

PROGRAM MANAGER MEETING

Outpatient 2 | Behavioral Health Services

May 9, 2024 | Zoom

9:30 a.m. – 11:30 p.m.

Meeting Summary

| ITEM | SUMMARY/ ACTION ITEMS |
|---|---|
| 1. Welcome – Wendy Maramba | |
| 2. QA Update – Elaine Mills | <ul style="list-style-type: none"> • Intern and trainee updates • Supervisors to co-sign notes |
| 3. System Collaboration Updates – Shaun Goff | <ul style="list-style-type: none"> • New Focus Groups • CFT Meeting Form |
| 4. Fetal Alcohol Spectrum Disorders Presentation – Andy Torzon, UCSD Dept of Pediatrics | <ul style="list-style-type: none"> • Presentation discussed umbrella term FASD • Critical Development • Deficiencies in areas of functioning • Challenges for FASD • Strategies and Interventions • Contact: Andy Torzon <ul style="list-style-type: none"> ○ (858) 246-0047 ○ atorzon@health.ucsd.edu |
| 5. Combating Human Trafficking in the Americas - Debra Sailors | <ul style="list-style-type: none"> • Human Trafficking and it's prevalence in San Diego-affecting both Adults and children • BSCC provides Peer Support navigation Services for Survivors of Human Trafficking • Bilateral Safety Corridor Coalition info: 121 E 31st St Ste A National City, CA 91950 info@bsccinfo.org 619-336-0770 24/7 hotline 619-666-2757 • Contact: Debra Sailors (619) 493-0815 Office (909) 270-6758 Mobile (888) 744-5486 Fax www.communityreunification.org |

| | |
|--|---|
| <p>6. Sextortion Presentation – Sergeant Garrick Nugent</p> | <ul style="list-style-type: none"> • Sextortion and the affect with youth today esp with the internet and social media • Important safety tips, strategies, and resources • Take It Down (National Center for Missing and Exploited Children) www.TakeItDown.ncmec.org • Internet Crimes Against Children info page: http://www.icactaskforce.com/ • National Center for Missing and Exploited Children https://www.missingkids.org/ourwork/publications • Thorn Resources for Victims/Parents/Families www.Stopsextortion.com Textline:741741 |
| <p>7. Networking with colleagues</p> | <ul style="list-style-type: none"> • 10 minute break out groups |
| <p>8. Announcements (SOC)</p> <p><i>Guest Editorial: A radical advance in the integration of co-occurring mental health care within the addiction system. By Kenneth Mnikoff, MD</i></p> <p><i>SDSU’s School of Social Work Clinical Supervision Program</i></p> <p>San Diego Workforce Partnership, Peer Support Training</p> <p>Mental Health & Well-Being Celebration</p> <p>From Loneliness to Connection & Belonging: A Virtual Training</p> <p>Live Well Conference & School Summit </p> | <ul style="list-style-type: none"> • Interesting article to read. Link located in packet • Great resource to utilize. See flyer and QR code for more information • The application window is open now April 29-May 13 Website: https://workforce.org/peersupport • May 11, 2024 2:00 pm – 6:00 pm Grossmont Center Main Courtyard • May 17, 2024 8:30 am – 1:00 pm Free training and no cost CEUs • SAVE THE DATE! November 21, 2024 8:00 am – 5:00 pm San Diego Convention Center |
| <p>Next Meeting: July 11, 2024 9:30 a.m. – 11:30 a.m.</p> | |



Outpatient Services 2 | Program Manager Meeting

May 9, 2024 | Zoom | 9:30 a.m. – 11:30 a.m.

Agenda

Welcome | Wendy Maramba, LMFT

- **QA Updates** - Elaine Mills | 10 minutes
- **System Collaboration Updates**
 - Shaun Goff, Cynthia Roman | 15 minutes
- **Fetal Alcohol Spectrum Disorders Presentation (FASD)**
 - Andy Torzon UC San Diego Department of Pediatrics | Pages 4-32 | 30 mins
- **Bilateral Safety Corridor Coalition (BSCC) Presentation**
 - Social Services Coordinator Debra Sailors | Pages 33-65 | 15 mins
- **San Diego Internet Crimes Against Children Task Force Sextortion Presentation**
 - Sergeant Garrick Nugent | Pages 66-101 | 40 minutes
- **Networking with Colleagues** | 10 minutes

Announcements | 5 minutes

- [Guest Editorial: A radical advance in the integration of co-occurring mental health care within the addiction system](#) by Kenneth Minkoff, MD | Teri Kang
- SDSU's School of Social Work Clinical Supervision – Desiree Lopez | Page 102
- San Diego Workforce Partnership, Peer Support Training | Page 103
 - The application window is open now April 29-May 13
 - Website: <https://workforce.org/peersupport>
- Mental Health & Well-Being Celebration | May 11, 2024 | 2:00 pm – 6:00 pm
 - Grossmont Center Main Courtyard | Page 104
- From Loneliness to Connection & Belonging: A Virtual Training
 - May 17, 2024 | 8:30 am – 1:00 pm | Page 105
- Live Well Conference & School Summit: SAVE THE DATE! | November 21, 2024
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Pathways to Well-Being and Continuum of Care Reform

04-29 CFT Meeting form and BHS Services and Group Therapy Focus Groups

04-29 CFT Meeting form

The **04-29 CFT Meeting form** is an Authorization to Use or Disclose Protected Health Information (PHI) required by CFWB to allow mental health information to be shared in a Child and Family Team Meeting (CFT). Completion and submission of this form prior to a CFT Meeting is the responsibility of the Child and Family Well-Being (CFWB) Protective Services Worker (PSW), however all providers will want to be aware of whether this form is completed for CFWB-involved youth and ensure that it has been completed prior to a CFT Meeting.

Please note the following: Youth over 12 years of age can consent to their own release of records and sign this form accordingly. However, if a youth is under 12 years of age, they will require a parent/caregiver or their attorney to complete prior to being able to share PHI in a CFT Meeting.

The 04-29 CFT Meeting form requires a “Wet” signature, and therefore it would need to be signed prior to the meeting.

If the PSW has not submitted the 04-29 CFT Meeting form prior to a scheduled CFT Meeting, the Fred Finch CFT Facilitation Program will move forward with the meeting, with only system partners (i.e. BHS, CFWB, Probation, SDRC, Office of Education) and absent of natural supports, so that PHI can be shared and so that Provider Pathways to Well-Being timelines related to CFT meetings can be met accordingly.

BHS, the CFT Facilitation Program, and CFWB are actively working on this issue to ensure that these issues are minimized and not commonplace occurrences.

Please email Shaun Goff, Pathways to Well-Being Program Manager, with any issues related to the 04-29 CFT Meeting form at Shaun.Goff@sdcounty.ca.gov

County of San Diego Health and Human Services Agency (HHSA) Child Welfare Services

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION
For use by a parent, guardian, child 12 years or older and/or child's attorney to sign for the release from a single entity regarding the child's information to the Child and Family Team. Also for use by a parent or other adult to release their own health information to the Child and Family Team.

I hereby authorize use or disclosure of my health information as described below.

DATE: _____

| | | | |
|--|--|-----------------|----------------|
| CLIENT | | | |
| LAST NAME: | FIRST NAME: | INITIAL: | DATE OF BIRTH: |
| AKA'S: | | | |
| THE FOLLOWING INDIVIDUAL OR ORGANIZATION IS AUTHORIZED TO MAKE THE DISCLOSURE: | | | |
| LAST NAME/OR ENTITY: | FIRST NAME: | MIDDLE INITIAL: | |
| ADDRESS: | CITY/STATE: | ZIP CODE: | |
| TELEPHONE NUMBER: | | | |
| TREATMENT DATES: | <input type="checkbox"/> AT THE REQUEST OF THE INDIVIDUAL. | | |
| THIS INFORMATION MAY BE DISCLOSED TO AND USED BY THE FOLLOWING: | | | |
| NAME OF ENTITY: THE CHILD AND FAMILY TEAM (CFT) MEMBERS, AS OBTAINED ON THE CHILD AND FAMILY TEAM CONFIDENTIALITY AGREEMENT (04-446), FOR THE PURPOSE OF ASSESSING, PLANNING, MONITORING AND REPORTING THE YOUTH'S PLACEMENT AND THE FAMILY'S SERVICES. ONLY DURING CHILD AND FAMILY TEAM MEETINGS RELATED TO SAFETY, PERMANENCY, AND WELL-BEING AS RELATED TO: | | | |
| YOUTH'S NAME(S): | | DSS #: | |
| This release does not apply to any communications or release of information outside the confines of the Child and Family Team meetings. | | | |
| THE FOLLOWING INFORMATION IS TO BE DISCLOSED: (PLEASE CHECK) | | | |
| <input type="checkbox"/> Protected Medical Information including: history, treatment, progress, medication, laboratory results, and treatment recommendations | | | |
| <input type="checkbox"/> Protected Mental Health Information including: history, evaluations, assessments/consultations, diagnosis, treatment, progress, treatment recommendations, and medication | | | |
| <input type="checkbox"/> Protected Educational Information including: history, assessments, IEPs, progress, grades, behavioral plan, educational recommendations (Only signed by youth 18+ or educational rights holders) | | | |
| <input type="checkbox"/> Protected Drug/Alcohol Information including: history, assessment, treatment, progress, medication, laboratory results, and treatment recommendations | | | |
| <input type="checkbox"/> Other (Provide description): _____ | | | |

Page 1 of 2

County of San Diego Health and Human Services Agency (HHSA) Child Welfare Services

Sensitive Information: I understand that the information in my record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or infection with the Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services or treatment for alcohol and drug abuse.

Right to Revoke: I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I will inform the social worker that I revoke my authorization. I understand that the revocation will not prevent use of information released prior to revocation.

Expiration: Unless otherwise revoked, this authorization will expire on the following date, event, or condition (initial the first condition and one of the last two consistent with case status):

Upon removal of the provider from the Child and Family Team, as executed on the Child and Family Team Confidentiality Agreement (04-446).

Upon closure of an out of home voluntary services case or one (1) calendar year from the date it was signed, whichever occurs first.

OR

Upon termination of Juvenile Court jurisdiction for a dependency case or one (1) calendar year from the date it was signed, whichever occurs first.

Redisclosure: If I have authorized the disclosure of my or my child's health information to someone who is not legally required to keep it confidential, I understand it may be redisclosed and no longer protected. California law generally prohibits recipients of my health information from redisclosing such information except with my written authorization or as specifically required or permitted by law.

Other Rights: I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form to assure treatment. However, if this authorization is needed for participation in a research study, my enrollment in the research study may be denied.

I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in 45 Code of Federal Regulations section 164.524.

For parents of children in protective custody: I understand that HHSA may use this information to determine if my child should be made, or continued as a dependent of the Juvenile Court, whether my child should be removed from my custody and control, and if removed, to evaluate my progress in working to regain custody of my child. As part of a dependency action in the Juvenile Court, this information may be used to appoint a legal guardian or terminate the parental rights entirely for my child.

I have a right to receive a copy of this authorization. I would like a copy of this authorization: Yes No

| | | |
|--|---------------|-------|
| SIGNATURE OF INDIVIDUAL OR LEGAL REPRESENTATIVE | | |
| SIGNATURE: | PRINTED NAME: | DATE: |

IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP OF INDIVIDUAL: _____

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Services and Group Therapy Focus Groups

The BHS Pathways to Well-Being and Continuum of Care Reform teams are conducting Focus Groups with school-based programs in each region of our system of care in order to better understand the needs of youth and their caregivers. We would like to thank the following programs for their participation in these Focus Groups:

San Diego Youth Services East, South Bay Community Services, Vista Hill North Inland, Rady's North Coastal Outpatient Clinic, MHS/TURN BHS North Central, and Rady's Central, East, South

Fetal Alcohol Spectrum Disorders



Andy Torzon

LMFT FASD Clinic Care Coordinator

Institute for Fetal Alcohol Spectrum Disorders Discovery

Department of Pediatrics

Division of Dysmorphology and Teratology

UC San Diego

What are Fetal Alcohol Spectrum Disorders (FASDs)?

