Native American Prevention and Early Intervention

# Workforce Education & Training (WET) and Innovation (INN)



### Workforce

- Psychiatry Fellowship
- Recruiting and Retaining Workforce
- County Behavioral Health Workforce
- Public Behavioral Health Workforce Development and Retention Program
  - Outcomes-Based Renewable Training and Tuition Fund
  - Upskilling to Meet Professional Need



# Capital Facilities/Technological Needs (CFTN)



### East Region Crisis Stabilization Unit (CSU)

- Transferring funding from Community Services and Supports to Capital Facilities/Technological Needs
- CSU anticipated to open mid-2025
- Services provided on a short-term basis (up to 24 hours)
  - Crisis intervention
  - Mental health assessment
  - Medication assistance
  - Therapy and peer support



North Coastal CSU (Oceanside)

# **Journey Ahead**





Economic Uncertainty

### Prop 1 (BHSA)

- 5% reduction in overall BHSA funding
- Prevention component shifting to State
- Extensive new reporting and outcome requirements
- Emphasis on housing
- Flexibility to utilize funds for substance use services

# Recommendation



Receive and approve the MHSA Fiscal Year 2024-25 Annual Update (Annual Update) and authorize the Agency Director, Health and Human Services Agency, to submit the Annual Update to the California Mental Health Services Oversight and Accountability Commission.





# **Questions?**

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ERIC C. MCDONALD, MD, MPH, FACEP INTERIM AGENCY DIRECTOR HEALTH AND HUMAN SERVICES AGENCY BEHAVIORAL HEALTH SERVICES 3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531 SAN DIEGO, CA 92108-3806 (619) 563-2700 • FAX (619) 563-2705 LUKE BERGMANN, Ph.D. DIRECTOR, BEHAVIORAL HEALTH SERVICES

March 28, 2024

TO: Behavioral Health Advisory Board (BHAB)

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

#### BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT - APRIL 2024

#### Efforts to Optimize Community and Stakeholder Engagement Continue

Over the past calendar year, BHS has made substantial progress towards building its capacity to enhance and expand its community engagement in alignment with key factors driving such operations from various levels. The following information serves as a cumulative update of activities and strategies piloted and overseen by BHS' Communication & Engagement (C&E) Team, which was established in November 2022 following Phase 4 of department reorganization efforts first initiated in 2021.

#### Key Drivers and Mechanisms for Community Engagement

Three key drivers push forward community engagement efforts for BHS:

- The Community Program Planning (CPP) Process, a component of the Mental Health • Services Act (MHSA) passed by California voters in 2004, drives community engagement efforts from the state level. The CPP Process dictates that planning, implementation, and evaluation of programs and services made possible through MHSA funds involve the community. Counties receiving MHSA funding are required to collaborate and partner with consumers and share information and resources. For more information. visit the following link: sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental health services act.
- The County of San Diego's General Management System (GMS) drives community engagement efforts at the enterprise level across all County business groups, including the Health and Human Services Agency (HHSA). The GMS is the County's operational approach to planning and decision-making and dictates enterprise-wide goals. In January 2022, the GMS was updated, and community engagement was elevated to the center of all County operations. Adopted by the San Diego County Board of Supervisors (Board), the GMS imagines a just, sustainable, and resilient future for all, made feasible by community partnerships, enterprise-wide collaboration, operational accountability, strategic planning, and employee connection. Broadly defined, 'community engagement' includes any activities that provide members of the San Diego County community with opportunities to play a meaningful role through their participation in shaping policies, programs, and decisions.
- The Community Experience Partnership (CEP) is a departmental initiative to integrate data and community input to guide priorities and inform and support BHS' planning and program

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development to equitably improve behavioral health and wellness across the Behavioral Health Continuum of Care (CoC). The CEP is made possible through the collective efforts of various BHS teams, as well as contracts with UC San Diego's Child and Adolescent Services Research Center (CASRC) and Health Services Research Center (HRSC). Interactive data dashboards and community engagement reports developed as a result of the CEP allow individuals to explore behavioral health trends in San Diego County and enable users to compare results across regions, populations, and subgroups.

Similarly, there are three primary mechanisms through which community engagement is accomplished by the department:

BHS' C&E Team represents a centralized unit within the department responsible for various internal and external public messaging and public participation efforts, including intradepartmental coordination of BHS communications and engagement, and staff support for year-round, community-based activities. Since March 2023, the C&E Team has concentrated its efforts on developing the infrastructure necessary to support existing and emerging operations, reflecting on learnings from community input sessions, refining approaches to improve the relevancy of activities, and initiating planning discussions with community members and organizations to deliver desired programming in a more tailored fashion.

Key activities within the last year of this team have focused on hiring and creating new tools to support the coordination of community requests, reporting/evaluation, and more frequent and standardized communications using multiple communication channels. The department has also dedicated a large portion of its time over the last several months to better understanding how San Diego County communities would like to be engaged and assessing how the department can best meet people "where they are" both figuratively and physically. Thirteen additional team members were hired to support C&E-led efforts between October 2023 and February 2024, including one full-time staff to support BHS Communications, four full-time behavioral health-focused Community Health Workers to support outreach efforts, one full-time temporary Analyst to support BHAB coordination, and six non-clinical, part-time students to support Health Promotion events.

Additionally, C&E Team continues to utilize the Community Request Form in an effort to support community events and activities through BHS staffing at events, educational materials, and/or connections to BHS subject matter experts and/or contractors. Since September 2023, the team has logged over 20 requests from items including tabling requests to highlight BHS resources and career pathways, threading to support naloxone distribution to BHS contractors, and more.

 BHS has also enhanced its community engagement through collaborations with departments and staff outside BHS; in particular, through close partnerships with Health and Human Services Agency (HHSA) Department of Homeless Solutions and Equitable Communities (HSEC) and the *Live Well San Diego* (LWSD) Support Team. These two groups are responsible for an array of opportunities and platforms that can be leveraged to embed, cross-thread, and increase the dissemination of behavioral health information to communities and stakeholders in the region.

BHS has collaborated with HSEC and the LWSD Support Team extensively over the past year to increase awareness and visibility of important resources, programs, and services. Several educational presentations have been provided to regional Community Leadership Teams coordinated by HSEC, including multiple presentations on local crisis response services, naloxone administration trainings, and naloxone distributions. Recently, BHS led a discussion at the North County Community Leadership Team to share regional-specific data related to suicide and overdose to better inform community members and county staff of recent trends and opportunities to address these issues. BHS is also working closely to embed Community Health

Director's Report - April 2024

Workers (CHW) within HSEC to conduct local behavioral health outreach and education to support prevention and early intervention efforts. The department has partnered with the LWSD Support Team to bring stigma reduction and mental wellness activities to broader audiences inperson and virtually. There have been several breakout sessions and presentations provided to the community at scale through the Live Well Advance and LWSD Sector network. Additionally, the C&E Team has collaborated closely with the LWSD Youth Sector to develop behavioral health town halls, public messaging campaigns, and youth engagement opportunities like the *Scoop From You(Th) Challenge*. BHS has also partnered to integrate BHS updates and promote behavioral health resources through the groups' respective electronic newsletters and social media accounts. Most recently, as part of recent flood recovery efforts, BHS partnered with the County's Office of Emergency Services, HSEC, the LWSD Support Team, and other County staff to share key resources to individuals and families displaced by the January flood disaster through a series of virtual telebriefings.

Additionally, BHS has leveraged relationships among the Office of Equitable Communities (OEqC) by supporting the coordination of crisis response panels at regional Community Leadership Team Meetings that have raised awareness of resources accessible to the public including Optum Access and Crisis Line (ACL), Mobile Crisis Response Team (MCRT), and Psychiatric Emergency Response Team (PERT).