FASD can be characterized by varying degrees of growth deficiency, specific dysmorphic features, and central nervous system dysfunction and malformation.



- FASD is a brain-based disability (Brain injury).
- FASDs are conditions that can occur when a baby is prenatally exposed to alcohol during pregnancy.
- These conditions can cause a range of lifelong effects, including physical, behavioral, and learning challenges.

#1 known preventable cause of intellectual and behavioral disabilities.

Umbrella Term F.A.S.D

The range of effects that can occur in a baby prenatally exposed to alcohol.



| F.A.S.D | |
|------------------------------------|--|
| M FAS | Fetal Alcohol Syndrome |
| M pFAS | Partial Fetal Alcohol Syndrome |
| M ARND | Alcohol-Related Neurodevelopmental Disorder |
| T ND-PAE | Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure |
| M Medical Diagnosis | |
| T Therapist/Psychologist Diagnosis | |

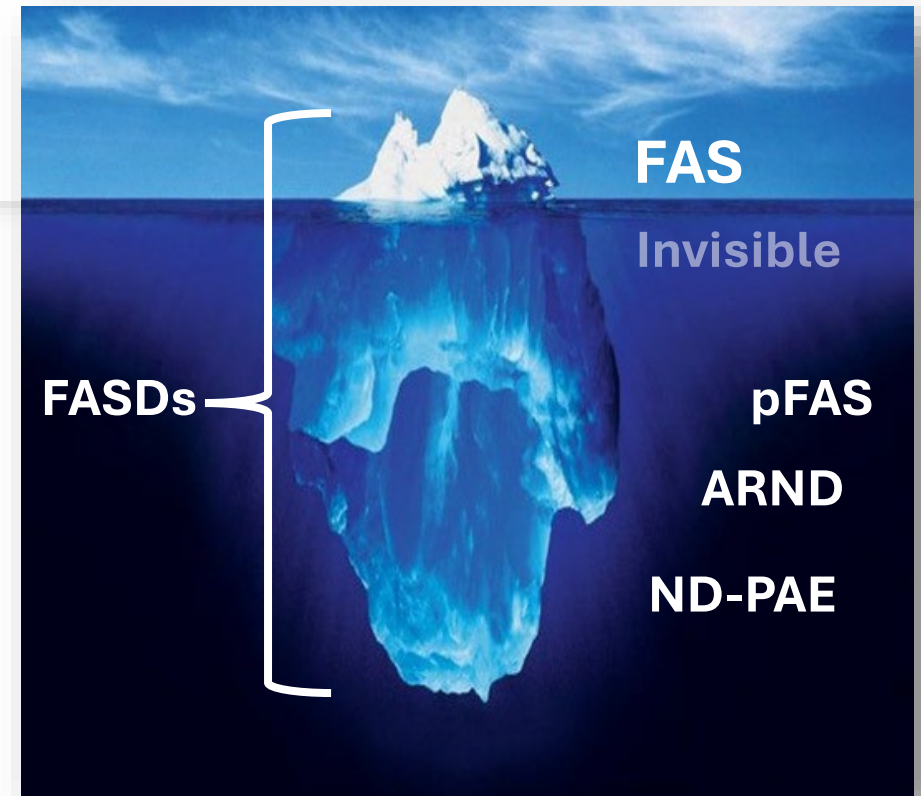
The Full Spectrum of FASD From Visible to Invisible

At the Tip of the Iceberg: Fetal Alcohol Syndrome (FAS)

The most visible end of the spectrum, always recognized by physical features and growth deficiencies.

Beneath the Surface: Understanding the Unseen

- pFAS** Significant neurobehavioral impairments and two cardinal physical features.
- ARND** No cardinal features, Intellectual and behavioral difficulties.
- ND-PAE** Challenges with neurocognition, self-regulation, and adaptive functioning.



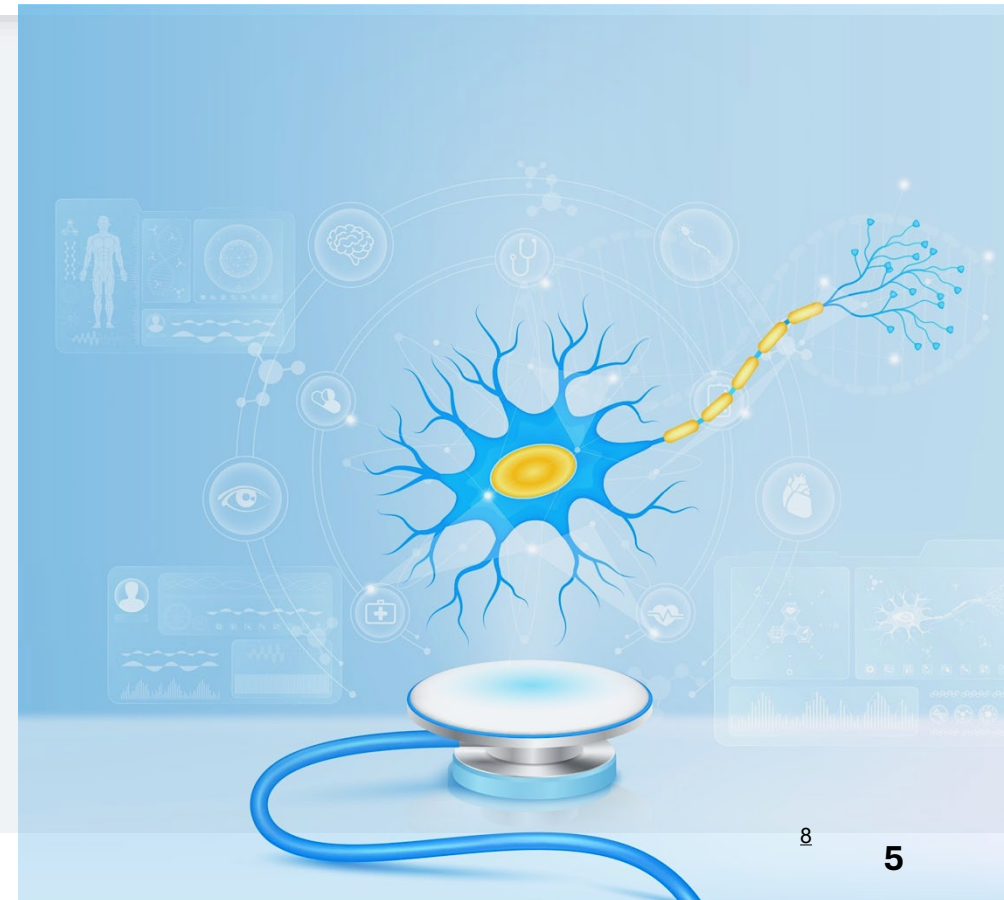
Just as an iceberg carries most of its mass unseen below the waterline, FASD encompasses a range of conditions—many invisible but no less real or deserving of attention.

Areas Evaluated for FASD Diagnoses

The diagnosis is complex and involves evaluating various areas.

Key areas healthcare professionals assess:

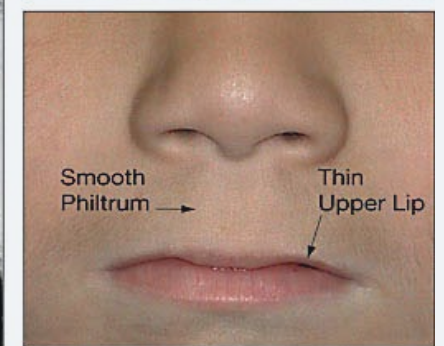
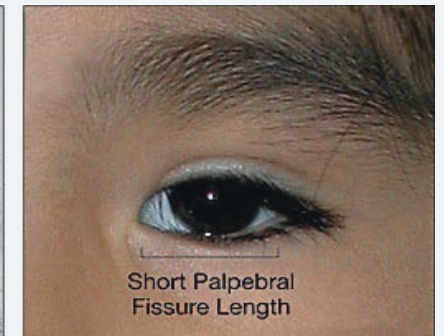
- ❑ **Medical History:** Confirmed prenatal alcohol exposure.
- ❑ **Physical Examination:**
Measurement of facial features and growth parameters by a dysmorphologist or a doctor trained in FASD.
- ❑ **Neurobehavioral Testing:** *The most integral part for diagnosis*
Evaluation of cognitive, behavioral, and learning abilities required for diagnosis. May experience a range of neurodevelopmental issues, including difficulties with learning, memory, attention span, communication, and sensory processing.



Areas Evaluated for Fetal Alcohol Syndrome (FAS) Diagnoses

Distinctive Facial Features:

- **Reduced palpebral fissure length**
The distance from the inner corner to the outer corner of the eye, less than 10%.
- **Smooth philtrum**
The ridge under the nose and the upper lip.
- **A thin upper lip**
Referred to as a thin vermilion border.
- **Microcephaly**
Small head circumference, less than 10%.



FAS: Growth Deficiencies

Advanced imaging studies have shown differences in brain structure and activity consistent with deficits in sensory processing, cognition, and behavior in persons with FASD compared to those without.

Small birth weight, length and head size



Microcephaly (small head circumference)



Areas Evaluated for Partial Fetal Alcohol Syndrome (pFAS) Diagnoses

A thorough evaluation protocol from prenatal history to neurodevelopmental assessment for a holistic diagnosis.

Key areas healthcare professionals assess:

- ❑ **Medical History:** Confirmed prenatal alcohol exposure.
- ❑ **Physical Examination:** Measurement of facial features and growth parameters by a dysmorphologist or a doctor trained in FASD. Must have two of FASD facial features, such as a smooth philtrum, thin upper lip, and reduced palpebral fissure length.
- ❑ **Neurobehavioral Testing:** Evaluation of cognitive, behavioral, and learning abilities required for diagnosis. May experience a range of neurodevelopmental issues, including difficulties with learning, memory, attention span, communication, and sensory processing.