The C&E Team currently oversees a total of four contracts that augment and enable public messaging and public participation efforts. These include contracts with Rescue Agency for stigma reduction, suicide prevention, and substance use prevention media campaigns (Contract #561649); UC San Diego's Child and Adolescent Research Center (CASRC) and Health Services Research Center (HRSC) for large-volume engagement services (e.g., interviews, focus groups, and large community listening sessions) (Contract #566007); Jewish Family Service of San Diego for *Breaking Down Barriers* outreach and education (Contract #559599); and Center for Community Research for prevention media advocacy services and support (Contract #567084). Efforts are currently underway to re-procure and expand the department's public messaging and outreach and education contracts in response to community input and Board directives. The Board also authorized a new solicitation in May 2023 to increase the department's capacity to produce more readily ad-hoc, responsive campaigns, including public messaging to promote departmental programs and services. These contracts are anticipated to be awarded and operational by 2025, pending funding availability.

#### **Reflecting on Input and Refining Approaches**

Although great strides have been made toward increasing BHS' capacity to perform this work and many other efforts are in progress, there is still a lot to be done to ensure quality community engagement activities are conducted comprehensively throughout the year, at a more regular cadence, and with increased participation and representation. In October 2023, key strategies to improve BHS' community engagement were presented to BHAB for approval based upon recommendations from community members and organizations. Recommendations included the following:

- Aligning educational and resource event locations as much as possible to communities experiencing greater health disparities (according to the California Healthy Places Index).
- Connecting with community and faith-based organizations, CHWs, peers, individuals with lived experience and partnering with them to envision and plan behavioral health promotion opportunities.
- Holding more community events and engagement activities at community "hubs" frequented by youth and families (e.g., YMCA locations and County or City libraries), including outdoor spaces and places of worship.
- Coordinating more activities focused on enhancing individuals' and families' behavioral health literacy, mental wellness, and fostering empathy and socio-emotional competence.

Director's Report – April 2024

- Hosting a higher volume of smaller-scale input sessions, in addition to larger listening sessions and a static, online input form, to allow for more tailored discussions.
- Providing giveaways for participants (e.g., food) and adjusting the time of activities to occur in the late afternoon or early evening to encourage participation.
- Ensuring "report back" plans to disclose how community input has been implemented.
- Seeking additional opportunities to engage and support Black, Indigenous, and People of Color (BIPOC) in accessing key resources and services.
- Encouraging pre-registration mechanisms to support planning, coordination, and identification of participant language needs.
- Scheduling community engagement opportunities far enough in advance to support a minimum
  of two weeks of marketing efforts across multiple communication platforms, including distribution
  of physical flyers and social media-based promotions.

Moving forward, the Health Promotion branch of BHS' C&E Team will be working closely with stakeholders, community-based organizations, and contractors to design and refine opportunities focused on these recommendations.

### Update on California Department of Public Health (CDPH) Funded Youth Suicide Crisis Response and Reporting Pilot

The Youth Suicide Crisis Response and Reporting (YSCRR) Pilot Program was established through one-time funding in the Governor's 2022-2023 Budget to develop and test models allowing for youth suicide as reportable events. The pilot program will be funded through Fiscal Year (FY) 2024-25 and its administration will be overseen by the CDPH Office of Suicide Prevention (OSP).

The YSCRR Pilot Program strives to provide equitable, timely and culturally responsive services for youth and young adults between the ages of 12 and 25, bolstering local suicide prevention and postintervention strategies for rapidly and comprehensively responding to youth suicides and suicide attempts. Activities for this pilot program aim to augment existing suicide prevention efforts and crisis response resources by leveraging the CHW model. This model focuses on increasing the readiness of youth and young adults, families, education stakeholders, and others in the community to access local crisis response services in response to a suicide attempt.