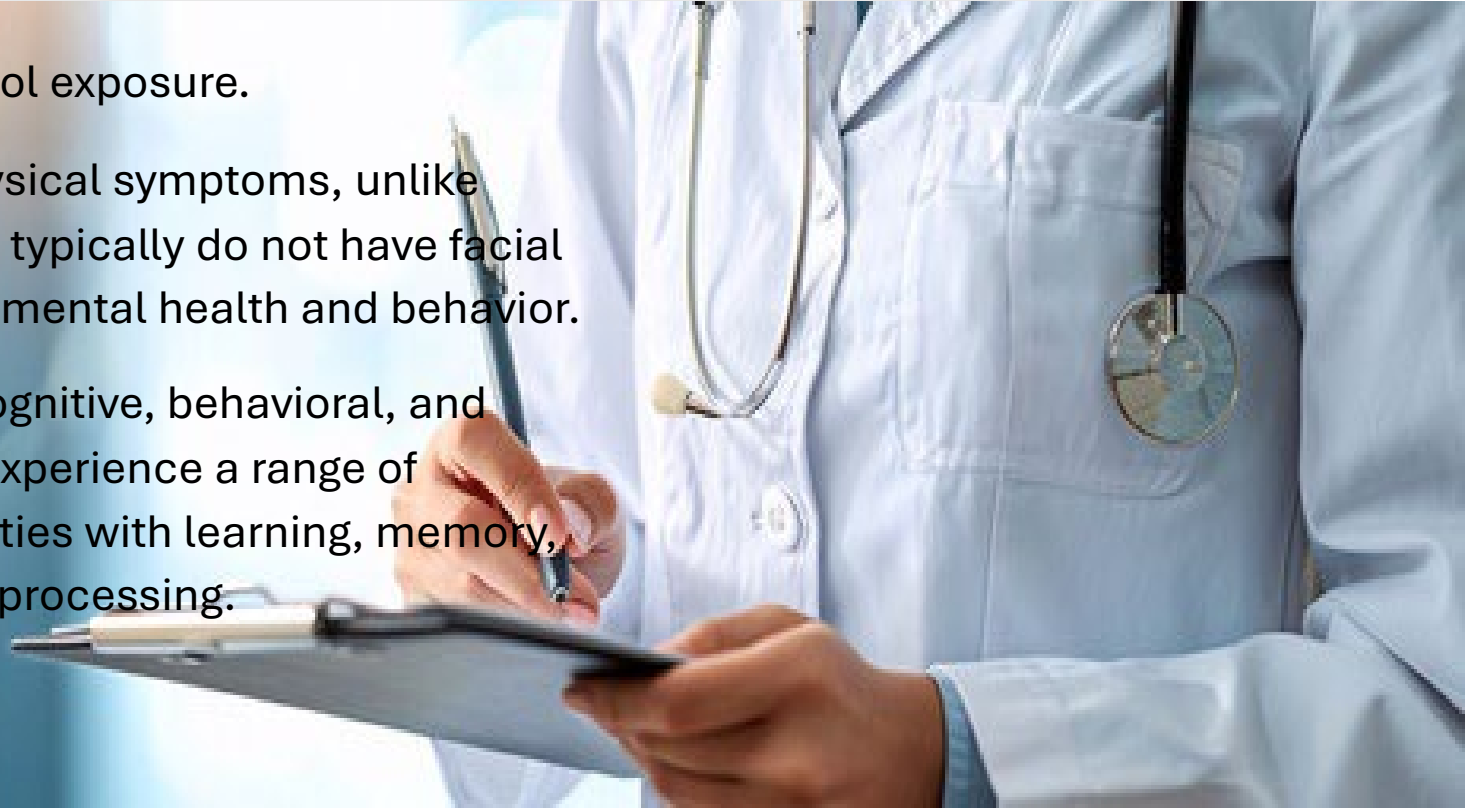


Areas Evaluated for Alcohol Related Neurodevelopmental Disorder (ARND) Diagnoses

Evaluations focused on medical history and neurobehavioral testing in the absence of physical symptoms.

Key areas healthcare professionals assess:

- ❑ **Medical History:** Confirmed prenatal alcohol exposure.
- ❑ **Physical Examination:** Absence of key physical symptoms, unlike other FASD conditions, individuals with ARND typically do not have facial malformations or growth problems. Focus on mental health and behavior.
- ❑ **Neurobehavioral Testing:** Evaluation of cognitive, behavioral, and learning abilities required for diagnosis. May experience a range of neurodevelopmental issues, including difficulties with learning, memory, attention span, communication, and sensory processing.



These are the children with multiple diagnosis who fall through the cracks.

Areas Evaluated Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE) Diagnoses

New diagnosis that is included in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*, the handbook used by healthcare professionals to diagnose mental disorders.

Key areas healthcare professionals assess:

- **Confirmed** Prenatal alcohol exposure.
- **Memory:** Problems with thinking and memory such as forgetting material already learned.
- **Behavior Problems:** Severe tantrums, mood issues, difficulty shifting attention.
- **Day-to-Day Living:** Trouble with bathing, dressing appropriately for the weather, and playing with others.



Maternal Health Alert: The Reality of Alcohol and Pregnancy

The US Surgeon General, the Center for Disease Control and Prevention (CDC), and the American Academy of Pediatrics all agree

there is no known safe amount of alcohol exposure for a developing baby.

There is no known safe amount, no safe time, and no safe type of alcohol use during pregnancy.

Therefore, it is advised to avoid alcohol entirely during pregnancy. Avoid alcohol entirely during pregnancy.

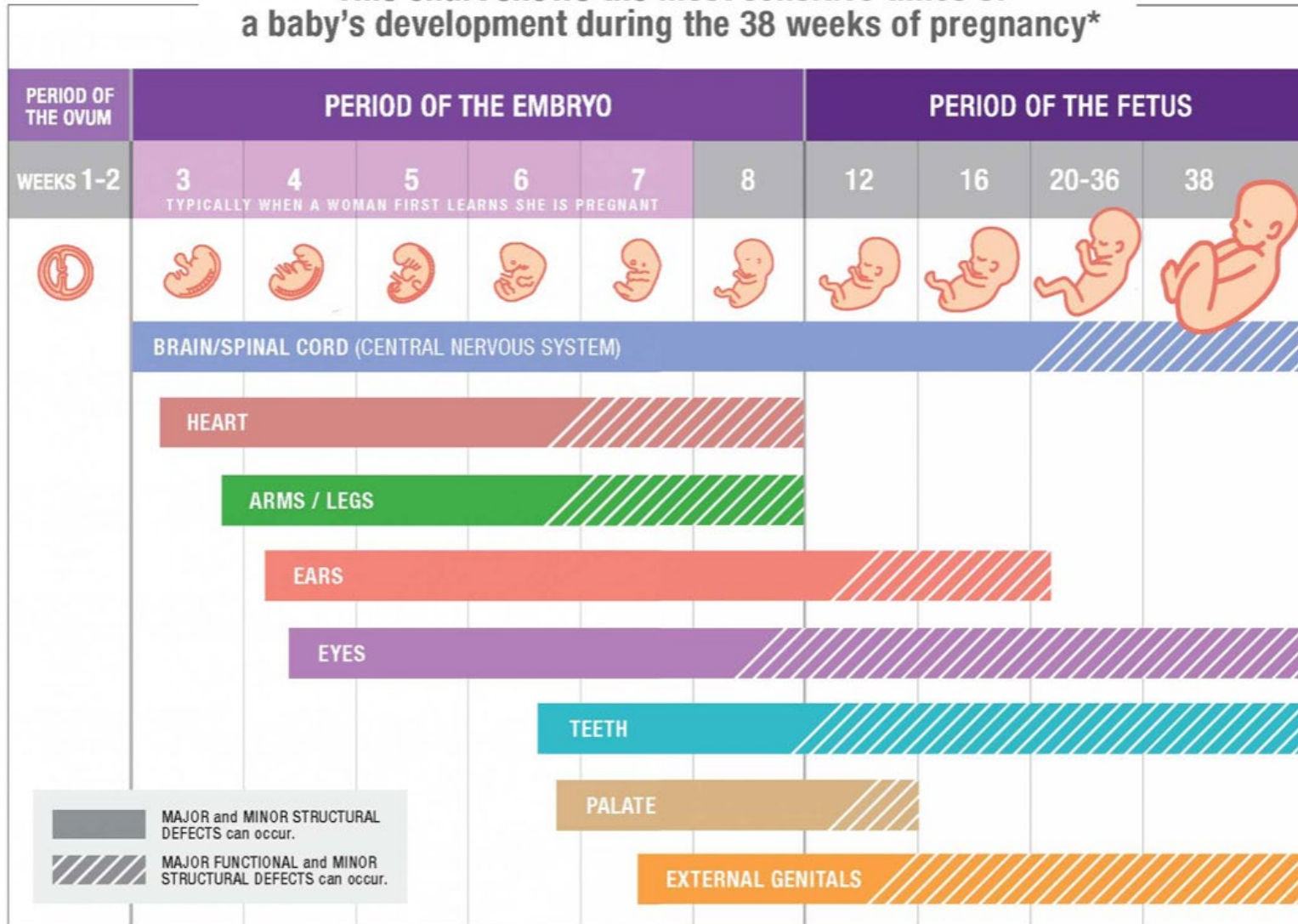
Alcohol is a teratogen – it is a substance that is toxic to the developing brain as well as other organ systems. Research has shown that alcohol impedes growth and disrupts normal development in some cases.

- The effects of alcohol as a teratogen are influenced by various factors, including genetics, maternal diet, the level of exposure, and maternal age.
- This variability is due to a combination of factors such as the timing and frequency of alcohol exposure during pregnancy, as well as individual genetic susceptibilities.
- Exposure at any stage can be harmful.
- Alcohol crosses the placenta and impacts the fetus.
- The effects vary, not all exposed babies are affected.

It's important to note that not every baby exposed to alcohol in utero will be affected.

Critical Periods of the Baby's Development

This chart shows the most sensitive times of a baby's development during the 38 weeks of pregnancy*



*This fetal chart shows the 38 weeks of pregnancy. Since it is difficult to know exactly when conception occurs, health care providers calculate a woman's due date 40 weeks from the start of her last menstrual cycle.

Adapted from Moore, 1993 and the National Organization on Fetal Alcohol Syndrome (NOFAS) 2009

Of all the substances of abuse-- including cocaine, heroin and marijuana—

alcohol produces by far the most serious neurobehavioral effects on a developing baby.

-Institute of Medicine, 1996

FASD Affects All Areas of Functioning

FASD touches all facets of life, from how one learns and communicates to the ability to navigate daily and social challenges.

- Communication
- Social Interactions
- Self-Regulation
- Learning Challenges
- Daily Living Skills – Adaptive Functioning
- Executive Functioning

Common FASD Spectrum Behaviors

Behaviors are a result of the neurological damage due to the teratogen alcohol.

- Sleep issues can not fall asleep or stay asleep.
- Autistic like behaviors.
- Has difficulty with textures of foods, picky eaters.
- No stranger danger.
- Challenges with academics.
- Lack empathy.
- Dual diagnosis – medications just don't work the same.
- Swiss cheese brain (memory difficulties).
- Difficulty with cause and effect.

Executive Functioning

The ability to plan, organize and complete tasks.

Need neurobehavioral testing from a psychologist or licensed clinician to confirm deficits.

- **Memory:** difficulties retrieving & retaining information.
- **Attention** (often misdiagnosed as ADD/ADHD) - Inability to maintain focus on tasks.
- **Organizing and planning:** Difficulties creating order and structure, can impede task completion.
- **Impulse control:** Can make hasty decisions without considering the consequences.
- **Cognitive Flexibility:** Problems switching from one task to another. Adapting to stress and environmental changes.

Self-Regulation

The ability to manage one's emotions, behavior, and body movement in response to a situation. This is a key developmental challenge in FASD.

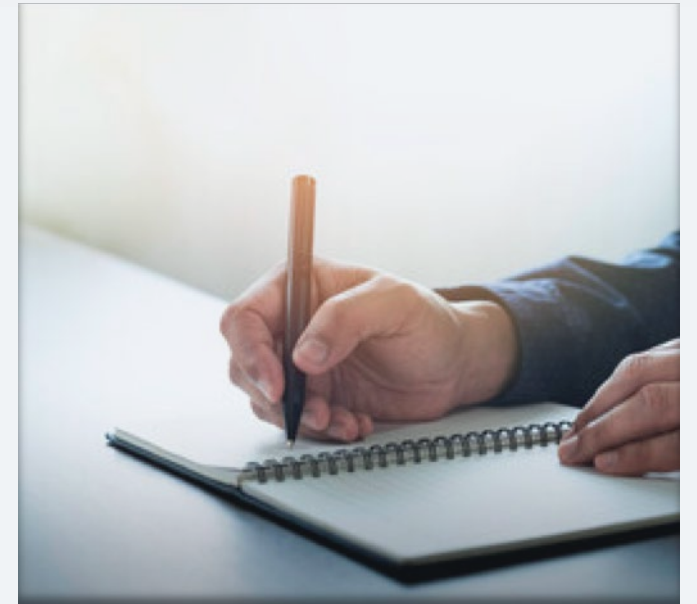
- **Infancy:** Difficult to sooth as infants. Sensitivity to overstimulation.
- **Motor Skills:** Clumsiness, difficulties with fine and gross motor skills.
- **Emotional Regulation:** Overstimulation leading to tantrums or frequent meltdowns.
- **Transitions:** Difficulty handling transitions.
- **Behavioral Responses:** Meltdowns may include self-harm (such as head banging) and exaggerated responses.



Learning Challenges

Children with FASD may face a variety of learning challenges that can impact their educational journey. Understanding these challenges is the first step towards providing effective support.

- Low-average IQ to average (from intellectually disabled to normal).
- Difficulties with math skills, problem-solving, abstract thinking, and sequencing. Math is challenging because it involves multi-step processing and memory reliance.
- Reading and writing difficulties, especially reading comprehension.
- School can become a source of significant frustration, leading to disengagement.



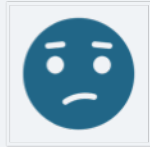
➔ Practical Steps:

Advocate for an Assessment by the school to develop an Individualized Education Program (IEP).²⁰

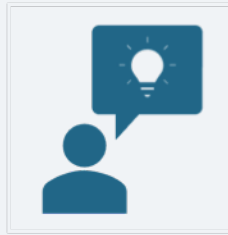
Communication

Effective communication involves both understanding and being understood.

Individuals with FASD may face unique challenges in both **Receptive**, understanding what is said to them, and **Expressive** language, articulating thoughts and having others understand them.



Difficulty interpreting issues, understanding both verbal and non-verbal cues such as facial expressions, and tone of voice.



Memory retention can be an issue, often will repeat something back but may not fully understand its meaning.



Maintaining focus during communication can be difficult, leading to fragmented conversations.



Practical Steps:

Modify language to be direct and concrete

Child may not understand:

Pay attention!



Instead modify language to:
Please sit-up,
look at me, and
listen without talking.



Social Interactions

Navigating social interactions can be particularly challenging. Understanding these challenges is crucial for fostering positive social experiences.

- **Overly Friendly Behavior:** Increased approachability towards strangers.
- **Lack of Boundaries:** Challenges in understanding personal space.
- **Social Cues:** Difficulties in reading and interpreting cues accurately.
- **Friendship Maintenance:** Obstacles due to communication barriers.
- **Influence Susceptibility:** Prone to being swayed by peers, “Gullible”, could lead to trouble.
- **Aggressive Reactions:** Possible hostility from confusion or frustration



Daily Living Skills & Adaptive Functioning

Encompasses a variety of skills necessary for daily life.

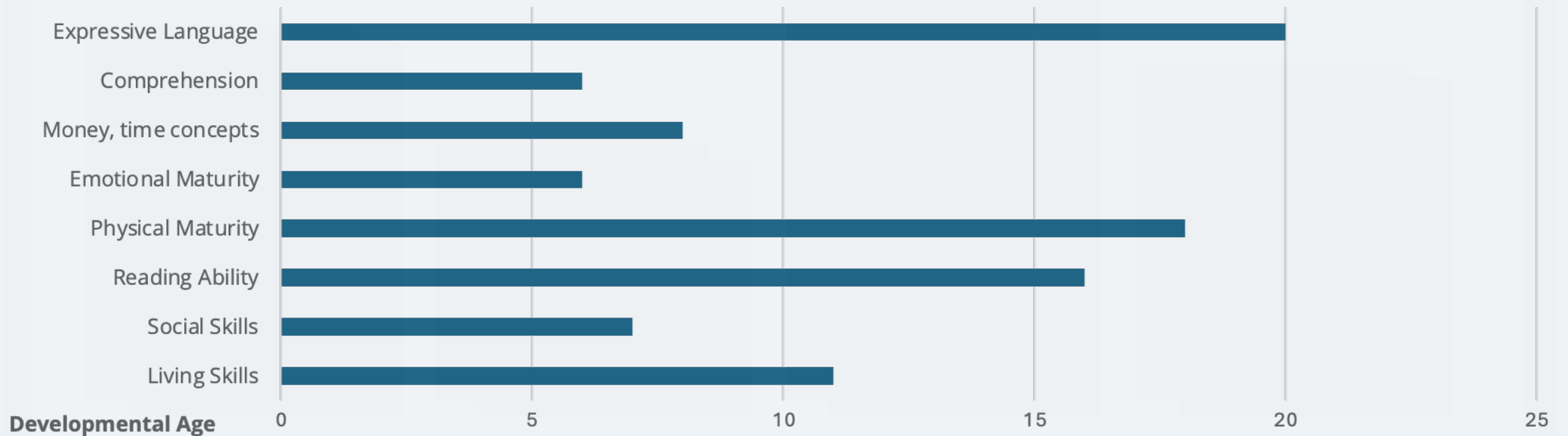
- **Personal Care:** Difficulties with basic life skills, personal hygiene, toileting, bathing, and dressing.
- **Time management:** Difficulty telling time and managing daily schedules.
- **Money management:** Difficulty managing money and understanding the concept of money.
- **Meal Preparation:** Healthy eating habits.



Understanding Developmental Age

Understanding developmental age in Fetal Alcohol Spectrum Disorder (FASD) involves recognizing that there may be a discrepancy between a child's chronological age (their actual age in years) and their developmental age (the age at which they function emotionally, physically, cognitively, and socially).

This concept is crucial for creating appropriate interventions and expectations for children with FASD.



*Adapted from the work of Diane Malbin from FASCETS.org

Challenges for FASD Spectrum



- **Unplanned Pregnancies:** 50% of pregnancies are unplanned.
- **Delayed Awareness:** Often unaware of pregnancy until 8 weeks or more.
- **Conflicting messages** from providers.
- **Awareness and Education:** There is a widespread lack of awareness of the possible risks of prenatal alcohol exposure while pregnant and its severe implications for the unborn baby.
- **Alcohol not thought as a harmful substance:** Beer and wine are often not considered “alcohol,” underestimating their risk.
- **Stigma and Sensitivity:** Diagnosis involves sensitive discussions about alcohol use during pregnancy, which can be stigmatizing for patients resulting in inaccurate reporting.
- **Limited Resources:** Can be difficult to assemble and coordinate with limited specialized clinics and experts.
- **Complex Diagnosis Process:** Not a straightforward diagnosis, overlapping of symptoms with other conditions.

Diagnosis Difficulties

The journey to diagnosing FASD is fraught with obstacles, from social stigmas to diagnostic dilemmas.



Clinician Awareness: Often not considering FASD.

Facial Characteristics: Absent in most diagnosed children.

Provider Inquiry: Reluctance to discuss maternal alcohol use.

Maternal Reporting: Stigma prevents disclosure of alcohol exposure.

Unknown Birth History: Common in adoption/foster situations.

Diagnostic Testing: Lack of a definitive blood test. Reliance on neurobehavioral assessments “Costly”.

An estimated 80-85% of cases are overlooked or incorrectly diagnosed.



Benefits of a Diagnosis

- **Root Cause Analysis:** Can provide the explanation for the child's behaviors and challenges.
- **Tailored Therapy:** Leads to more appropriate therapy techniques, structure, and support systems, such as IEPs in school, kinesthetic therapies, and alternative approaches.
- **Healthcare and Treatment:** Possible referrals for medication assessment, parent coaching, occupational therapies, mental health assessments.
- **State and County Services:** Opens up the possibility of additional supports through state and county services.
- **Early diagnosis and intervention:** May decrease the risk of secondary disabilities and aid in the reduction of unwanted behaviors.

8 Magic Keys

Successful Interventions for Children with FASD

Guidelines developed by Deb Evenson and Jan Lutke to create successful interventions for children with Fetal Alcohol Spectrum Disorder (FASD). These keys are designed to help educators and caregivers provide the best support for learners with FASD.

- **Concrete:** Use concrete terms and avoid idioms or double meanings.
- **Consistency:** Maintain consistency in the environment and language to help with generalization of learning.
- **Repetition:** Repeat information and instructions as needed to address short-term memory challenges.
- **Routine:** Enable stable routines to reduce anxiety and aid in learning.
- **Simplicity:** Keep the environment and communication simple to avoid over-stimulation and shutdown.
- **Specific:** Provide specific, step-by-step instructions to help with understanding and task completion.
- **Structure:** Create a structured environment that acts as a foundation, the “glue” that makes the world make sense.
- **Supervision:** Offer constant supervision to develop appropriate behavior patterns.

FASD-Informed Support

FASD-informed support encompasses a variety of programs and interventions designed to address the unique needs of individuals with Fetal Alcohol Spectrum Disorders (FASD) and their families.

Designed to target needs of individuals with FASD

FASD Informed Interventions

(currently not funded in San Diego, CA)

- *Math Interactive Learning Experience (MILE)*
- *GoFAR (safety and self regulation in development)*
- *Families Moving Forward Program*

FASD Informed-Focus on strength-based approaches

- *Adapt existing interventions to meet the needs of individuals with FASD*
- *Alternative Therapies: Equine, Art, Music, etc.*
- *Self regulation strategies*
- *Therapeutic interventions*
- *Peer relations groups*
- *Behavioral interventions*
- *Regional Center (not automatically qualified)*
- *School supports (e.g. IEP, 504 plan)*

Intervention at Home

Developing positive behaviors in familiar settings.



Consistent Routines

Providing stability and predictability.

Behavioral Strategies

Implementing positive behavior modification.

Nurturing Learning Activities

Engaging in hands on learning and problem-solving skills. Repetition and Routine.

Empowerment

Utilizing strength-based approaches.

Caregiver Support

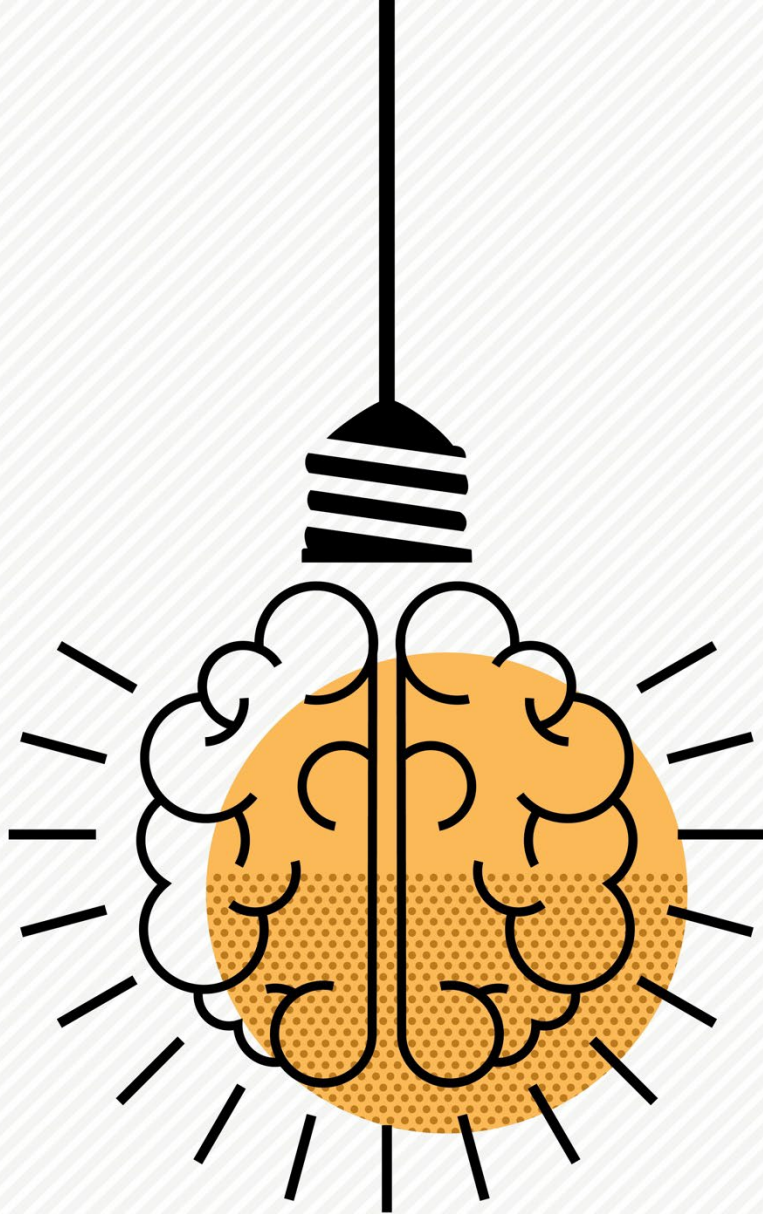
Emphasizing self-care and network building.

Interdisciplinary Approach

Educating providers for better support, cohesive care plan.

Communication Techniques

Communication Techniques: Simple and Concrete Language: Use clear and straightforward language to give instructions or explain things.



**FASD Awareness:
Shifting Perceptions,
Shaping Futures**

IFASDD Support

The Institute for Fetal Alcohol Spectrum Disorders Discovery stands as a beacon of integrated research, education, and screening services.