The YSCRR CHWs have been prepared to serve as regional liaisons and to perform these activities through a series of five training sessions developed by BHS's C&E Team. The CHW training series featured a tailored approach towards the objectives of the pilot program and its targeted outreach to youth populations. CHWs received a comprehensive training on essential access and crisis services needed to effectively address the needs of at-risk youth including:

- Access and Crisis Line (ACL)
- Mobile Crisis Response Teams (MCRT)
- Psychiatric Emergency Response Teams (PERT)
- Crisis Stabilization Units (CSUs)
- Outpatient Behavioral Health Clinics
- Youth Programs and Services, and SchooLink

The training series also fostered a cohesive approach towards collaboration and coordination among existing suicide prevention efforts. By facilitating linkages across various agencies and programs, CHWs were primed to enhance planning, coordination, and delivery of outreach and education efforts within the community. This holistic approach aims to increase community awareness and literacy of existing resources but also fosters a more robust and responsive network for addressing youth suicide crises. As newly trained CHWs are poised for deployment to the community in April 2024, the culmination of this training series marks a pivotal milestone in the implementation and impact of the YSCRR. Through their concerted efforts and knowledge, CHWs are positioned to make tangible strides in preventing youth suicides and ensuring timely intervention and support for those in crisis.

Director's Report - April 2024

#### **Update on CARE Act Program Informational Sessions**

In September 2022, the Community Assistance Recovery and Empowerment (CARE) Act program was signed into law by Governor Newsom as a statewide initiative to connect people with schizophrenia or other psychotic disorders to a voluntary treatment plan. San Diego County is one of seven pilot counties in California that launched the CARE Act program on October 1, 2023.

To support the pilot, Behavioral Health Services co-facilitated six CARE Act program Information Sessions with the National Alliance on Mental Illness (NAMI) San Diego. Legal Aid Society of San Diego and Access and Crisis Line (ACL) were also present as a resource to respond to questions. During the sessions, attending stakeholders and community members connected with subject matter experts to receive an overview of program process and qualifications. Notably, subject matter experts from BHS, ACL, and Legal Aid Society received and addressed more than 130 participant questions during the information sessions.

CARE Act program information session outreach spanned over 200 community-based organizations, health centers, places of worship, clubhouses, and more.

For more information on the CARE Act program, visit: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/CARE\_act\_program.html.

#### On the Horizon: Upcoming Activities and Focus Areas

Looking ahead, BHS is preparing for several upcoming community engagement activities, including continued efforts to inform the public of the CARE Act Program in partnership with NAMI San Diego and other community organizations. Staff are also actively engaged in implementation planning to increase regional readiness to operationalize changes to involuntary behavioral health treatment according to the provisions in state Senate Bill 43. BHS will also be examining current and prospective mechanisms to reach additional stakeholder populations outlined by California Proposition 1, in addition to initiating planning to revise departmental operations.

As it pertains to broader public messaging efforts, BHS will be working closely with the LWSD Youth Sector, local youth-led and youth-serving organizations, and its media campaign contractor to launch a series of new content and materials to support youth mental health and youth suicide crisis response by Summer 2024. BHS will also be working closely with HSEC, Community Leadership Teams, and other community-based coalitions over the next several months to host a series of CEP data workshops which will subsequently inform the development of tailored micro-campaigns for BIPOC groups.

#### BHS 2024 SPECIAL EVENTS & ACHIEVEMENTS

#### Mental Health Services Act (MHSA) 30-Day Public Review Period

The Mental Health Services Act (MHSA) FY 2024-25 Annual Update will be posted to the BHS website for a 30-day public review and comment period. The review period is expected to begin on April 2, 2024, and end on May 2, 2024, when final comments will be heard at the May BHAB meeting. The MHSA FY 2024-25 Annual Update will go before the Board of Supervisors on June 4, 2024, subject to change, for review and approval, as required by the Mental Health Services Oversight & Accountability Commission (MHSOAC).

#### Community Expo for Mental Wellness Kicks off May is Mental Health Matters Month

May is Mental Health Matters Month (MIMHMM) is on the horizon. BHS and the NAMI San Diego have partnered to host the Community Wellness Expo at the "I am NAMIWalks" 5K event on April 27, 2024, at Liberty Station. The Expo will kick off MIMHMM and offer mental health-related resources and interactive activities for community participants. The Expo will feature over 100 exhibitors with a combination of community organizations, providers, and County departments to provide mental health-related resources along with fun and interactive activities and promotional materials for all to enjoy.

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#### Director's Report – April 2024

MIMHMM provides the opportunity for everyone to come together to illuminate mental health awareness to end the stigma. Bringing forth this awareness is crucial to helping people reach out for the assistance they need. Stay tuned for more information on upcoming MIMHMM events and materials by visiting the *It's Up to Us* website at Up2SD.org.

The kickoff event will be held on Saturday, April 27<sup>th</sup> at Preble Field in NTC Park at Liberty Station from 7:00 a.m. - 11:00 a.m. This event is **FREE** to attend. Please share widely with your networks.

#### **EVENT INFORMATION:**

- Date: Saturday, April 27, 2024
- Time: 7:00 a.m. 11:00 a.m.
- Location: <u>Preble Field</u> in NTC Park at Liberty Station: 2455 Crushing Road, San Diego, CA 92106
- Cost: FREE
- Free Registration for the walk: <u>NAMIWalks</u>

For questions about this event, please contact us at Engage.BHS@sdcounty.ca.gov.

#### Critical Issues in Child and Adolescent Mental Health (CICAMH) Conference - April 26, 2024

Registration is open for the hybrid 9<sup>th</sup> Annual Critical Issues in Child and Adolescent Mental Health (CICAMH) Conference: Breaking Barriers: Innovative Approaches to Youth and Family Mental Well-Being, scheduled for Friday, April 26, 2024. For event details visit the following webpage: <u>https://cicamh.com/</u>.

#### Children and Youth Mental Health Well-Being Celebration – May 11, 2024

The NAMI San Diego Community Advocacy Program will host the 10<sup>th</sup> annual Children and Youth Mental Health Well-Being Celebration on Saturday, May 11, 2024, from 2:00 p.m. to 6:00 p.m. at the main courtyard of the Grossmont Center mall. This is one of the "Mental Health Matters Month" events. This celebration is free of charge and will offer a variety of fun activities for all ages, opportunity drawings, and more.

Respectfully submitted,

LUKE BERGMANN, Digitally signed by LUKE BERGMANN, Ph.D., Director Date: 2024.03.28 18:13:24 -0700'

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

c: Eric C. McDonald M.D., Interim Agency Director Aurora Kiviat Nudd, Assistant Director and Chief Operations Officer Cecily Thornton-Stearns, Assistant Director and Chief Program Officer Nadia Privara Brahms, Assistant Director, Chief Strategy and Finance Officer



County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP

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

April 28, 2024

TO: Behavioral Health Advisory Board (BHAB)

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

#### BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT - May 2024

#### San Diego County Psychiatric Hospital Updates

#### Leadership Change: Welcoming Angela Yu

BHS is pleased to welcome Angela Yu as the Assistant Medical Services Administrator (AMSA) for Quality Assurance and Regulations. Angela has been with the County of San Diego for 10 years with her clinical focus being on regulatory requirements and quality management strategies for emergency psychiatric treatment and inpatient hospitalization. She holds a Bachelor of Science degree in Nursing and is a Registered Nurse who formerly served as a Charge Nurse at the San Diego County Psychiatric Hospital (SDCPH) where she excelled in that role within the emergency psychiatric unit (EPU) and subsequently promoted to a Quality Assurance Specialist. Angela is involved in multiple process improvement initiatives such as workplace violence reduction, and enhanced collaboration with law enforcement and service providers. She has been a key player in improving treatment planning, implementing the first Fall Reduction Committee, and leading the hospital's Quality Council Committee. Angela partners with department managers in developing action plans to enhance quality of care through evidence-based practice. Her strengths include relationship building, data analysis, project management and risk mitigation. She finds it incredibly motivating to use her data background in creating a safer environment for staff and patients.