Diagnostic Clinics:

UCSD Pediatrics Associations:

Doctor Kenneth Lyons Jones (858) 496-4800

Rady Children's Hospital:

Doctor Miguel Del Campo (858) 966-5840

- Community Outreach
- NOFAS Parent support groups (Spanish/English)
- Research & Discovery for early diagnosis
- Training Health Care Providers
- Screening for FASD in Juvenile Hall
- Reducing Stigma of FASD (CDC)

Contact for Inquires



Andy Torzon



(858) 246-0047



atorzon@health.ucsd.edu



Bilateral Safety Corridor Coalition

Combating Human Trafficking in the
Americas

About Bilateral Safety Corridor Coalition-BSCC

Non-profit organization, **pioneer in combating human trafficking in San Diego-Tijuana.** More than **25 years** working for the cause.

Prevention, **P**rotection, **P**rosecution, and
Partnership



Our goals today are:

- To educate about human trafficking.
- To inform you about our services.



Definition: Human trafficking is a crime that exploits individuals through **force, fraud, or coercion** for various purposes, including forced labor, sex trafficking, and involuntary servitude.



Force:

Example: Someone is physically hurt or kept against their will to make them work without choice.

Fraud:

Example: People are lied to about a good job, but when they get there, it's not real, and they're forced to work.

Coercion:

Example: Threats or manipulation are used to make someone do things they don't want to, like engaging in sex work, by scaring them or their family.



Forms of Human Trafficking



Sex Trafficking

- Exploitation through force or coercion for commercial sex.



- Pornography
- Strip clubs
- Prostitution
- Mail-order bride
- CSEC Commercial Sexual Exploitation of Children
- Internet

Labor Trafficking

Labor trafficking is a form of exploitation where individuals are forced, coerced, or deceived into engaging in labor under exploitative conditions

This form of trafficking can occur in various industries.

Victims of labor trafficking experience harsh working conditions, long hours, low or no pay, and physical or emotional abuse.



Labor Trafficking

1. Escort Services
2. Illicit Massage, Health and Beauty
3. Outdoor Solicitation
4. Residential
5. Domestic Work
6. Bars, Strip Clubs, and Cantinas
7. Pornography
8. Restaurants and Food Services
9. Peddling and Begging
10. Agriculture and Farming
11. Traveling Sales Crew
12. Personal Sexual Servitude
13. Health and Beauty Services
14. Construction
15. Hotels and Hospitality
16. Landscaping
17. Illicit Activities/Drugs
18. Commercial Cleaning Services
19. Factories and Manufacturing
20. Remote Interactive Sexual Acts/ Webcam
21. Carnivals
22. Forestry and Logging
23. Health Care/Senior Facilities
24. Recreational Facilities
25. Fishing Industries
26. Organ Trafficking
27. Nannies
28. Student Sponsors
29. Nanny's
30. Homeless begging
31. Visa sponsors
32. Surrogacy

Vulnerabilities

- Prior sexual abuse
- Widows/abandoned wives and Children
- Orphans
- Street kids/runaways
- Poverty
- Refugees
- Ethnic minorities
- Little to no education



Recruitment

- Kidnapping
- Parents, female and male relatives (knowingly or unknowingly)
- **Partners or PIMPS**
A pimp is someone who makes money by controlling and exploiting others, especially in the context of prostitution. They often use force or manipulation and take a portion of the money earned by the individuals they exploit. Pimping is illegal in many places.
- Frequent selling of minors
Sold to relieve poverty of family
- Deception or Fraud
 - ✓Recruitment by other victims
 - ✓Falsified travel documents
 - ✓Visa overstays



Recruitment

Internet and social media

TikTok, Twitter, Facebook, Snapchat, Instagram, We Chat, Kick Emojis, Only fans, dating apps (Plenty of fish, Tinder, Meet me, sugardaddy.com, etc), online video games, and others.



Examples of human trafficking

A young woman is promised a high-paying job abroad but, upon arrival, finds out it was a trick. She's forced into the sex trade to pay off a fake debt.

An individual struggling with addiction is manipulated by traffickers who provide drugs, using the person's dependency to force them into the sex trade.

A teenage girl runs away from home and is manipulated by traffickers who offer her a place to stay. They then force her into prostitution.

X promises Y a better life together but later forces her into prostitution, controlling her every move and taking the money she earns.

Sometimes people believe they're experiencing domestic violence, but it might actually be something worse—it could be DV and human trafficking.



**How traffickers keep their
victims
from escaping or seeking help?**

- Traffickers physically restrain or confine victims to ensure compliance.
- Inflict physical harm or threaten violence to instill fear and control.
- Cut off victims from social connections to increase vulnerability.
- Use psychological tactics to break down resistance and foster dependency.



- Create fictitious debts, forcing victims into labor to settle them.
- Take away identification documents to limit freedom and hinder escape.
- Exert control over victims' finances, taking a significant portion of earnings.
- Inducing the victims to consume drugs.

The Profound Impact: Consequences of Trafficking on Victims

-Physical Strain:

Victims endure physical injuries, illnesses (STDs), unwanted pregnancies, abortions.

-Psychological Trauma: Severe mental health issues, including anxiety, depression, and PTSD, are common consequences.

-Loss of Trust.

-Poverty:

Traffickers exploit victims financially, leaving them in poverty or debt.

-Legal Challenges:

Victims may encounter legal issues, complicating their post-trafficking life.

-Stigmatization:

Society's stigma adds challenges to the reintegration and recovery of survivors.

-Loss of Personal Identity:

Trafficking leads to a loss of personal identity as victims are stripped of autonomy.

MYTH VERSUS REALITY



Cross-Border Myth:

Myth: Human trafficking only involves cross-border movement.

Reality: Victims are often trafficked within their own countries.

Physical Restraint Myth:

Myth: Trafficking victims will always be physically restrained.

Reality: Psychological control is common, and physical restraint is not always necessary.

Gender-Specific Myth:

Myth: Only women and girls are trafficked for sex.

Reality: Both genders can be victims of sex trafficking, and trafficking occurs for various purposes.



Nationality Myth:

Myth: Trafficking only affects foreign nationals.

Reality: Trafficking impacts people from all backgrounds, including citizens of the country.

Stranger Trafficker Myth:

Myth: Traffickers are always strangers.

Reality: Traffickers can be strangers, acquaintances, or even family members.

Global Distribution Myth:

Myth: Human trafficking is a problem only in poor countries.

Reality: Trafficking occurs globally, affecting developed and developing nations.

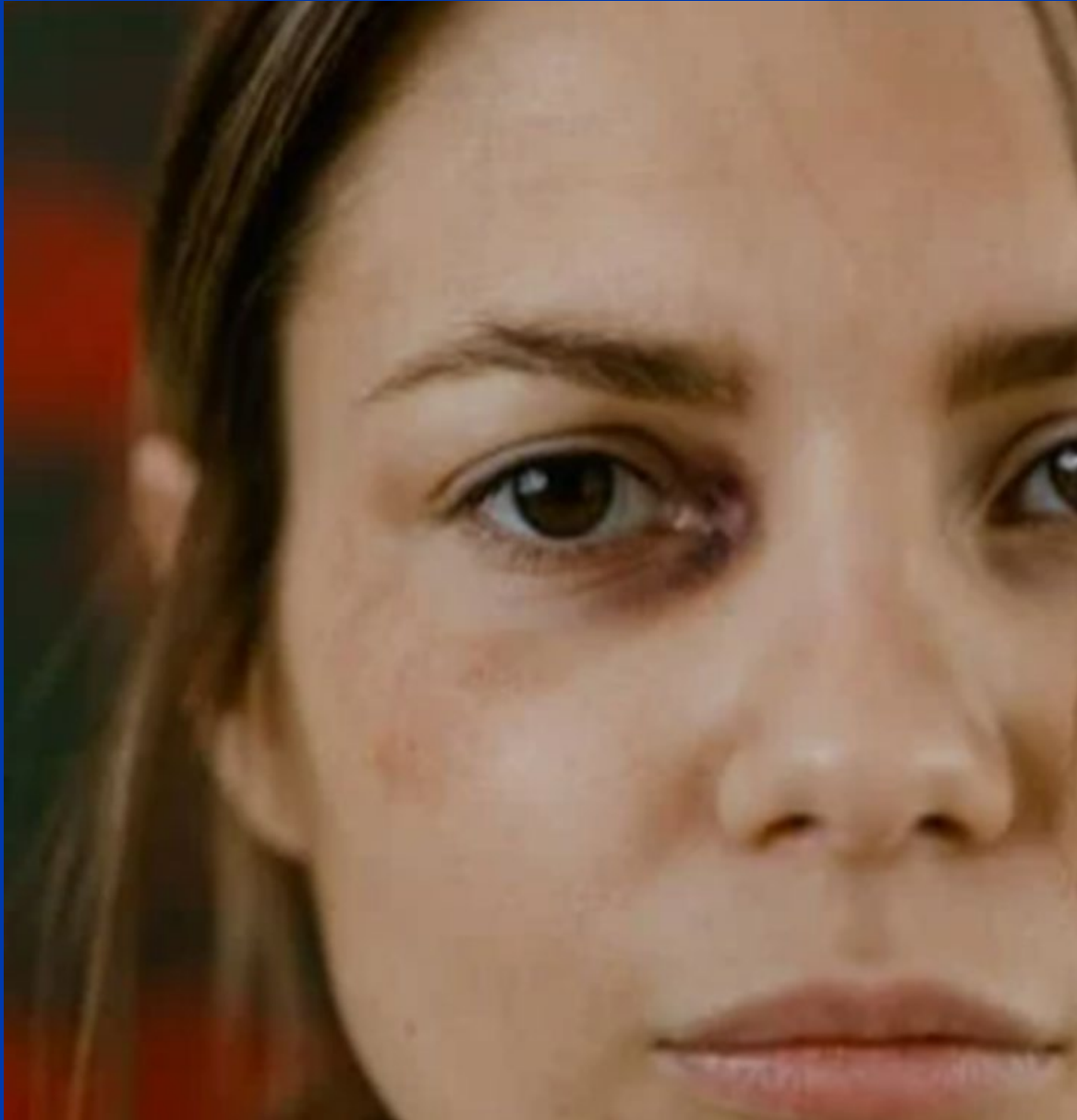
Escape Attempt Myth:

Myth: Victims will always attempt to escape.

Reality: Fear, manipulation, or lack of viable options may hinder immediate escape attempts.



AM I A SURVIVOR OF HUMAN TRAFFICKING?



Reflection on Past Experiences:

Have I experienced situations where I felt coerced, manipulated, or forced into activities against my will?

Control and Independence:

Do I feel like I have control over my own life and choices, or have I experienced situations where my independence was restricted?

AM A I SURVIVOR OF HUMAN TRAFFICKING?

Relationships and Exploitation:

Have I been in relationships where I felt exploited, particularly in terms of my personal or financial well-being?

Identification and Documentation:

Do I have control over my identification documents, and have they ever been taken away from me?

Fear and Safety:

Have I experienced moments of fear, especially related to threats or coercion?

AM I A SURVIVOR OF HUMAN TRAFFICKING?

Financial Situations:

Have I ever been forced to give away my earnings or engage in work against my will?

Isolation and Social Connections:

Do I feel isolated or restricted in forming social connections, and have I been prevented from connecting with certain people?

Daily Routine and Freedom:

Have I experienced situations where my daily routine was strictly controlled, or have I been given strict rules to follow?





If you believe you may be a survivor of human trafficking, consider reaching out to a counselor, social worker, or someone who can connect you with programs designed to support victims of trafficking.

They will conduct an interview to better understand your situation and provide you with tailored services.

Remember, there is hope, and you don't have to bear the weight on your shoulders alone.

Peer Support Navigation Services For Survivors of Human Trafficking program



Peer Support Navigation Services For Survivors of Human Trafficking Grant/program

Funder: The County of San Diego-Public Safety Group



Target population: human trafficking survivors who have been incarcerated, in the justice system, or at risk of such involvement.