In her prior career, Angela worked as a nurse consultant for non-profit organizations for five years where she provided medical and behavioral services for the underserved population. She was involved in risk management, oversaw state and licensing surveys, established work standards, education initiatives, and coordinated emergency response.

With the support of the County of San Diego and hospital leadership, SDCPH now has two AMSAs one focusing on Risk Management and Risk Mitigation and one focusing on Quality Assurance and Regulations.

#### **Mental Health Awareness Events**

SDCPH continues to invest in promoting a culture of safety through hosting several activities surrounding self-care, colleague comradery, laughter, and improved health and happiness. The Spirit of Fun Council has hosted a March Madness championship where both Christine Ramos, Mental Health Case Management Clinician and Angela Warneke, Hospital Administrator led the pack. Laughter Yoga,

Gardening, Mural Painting, Love on a Leash Animal Support, Mindfulness Exercises, and Moments of Silence are some events that will be held in the Spring.

#### Clinical Programming

The Social Work Team has joined forces with the Recreation Therapy Team to become the Clinical Programming Department. This exciting organizational change combines Music Therapists, Recreation Therapists, Licensed Mental Health Clinicians, Mental Health Case Management Clinicians, and Recreation Therapy Aides to provide clinical programming integrated across the individual's hospitalization. The programming will be rooted in functional development and focused on preparing the individual not only for their next level of care but for learning and applying skills while in the care of the SDCPH. The Clinical Programming Department will fulfil the need to elevate and expand programming, by maximizing the expertise of each discipline via co-facilitated and discipline specific sessions.

#### **Opportunities for Connections**

SDCPH was fortunate to welcome Chairwoman Nora Vargas for a tour of the hospital, to brainstorm ways to improve the care for individuals served, and to enhance safety for the staff. SDCPH was additionally fortunate to welcome Mayor John Franklin to tour the hospital as an opportunity to discuss improved collaboration to serve San Diego County residents.

#### Edgemoor Distinct Part Skilled Nursing Facility Updates

#### Accomplishments & Announcements

- Edgemoor Distinct Part Skilled Nursing Facility (SNF) remains an overall five-star facility on the CMS Care Compare site for Nursing Homes. Achieving 5 out of 5 stars in all four rating categories (Overall Quality, Health Inspection, Quality Measures, Staffing, and RN Staffing).
- Edgemoor has recently welcomed two new key staff members, an Assistant Director of Nursing (ADON) and a Behavioral Health Program Coordinator (BHPC). The ADON will provide oversight and supervision to the evening and night shift nursing staff and reports to the Director of Nursing. The BHPC will take on the supervision of the Social Services and In-service Education Departments and reports to the Medical Director.

#### COVID-19 Update

California's COVID-19 State of Emergency ended on February 28, 2023, and the Federal Public Health Emergency for COVID-19 ended on May 11, 2023. The weekly requirements to report certain metrics related to vaccinations, positive cases, and other COVID related metrics to the Centers for Disease Control (CDC) through the National Healthcare Safety Network (NHSN) portal remain in place. Edgemoor continues to require masking in direct patient care areas for facility staff and contractors. Visitors are not required to mask although it is being 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 will begin administering the additional dose for residents in April. Edgemoor continues to follow all other requirements of various local, state, and federal health organizations.

#### Facility Improvements

The Edgemoor Inpatient Unit plans are currently undergoing a preliminary review with California Department of Public Health (HCAI) and California Department of Public Health (CDPH). In early 2024, the project will undergo its final review with HCAI before construction begins in early 2025. With the design complete, BHS is now shifting its focus to the staffing and licensing planning. The inpatient unit will be a 12-bed unit built into the existing floor plan of Edgemoor. Licensure of this new acute unit will provide continuity of care and access for patients from the SNF for stabilization as well as service planned admissions from the community. Edgemoor will be licensed as a distinct part skilled nursing

facility of the new unit and no longer be licensed under the San Diego County Psychiatric Hospital's license.

Edgemoor's dish room reconfiguration and dishwasher replacement project were almost complete at the end of the quarter. In April, the temporary dishwashing trailer will be removed, and final inspection will occur.

The roof replacement project is complete.

Other upcoming facility projects include:

- Nine electric vehicle charging stations will be installed.
- Upgraded security cameras.
- Relocation of the security guard desk.
- Dietary ceiling tile replacement.
- New badge readers.
- Cooling system maintenance
- 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. Traditionally, the Medi-Cal rate year runs from August through July; however effective January 1, 2024, this will shift to a calendar rate year. Therefore, the rate of \$741.93 will be in effect until December 31, 2024.

The current private pay rate of \$908 per patient day was effective July 1, 2023, although Edgemoor has a very few, if any, private pay residents.

Effective January 1, 2024, available Medi-Cal Managed Care Plans (MCPs) in San Diego County will shift from six providers to four. Available providers will be Blue Shield of CA Promise Health Plan, Community Health Group (CHG) Foundation, Molina Healthcare of CA, and Kaiser Permanente. Note: Kaiser will only be available as an option if certain criteria are met. Enrollment of eligible Edgemoor residents in available Medi-Cal MCPs is well underway and nearly complete.

#### **Resident Occupancy/Census**

Edgemoor's third quarter resident census totaled 14,104 days with an average daily census of 155.0 residents. Occupancy remains steady with almost all the 160 available beds filled (32 beds are offline due to upcoming construction). The average occupancy for this fiscal year is 97% of the available 160 beds.

#### **Edgemoor IT Updates**

Several IT projects are underway which include the following:

• Replacement Nurse Call System: Project progressing. Construction and wire installation began on 3/13/23. A temporary wireless system was installed for continuity of operations until the permanent system is fully functional which is expected May 2024. NetSolutions Enhancements: Enhancements underway to this system include e-Assignment and Physician Orders entry as well as e-Prescribing.

#### Recruitment, Performance Evaluations and Human Resources Update

Edgemoor continues to focus on filling new and open positions. Edgemoor has a total of 371 county positions of which 342 were filled at the end of Quarter 3.

#### **Regulatory and Performance Improvement and Compliance**

Edgemoor's last recertification survey was completed in October 2021 and usually reoccurs every 9 – 15 months. We expect CDPH to conduct the next unannounced revisit at any time.

#### BHS 2024 SPECIAL EVENTS & ACHIEVEMENTS

#### Children and Youth Mental Health Well-Being Celebration – May 11, 2024

The National Alliance on Mental Illness (NAMI) San Diego Community Advocacy Program will host the 10th annual Children and Youth Mental Health Well-Being Celebration on Saturday, May 11, 2024, from 2:00 p.m. to 6:00 p.m. at the main courtyard of the Grossmont Center mall. This is one of the "Mental Health Matters Month" events. This celebration is free of charge and will offer a variety of fun activities for all ages, opportunity drawings, and more.

Respectfully submitted,

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

c: Eric C. McDonald M.D., Interim Agency Director Aurora Kiviat Nudd, Assistant Director and Chief Operations Officer Cecily Thornton-Stearns, Assistant Director and Chief Program Officer Nadia Privara Brahms, Assistant Director, Chief Strategy and Finance Officer

### **Children, Youth, and Families Council Annual Orientation**





### Date: June 10, 2024 Time: 9:00 – 10:30 a.m.







What: This session intends to assist new Council members, alternates, and stakeholders learn the history of the Council, understand the purpose and the role of the participants

**Who:** New CYF Council members, alternates, and stakeholder are encouraged to participate. However, ALL ARE WELCOME

### Where: Zoom. Please pre-register HERE

#### CYF Council resources & staff

Access CYF Council Webpage <u>HERE</u> Darwin.Espejo@sdcounty.ca.gov

Edith.Mohler@sdcounty.ca.gov

Rhonda.Crowder@sdcounty.ca.gov 217

The Children, Youth and Families (CYF) Council Training Academy Committee presents

From Loneliness to Connection & Belonging. J'll Be There ...