BSCC has a partnership with Community Reunification Project, a non-profit that focuses on the re-entry population.



We refer clients to each other and/or collaborate on shared clients, expanding their options.

SERVICES



And more:

- Peer Support Navigation sessions.
- Assisting with victim compensation applications.
- Providing referrals to the vacatur process for record clearance, and

Housing is prioritized based on vulnerabilities, with availability assessed on a case-by-case basis

- BSCC works closely with the SD Homelessness Taskforce. All clients are referred, and housing is allocated based on vulnerabilities.
- BSCC manages three apartments/transitional housings and one emergency shelter.
- BSCC collaborates closely with Mary's Guest House.
- BSCC works with the Community Reunification Project (subcontract), providing available housing options.
- BSCC offers general housing navigation services.
- BSCC facilitates hotel placements and issues vouchers for temporary accommodation.

Referrals are welcome through e-mail (using our referral form), phone calls, walk-in.



BSCC launched a new program to assist survivors of human trafficking and incarceration/justice involvement.
Call us for help!

 info@bsccinfo.org  (619) 336-0770

We also have the **24/7 hotline 619-666-2757** in partnership with the San Diego Human Trafficking Task Force (SDHTTF).

121 E 31st St Ste A,
National City, CA 91950

Questions?



In life's concrete jungle, be the resilient flower, blooming against all odds.



Thank you!!!



SEXTORTION

ITS MORE COMMON THAN YOU THINK

**SAN DIEGO INTERNET CRIMES AGAINST
CHILDREN (SDICAC) TASK FORCE**

DETECTIVE SERGEANT GARRICK NUGENT

SDICAC (SAN DIEGO POLICE DEPARTMENT) COMMANDER



What is Sextortion?

- Extortion for more sexual content or money?
- Sextortion is a form of sexual exploitation where children are threatened or blackmailed, most often with the possibility of sharing with the public nude or sexual images of them, by a person who demands additional sexual content, sexual activity, or money from the child.

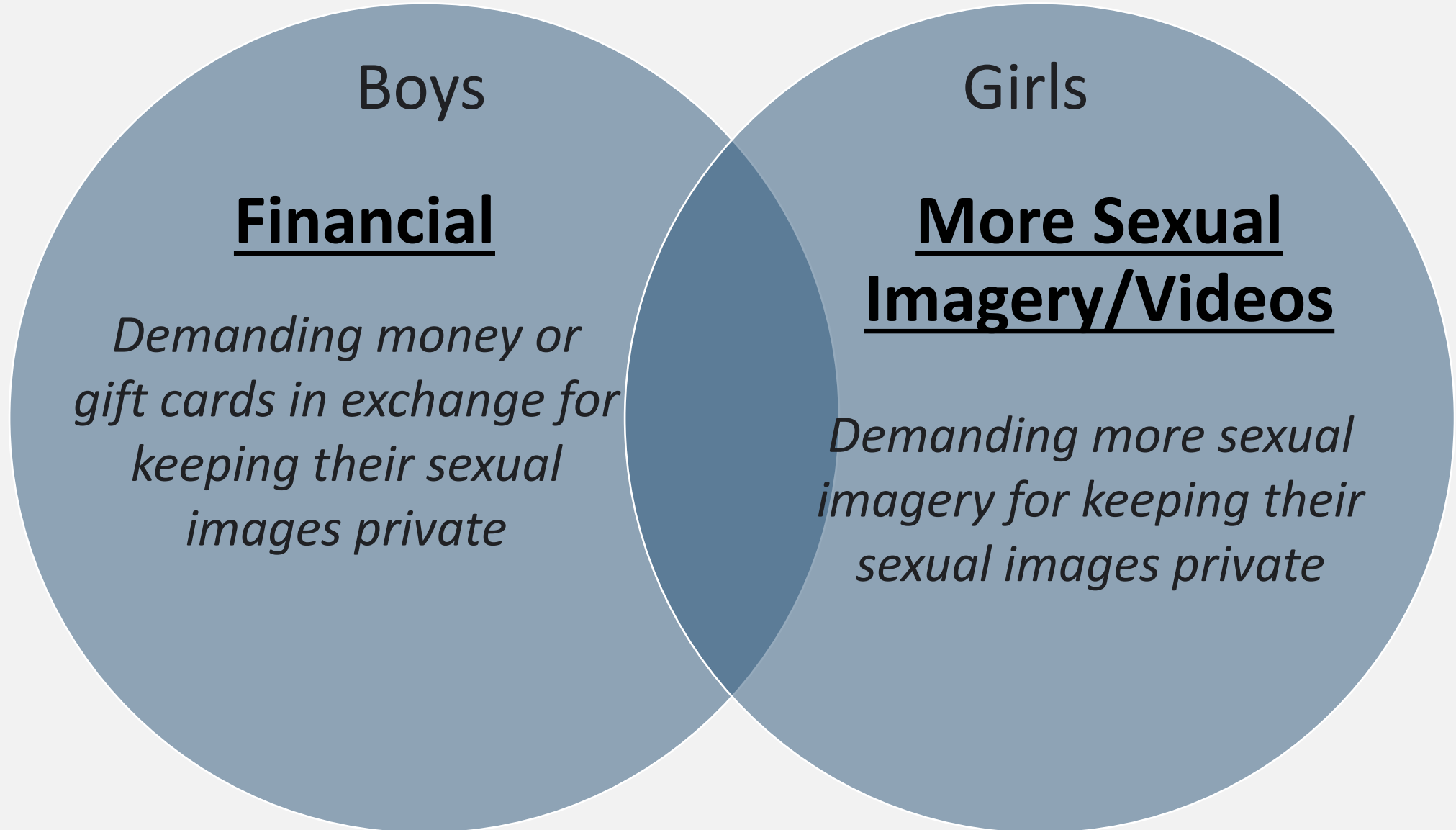
Since 2016, the CyberTipline has received **262,573** reports of Online Enticement, the category that includes sextortion.

Between 2019 and 2021, the number of reports involving sextortion **more than doubled**.

In an earlier analysis, the dominant motive of offenders was to get more explicit images of a child, but in reports from early 2022, **79%** of the offenders were seeking money.

SOURCE: *Sextortion* . National Center for Missing & Exploited Children. (n.d.). Retrieved from <https://www.missingkids.org/theissues/sextortion#bythenumbers>

Types of Sextortion



Boys

Financial

Demanding money or gift cards in exchange for keeping their sexual images private

Girls

More Sexual Imagery/Videos

Demanding more sexual imagery for keeping their sexual images private

Sextortion Involving Young Males

Generally very short in duration (4-8 hours)

Involves someone you have never met

Random

Suspect portrays themselves as female

The chat is usually aggressive

Usually suspects do not have friends in common (but that is changing)

The sole purpose is to obtain money

Sextortion Involving Young Females

Conversations are long in duration (days to months)

Gradual requests

Grooming / May have mutual friends

Suspects is usually male

Usually not aggressive

Gifts

Purpose is for more content

Why Are Youth Falling Victim?



- Adults perpetuate the cycle
- Youth become collateral damage
- Youth feel they have a lot to lose
- Large social media footprint
- Frontal lobe development
- Lonely / Self-esteem
- Everyone does it

Perpetrators Are Getting Creative

Friend requesting
girls from victim's
friends list

Friend requesting
girls from same
school

NEWTRENDS

SEXTORTION

Video Call Sextortion

- Requests a video call
- As soon as you accept the call, they take a screen shot
- They add CSAM image to make it look like you were video chatting with a Juvenile
- Then they begin extortion
- What do you do with these



Viewed by SEAN.PIERCE@sanjoseca.gov (sjpd.evidence.com) on 27 Jul 2023



VIOLENT SEXTORTION

- **VIOLENT ONLINE GROUPS**

- The violent online groups 676, 764, CVLT, Court, Kaskar, Harm Nation, Leak Society, and H3ll
- Operate on platforms, such as social media sites or mobile applications
- To gain access to a majority of these groups, prospective members are required to live-stream or upload videos depicting their minor victims harming animals, committing self-harm, or other acts of violence
- The key motivators of these groups are to gain notoriety and rise in status within their groups.

- **TARGETING**

- Minors between the ages of 8 and 17 years old, especially LGBTQ+ youth, racial minorities, and those who struggle with a variety of mental health issues, such as depression and suicidal ideation.

- **EXTORTION AND SELF-HARM**

- The groups use extortion/blackmail tactics, manipulate and extort minors into producing CSAM and videos depicting animal cruelty and self-harm.

GENERATIVE ARTIFICIAL INTELLIGENCE

What is Generative AI?

- Traditional AI deals primarily with numeric data focusing on analyzing historical data and making future predictions.
- **Generative AI** refers to a category of AI systems capable of generating completely novel content on their own. This allows computers to produce **brand-new** text, **imagery**, audio, and synthetic data that are **indistinguishable from human-generated content**.



GENERATIVE ARTIFICIAL INTELLIGENCE (GAI)

DURING THE FIRST QUARTER OF 2024, NCMEC HAS RECEIVED MORE THAN 1,300 GAI CTS.

THAT IS AN AVERAGE OF MORE THAN 450 A MONTH.

Based on NCMEC research, open-source platforms are the most common platforms used to create content.

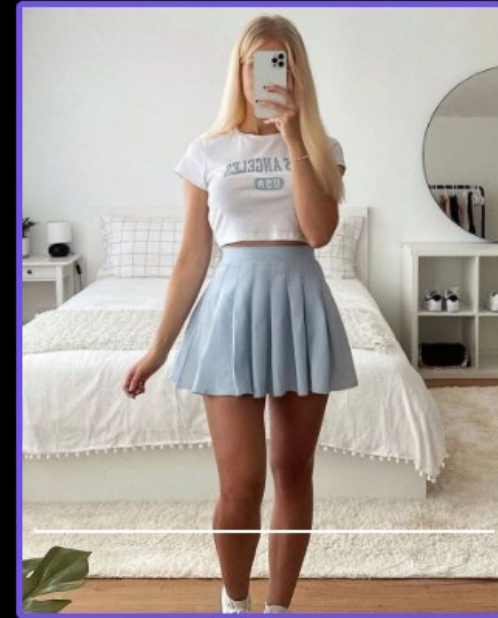
- Stable Diffusion
- Midjourney
- DeepAI
- Fotor
- Artbreeder
- Craiyon
- Jasper Art
- Lumen 5

“Imagine wasting time taking her out on dates, when you can just use **Undress AI** to get her nudes 🙄”



Undress anyone with deepnude

Our groundbreaking undress AI deepnude system removes clothes from any photo within seconds



Select photo

By continuing in, you confirm that you are over 18 years old, have the rights to use the photo and accept the [user agreement](#)

👉 Login with Telegram

🌐 Google

🗨 Discord

Upload

WHAT ARE WE DOING ABOUT GAI?

**ALL 50 STATES CALL ON CONGRESS TO
ADDRESS AI-GENERATED CSAM**



Letter of Support

CA AB 1831



SAN DIEGO INTERNET CRIMES AGAINST CHILDREN TASK FORCE

The Honorable Marc Berman
California State Assembly
State Capitol
1021 O Street, Suite 8130
Sacramento, CA 95814

Re: AB 1831 - Support

Dear Assemblymember Berman:

I support your measure, AB 1831, to prevent the sexual exploitation of children by prohibiting the production, possession, and distribution of obscene child sexual assault material (CSAM) created using artificial intelligence (AI).

AI-created CSAM is harmful in many of the same ways as obscene material depicting an actual child. The AI systems are trained to create the material using existing, unlawful images of real children, re-victimizing thousands of exploited children by perpetuating the use of their likenesses. When AI is used to merge the likeness of a real child's or teenager's face on AI-generated explicit images, public distribution can result in deep emotional harm to the victims.

Research has revealed that viewing artificially created CSAM may desensitize viewers to its content, just like individuals who consume CSAM of actual children. This can lead to the individual seeking more extreme content and eventually to behaviors against real children.

ICAC investigators have already encountered cases with people in possession of AI-generated CSAM who could not be prosecuted due to the current law's deficiency. Moreover, as AI advances, the images it generates are becoming highly realistic, threatening to make prosecution increasingly difficult even when the images depict an actual child.

San Diego ICAC has seen an increase in generative AI imagery over the past year at a rate more advanced than expected. If laws are not adapted to address this contemporary issue or changing societal norms, law enforcement will become ineffective. Here is why;

1. **Lack of Relevance:** Outdated laws may not adequately address new forms of crime or emerging technologies. For example, laws regarding cybercrime may not have existed decades ago but are crucial in today's digital age.
2. **Inadequate Enforcement Tools:** Law enforcement needs appropriate legal tools to effectively tackle new challenges. If laws are outdated or insufficient, law enforcement may struggle to prosecute offenders or prevent crimes.
3. **Public Confidence:** When laws don't reflect societal values or fail to address pressing issues, public confidence in the legal system can diminish. This can lead to a lack of cooperation with law enforcement efforts.
4. **Resource Allocation:** Without updated laws, law enforcement agencies may waste resources on outdated or irrelevant priorities, detracting from more pressing concerns.
5. **Adaptation to Change:** Society evolves, and laws must evolve with it. If laws remain static, they may become increasingly disconnected from societal realities, making them difficult to enforce effectively.

AB 1831 sends a strong message that our community condemns the exploitation of children.

I appreciate your commitment to this important issue.

Garrick Nugent,

Commander, San Diego Internet Crimes Against Children Task Force

THE WHO, WHAT, WHERE

SEXTORTION

WHO ARE THE SUSPECTS?

NIGERIA (FBI)

IVORY COAST (HSI)

PHILLIPINES

UNITED STATES?

INDIA

WHAT TO LOOK FOR

IS THIS SOMEONE
YOU KNOW

ARE THEY ASKING
FOR IMAGERY IN THE
EARLY STAGES OF
CONVERSATION

ARE THEY
DEMANDING THAT
YOUR FACE BE IN THE
CREATED CONTENT

DO THEY HAVE
FOLLOWERS

ARE ANY OF THERE
FOLLOWERS YOUR
FRIENDS

ARE THEY
AGGRESSIVE

IS YOUR PROFILE
OPEN

WHAT IS LAW ENFORCEMENT DOING WITH THESE CASES?



Search
Warrant



Admin
Subpoena

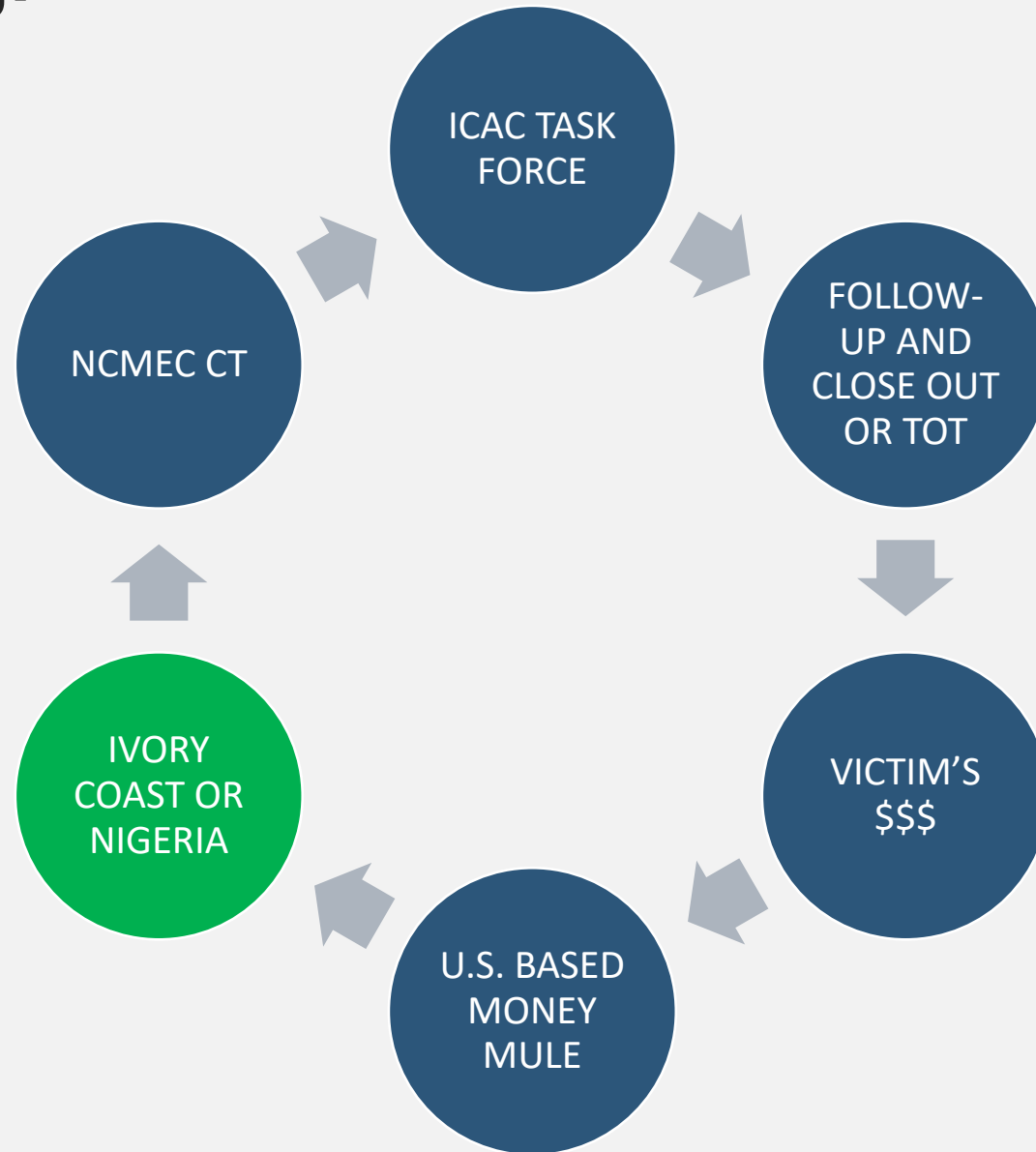


Services



Education

Where are they going?



ARE WE MAKING ARRESTS? WHAT ARE THE CHALLENGES?

'SEXTORTION' SUSPECT ARRESTED IN
CONNECTION WITH SAN JOSE TEEN'S SUICIDE



- YES
- WHAT ARE THE CHARGES?

Nigeria hands over two suspects in sextortion case linked to suicide of Michigan high school athlete

Samuel and Samson Ogoshi are expected in U.S. federal court in Grand Rapids on Monday. Jordan DeMay died by suicide after he was tricked into sending explicit photos of himself.

FBI is working with the Nigerian Government.



April 10, 2024



U.S. Attorney for the Western District of Michigan Mark Totten today announced that Samuel Ogoshi, 22, and Samson Ogoshi, 20, of Lagos, Nigeria, each pleaded guilty to conspiring to sexually exploit teenage boys in the Western District of Michigan and across the United States. The offense of conspiracy to sexually exploit minors requires a mandatory minimum sentence of 15 years in prison; the maximum possible penalty is 30 years.



MONEY MULE

- The Money Mule is used to transfer money overseas
- They are mostly in the United States
- Ivorian/Nigerian citizens?
- Victims?
- Opportunists? Website to buy info

EMPOWER, EDUCATE, PROTECT:
SAFEGUARDING
YOUR CHILD'S DIGITAL WORLD
FROM SEXTORTION



PARENT/CAREGIVER TIPS FOR ONLINE SAFETY

S

SET-UP: DEVICES/ACCOUNTS/PASSWORDS – KNOWING HOW TO SET UP A DEVICE EMPOWERS AN ADULT TO CREATE A SAFE DIGITAL ENVIRONMENT

M

MONITOR: MONITORING A CHILDS ONLINE USE AND CONNECTIONS IS NOT SPYING! ITS PROTECTING THEM FROM POTENTIAL HARM.

A

APPROVE: APPROVING APPS AND GAMES GOES BEYOND SAYING YES OR NO. ITS ABOUT CREATING A SAFE DIGITAL ENVIRONMENT

R

RESTRICT: IT'S INCREDIBLY IMPORTANT TO RESTRICT A CHILD'S ACCESS TO INAPPROPRIATE CONTENT. CREATE A SAFE AGE-APPROPRIATE ENVIRONMENT

T

TALK: OPEN AND REPEATED CONVERSATIONS ARE YOUR MOST POWERFUL TOOL FOR ONLINE SAFETY. MAINTAIN A PRESENCE IN THEIR ONLINE WORLD

SIGNS OF VICTIMIZATION



- Shy and withdrawn
- Moody, agitated, anxious
- Acts more aggressively toward others
- Doesn't want to go to school/drop in grades
- Changes in eating/sleeping habits
- Attempts self-harm
- Change in friend group or isolation
- Stops using digital devices

IF YOU OR SOMEONE YOU KNOW HAS BEEN VICTIMIZED

WHAT DO I DO?

WHAT TO DO ABOUT THE OFFENDER

- DON'T PAY THEM. IF YOU ALREADY HAVE, STOP!
- STOP ALL CONTACT
- BLOCK THEM AND REPORT TO THE PLATFORM
- DON'T DELETE ANY COMMUNICATION TO/FROM THEM (Screenshot the messages)

SECURE YOUR DIGITAL ACCOUNTS

- CHANGE YOUR PASSWORDS ON ALL SOCIAL MEDIA ACCOUNTS
- UPDATE PRIVACY SETTINGS

NOTIFY YOUR LOCAL POLICE

- IF YOU FEEL YOU CAN'T DO THAT, TALK TO SOMEONE ABOUT IT... A PARENT, OLDER SIBLING, CLOSE FRIEND, A TRUSTED ADULT...

NOTIFY THE CYBERTIP LINE

- [HTTPS://REPORT.CYBERTIP.ORG](https://report.cybertip.org)

VICTIM SERVICES

Resources



Take It Down.

Having nudes online is scary,
but there is hope to get it taken
down.

This service is one step you can take to help remove
online nude, partially nude, or sexually explicit photos
and videos taken before you were 18.

Get Started +

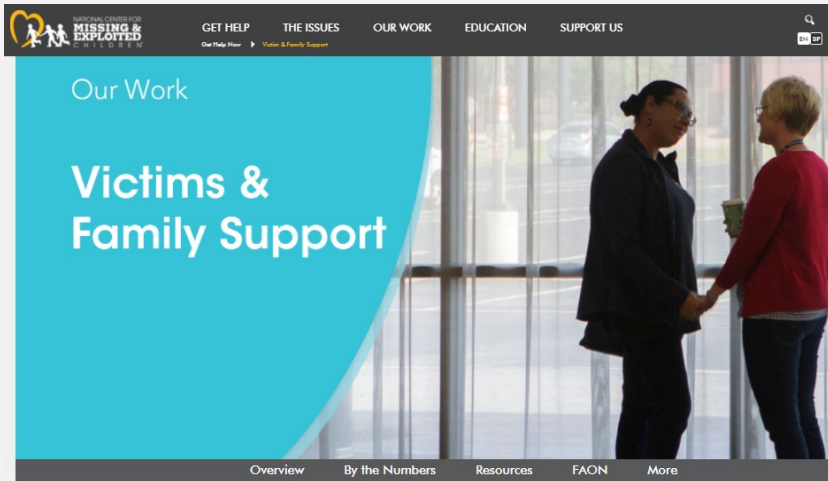


NCMEC's Take It Down <https://takeitdown.ncmec.org/>



NCMEC Resources for Victims/Parents/Families

<https://www.missingkids.org/ourwork/publications>



- Helping families prevent sexual exploitation
- Helping schools & communities prevent sexual exploitation
- Coping with CSAM exposure for families
- Resources for Empowering Families
- Resources for child sexual exploitation survivors and their families
- Family Advocacy Outreach Network
- Team Hope

ICAC Sextortion Resource Page

www.icactaskforce.com

**I AM A VICTIM OF SEXTORTION,
WHAT CAN I DO?** **IT IS NOT YOUR FAULT**

You have been tricked and you are not alone!