A VIRTUAL EVENT May 17 2024

8:30 AM - 1 PM



No cost training Includes 4 hours of Continuing Education



This training is open to all sectors of the Behavioral Health Services Children, Youth, and Families Council.

General Questions please contact: Edith Mohler at Edith.Mohler@sdcounty.ca.gov

Registration Questions please contact: Vanessa Pulido at pulidovanessa@gmail.com

### Click here to register





### THURSDAY, MAY 16, 2024

5:45 PM -Dinner & Networking 6:30-8:30 PM Presentation

### Conundrums in Treating Common Pediatric Behavioral Health Conditions

#### SPEAKERS

CHARMI PATEL RAO, MD, DFAACAP Child & Adolescent Psychiatrist

JEFFREY ROWE, MD Child & Adolescent Psychiatrist







American Acadenyy Pediatrics

IN PERSON AT THE SHARP PREBYS INNOVATION & EDUCATION CENTER

Andle

Mate

Training open to all MDs, PAs, NPs and Behavorial Health Professionals

> FREE EVENT DINNER WILL BE SERVED

2.0 Continuing Medical Education Units and 2.0 MOC Part 2 upon completion







# Conrad Prebys Clinical Supervision Program



### Overview

The **San Diego State University School of Social Work** is pleased to have the opportunity to provide **free clinical supervision** from a Licensed Clinical Social Worker (LCSW) to registered Associate Clinical Social Workers (ASWs) in San Diego County working in **youth behavioral health settings**.

This effort aims to (1) Increase and diversify the youth behavioral health workforce in the San Diego region and (2) Promote capacity building in organizations which currently have difficulty providing in-house clinical supervision to their ASW's.

Associate Clinical Social workers may benefit from this opportunity if:

- They do not have a clinical supervisor onsite at their place of employment.
- They are not getting enough weekly units of clinical supervision from their worksite.
- Their employer does not currently have enough LCSWs onsite to support the BBS required 1700 hours supervised under a LCSW.

Priority consideration will be given to individuals with language competencies and lived experience that equips them to address the diverse youth behavioral health needs in underserved communities in the greater San Diego County region.

Due to state regulations, we are not able to provide supervision to those working in private practice or professional corporation settings.

### Apply

Associates can apply for supervision directly at: <u>https://forms.gle/kiEvW96tLJCVCbME9</u> or by scanning the QR code to the right.

For more information on this opportunity, please contact Student Success Coordinator Desiree Lopez at <u>dlopez11@sdsu.edu</u>



COMMUNITY ADVOCACY TRAINING!

# **Telling Your Story!**

Learn how to transform passion and lived experience into skillful grassroots advocacy!





**@ NAMI** San Dieg

<u>May 23, 2024</u> <u>2:00 PM- 4:00 PM</u>



Use QR code, or click on date to register in advance

Community Advocacy Program Every 11 minutes, someone loses their life to suicide. A mental health crisis deserves a mental health response.







Local Crisis Hotlines & Call Centers Mobile Crisis Response Teams

Crisis Stabilization Units & Options

Community

NAMI SAN DIEGO & IMPERIAL COUNT

Advocacy

Program

# COMMUNITY ADVOCACY TRAINING: REIMAGINING CRISIS RESPONSE

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

<u>Upcoming Training:</u> <u>Thursday May 30th</u> <u>1:00 PM - 2:30 PM</u>



RSVP by clicking on a date or scanning the QR code



at

# Asilomar Hotel and Conference Grounds

**Registration** 

**2024 Conference – CMHACY**