HERE'S WHAT YOU CAN DO:

WHAT TO DO ABOUT THE OFFENDER

- a) Don't pay them. If you already have, stop paying them.
- Paying them only leads to a demand for more money.
- b) Stop all contact.
- c) Block them and report to the platform.
- d) Don't delete any communication to/from them.
- Screenshot the messages (not explicit imagery)

SECURE YOUR DIGITAL ACCOUNTS

- a) Change your passwords on all social media accounts.
- b) Update privacy settings and use two-factor authentication.

NOTIFY YOUR LOCAL POLICE IF YOU FEEL YOU CAN'T DO THAT, TALK WITH SOMEONE ABOUT IT

- a) A parent
- b) An older sibling
- c) A close friend
- d) A teacher/counselor/coach

NOTIFY THE CYBERTIPLINE

<https://report.cybertip.org>

AVOID PAYING A "SERVICE" TO INVESTIGATE YOUR CASE

*This can also be a scam, or a continuation of the scam.
Only report sextortion to law enforcement or a law enforcement agency.*

UTILIZE FREE TRUSTED RESOURCES

See back of this page for free trusted resources.

www.icactaskforce.org



**I AM A VICTIM OF SEXTORTION,
WHAT CAN I DO?** **IT IS NOT YOUR FAULT**

You have been tricked and you are not alone!

You are a victim of organized crime, extorting
many people, both minors and adults

**STOP
&
GET HELP**

USE FREE TRUSTED RESOURCES

NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN

Take It Down Tool

Tool: takeitdown.ncmec.org/
PSA: [youtube.com/watch?v=pAaXbBzVdJE](https://www.youtube.com/watch?v=pAaXbBzVdJE)

What to do: missingkids.org/theissues/sextortion

Request Victim/Family Support - email:
gethelp@ncmec.org

Report to the CyberTipline and Survivor Services
will reach out with additional resources:
cybertipline.org

NATIONAL CRISIS HOTLINE

Call 988 or Text 4HOPE to 741741 or
<https://www.crisistextline.org/>
for access to a trained counselor

THORN

Stop Sextortion Get Help Now:

stopsextortion.com

Text THORN to 741741 for access to a
trained counselor

Parent resources: parents.thorn.org

FBI

"How Can We Help You":

<https://www.fbi.gov/how-we-can-help-you/safety-resources/scams-and-safety/common-scams-and-crimes/sextortion>

ICAC

Task Force Contacts:

<https://icactaskforce.org/TaskForceContacts>

LOCAL RESOURCES



AGENCY LOGO
AND
CONTACT INFORMATION

www.icactaskforce.org



Thorn Resources for Victims/Parents/Families

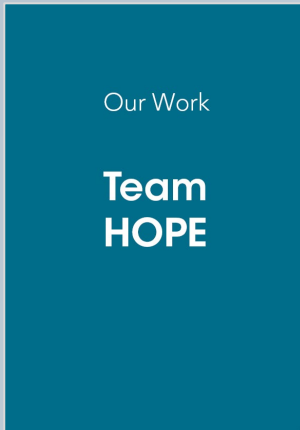
HELP A FRIEND



- Thorn: Stopsextortion.com
- Text line: 741741
- Advice and help for youth
- Advice for parents, educators, policy makers

Referral and Support

National Center For Missing and Exploited Children (NCMEC)
Team Hope



Community Partners



San Diego County District Attorney's Victim Services



Visit: SanDiegoDA.com/help
District Attorney Victim Services: 619-531-4041
Office of Immigrant and Refugee Affairs: 619-338-2799





Jordan DeMay
17 y/o
Michigan
March 2022



Ryan Last
17 y/o
California
February 2022



Evan McDaniel
14 y/o
Texas
January 2021



James Woods
17 y/o
Ohio
November 2022

ONE IS TOO MANY



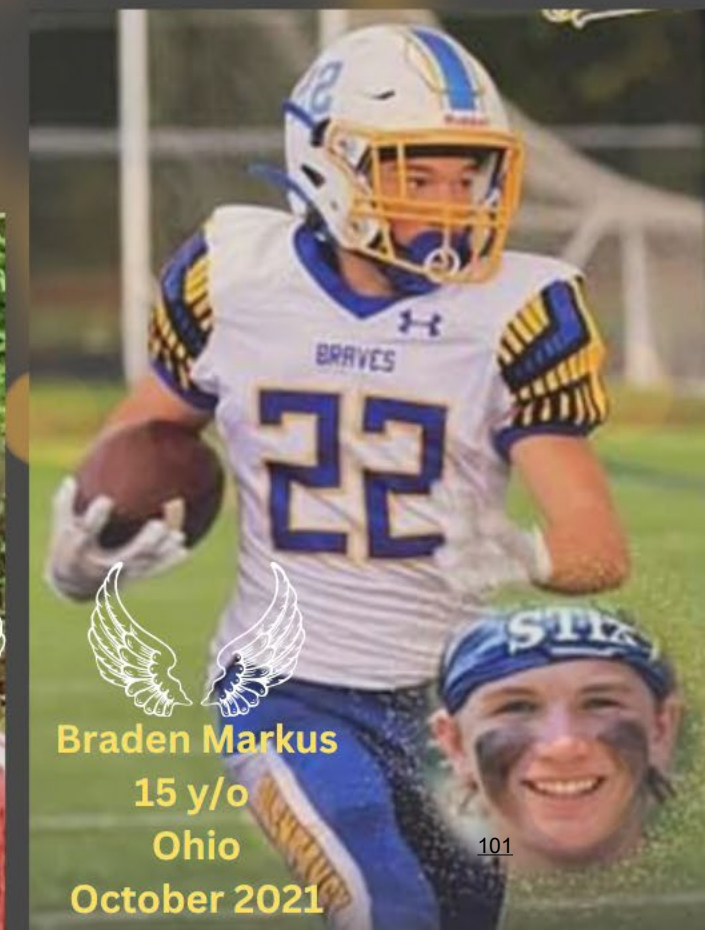
Walker Montgomery
16 y/o
Mississippi
December 2022



Riley Basford
15 y/o
New York
March 2021



Gavin Guffey
17 y/o
South Carolina
July 2022



Braden Markus
15 y/o
Ohio
October 2021

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.

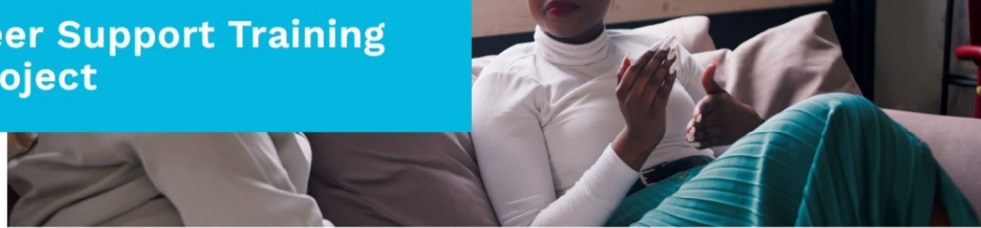
Apply

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

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



Peer Support Training Project



Applications are now open and will be accepted through May 13 for our August Cohort. See the "How to Apply" section below for more information about the application process.

Are you passionate about mental health and want to give others hope? Turn your lived experience into a fulfilling career! Join our Peer Support Training Project and get certified as a peer support specialist.

What is a peer support specialist?

A peer support specialist is someone with lived experience in overcoming mental health or challenges, either as a recipient of services or as a family member or caregiver of someone who has received services. They receive specialized training to offer support and assistance to others facing similar struggles.

Why become a peer support specialist?

With a shortage of 8,000 workers in San Diego County's behavioral healthcare field, certified peer support specialists are in incredibly high demand. This sought-after certification opens doors to work in hospitals, clinics, community organizations and government agencies. As a peer support specialist, you'll offer personalized support, empowering individuals to find their unique path to recovery. Make a profound impact on lives while enjoying a fulfilling career in the healthcare and behavioral health sector.

What do I receive?

- 80-hour certified Medi-Cal Peer Support Training
- Cover one exam fee for the California Peer Support Specialist Certification
- Opportunity to apply for a paid internship, offering hands-on experience
- Job-readiness training

What does the Medi-Cal Peer Support Training entail?

We offer live virtual 80-hour Medi-Cal Peer Support Training provided by NAMI San Diego over the course of 13 days from 8 a.m.–12 p.m., Monday through Friday. Participants will learn behavioral health skills covering the 17 peer support core competencies as identified by the Department of Health Care Services (DHCS). The training will be led by Shannon Switzer, lead trainer and certified Medi-Cal Peer Support Specialist. NAMI San Diego is a CalMHSA-approved training provider.

Topics covered include:

- Recovery model
- Communication skills
- Trauma-informed care
- Cultural competency
- Medi-Cal Code of Ethics and more!

Who It's For

- Ages 18+
- Has a high school diploma or GED
- Live in San Diego County
- Legally authorized to work in the U.S.
- Identify as having lived experience with recovery from a mental health or substance use condition, either as a person who received services or as a parent, caregiver, or family member of a person who has received services
- Has a strong dedication to recovery

This program offers help:

- With starting school or a certificate program
- Finding a temporary job or internship
- Finding a long-term job
- Learning new job skills
- Applying your lived experience to an in-demand career

How to Apply

Applications to this program are now open and will be accepted through May 13 for our August Cohort. The enrollment process includes an application form, which typically takes 10–15 minutes. After submission, you will receive an email containing supplemental questions. The supplemental questions will include, submission of a resume and a written response of 200–500 words to the following prompt: share your own story with behavioral health challenges, specifically with mental health or substance use. Tell us about how you've worked towards recovery and the techniques that helped you along the way. Don't forget to mention the people and resources that made a difference in your journey. Lastly, let us know how you've been a support to others in their recovery process.

When applications are closed, we encourage you to work on your resume and your written response for submission when applications reopen. In the meantime, we invite you to review our [programs list page](#) to see which programs are actively enrolling participants, sign up for a [workshop](#) or stop by a [career center](#). Questions or need more information? Contact hello@workforce.org or call (619) 319-WORK (9675).

APPLY NOW

Made possible by



Education provided by



San Diego and
Imperial Counties

Children, Youth and Families

Mental Health & Well-Being Celebration!

Lighting the Path to Social Justice!

Meet many local organizations & resources!
Music, drum circles, & bubble dance parties!
Activities, artwork, and games for all ages!
Opportunity drawings for many prizes!



May 11, 2024
2:00 to 6:00PM

Grossmont Center
Main Courtyard

5500 Grossmont Center Drive
La Mesa, CA 91942



LIVE WELL
SAN DIEGO



COUNTY OF SAN DIEGO
HEALTH AND HUMAN
SERVICES AGENCY



Community
Advocacy
Program

NAMI SAN DIEGO & IMPERIAL COUNTIES

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

From Loneliness to Connection & Belonging:
'I'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](#)





LIVE WELL
SAN DIEGO

LIVE WELL ADVANCE CONFERENCE & SCHOOL SUMMIT

Creating Healthy, Safe, and Thriving Communities Together

Ripples of Change: The Power of Partnerships

CALL FOR SESSIONS
Opens May 13th!



SAVE THE DATE!

2024 LIVE WELL ADVANCE

CONFERENCE & SCHOOL SUMMIT

THURSDAY, NOVEMBER 21, 2024

San Diego Convention Center

8:00 am - 5:00 pm

Enjoy a meaningful day connecting with thousands of partners and colleagues who are creating ripples of change in our region. We invite you to join us this year as a speaker, exhibitor, sponsor, or attendee!

Call for Sessions Opens May 13

Participant Registration and Exhibitor Application Open Fall 2024

In 2023, we had over **2,100 people register**, with nearly **40 breakout sessions** and **50 exhibitor booths** in the Connection Hub. Learn more about [last year's event](#) and find [breakout session](#) slide decks and session recordings.