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

MEETING AGENDA

November 8, 2021 – 9:00-10:30 AM

Zoom link for meeting registration: https://us06web.zoom.us/meeting/register/tZwtcOmspjwrGtPAGjdKzvGIkSgB4pjOpe7e

I. Welcome (Jaime Tate-Symons) **5 minutes**

II. Review of Meeting Summary (Jaime Tate-Symons) **5 minutes**

- September 13, 2021, Meeting Summary - Handout - **Pages 5-10**
- Action Items from September 13, 2021 - See Meeting Summary for action items - **Page 7**

III. Business Items (Yael Koenig) **15 minutes**

Board Letters (BL)/ Board Actions

October 5, 2021 - Board Letters:

- **Item 03:** Communities should not have to Live in Fear of Sexually Violent Predators
- **Item 07:** Funding Afghan Refugee Resettlement Costs from Frozen Afghanistan Government Assets and Developing a Comprehensive County Response Plan
- **Item 08:** Receive Update on Creating The Office of Immigrant and Refugee Affairs and Authorization to Pursue Future Funding Opportunities Related to Supporting the Immigrant and Refugee Community
- **Item 11:** Receive and Approve the Mental Health Services Act Fiscal Year 2021-22 Annual Update, Mental Health Services Act (MHSA) Fiscal Year 2021-22 Annual Update cover page attachment, and BL presentation - Handouts - **Pages 11-19**
  Link to MHSA Annual Plan: https://bosagenda.sandiegocounty.gov/cob/cosd/cob/doc?id=0901127e80daafd8
- **Item 14:** Allocate $2.0 Million in American Rescue Plan Act Funds For Investments in Youth Sports and Camps
- **Item 19:** Framework for the Future: Creating a County Communications Strategy that it is Inclusive and Equitable

October 19, 2021 - Board Letters:

- **Item 01:** Taking Ghost Guns Off Our Streets and Disrupting the Cycle of Violence
- **Item 02:** "Preventing Fentanyl Overdoses" A Multiagency Campaign to Educate Youth - Handout - **Pages 20-22**
- **Item 03:** A Data Driven Approach to Protecting Public Safety, Improving and Expanding Rehabilitative Treatment and Services and Advancing Equity Through Alternatives to Incarceration Building on Lessons Learned During the COVID-19 Pandemic
- **Item 04:** A Resolution to Advance Criminal Justice Reform, Protect Public Safety, Provide Equitable Alternatives to Incarceration for All, and Invest in Root Causes of Behavioral Health Conditions and Poverty
- **Item 11:** Probation-Successful Implementation of Juvenile Justice Realignment, Plan document, and presentation - Handouts - **Pages 23-40**
- **Item 14:** Verifying Compliance & Enhancing Communications During the Sexually Violent Predator Placement Process
- **Item 15:** Compassionate Emergency Solutions and Pathways to Housing for People Experiencing Homelessness in East County
- **Item 17:** Authorize Competitive Solicitation for Substance Use Residential Services - Handout - **Pages 41-42**

November 2, 2021 - Board Letters:

- **Item 04:** Receive Update of on the Department of Homelessness Solutions and Equitable Communities, Adopt the Framework for Ending Homelessness, and Direct Quarterly Reports on the Progress Made on Implementing the Framework for Ending Homelessness
- **Item 06:** Authorization to Accept Crisis Care Mobile Grant Units Funds, Substance Abuse Prevention and Treatment Block Grant Funds, Mental Health Block Grant Funds, California Advancing and Innovating Medi-Cal Implementation Grant Funds, Waive Board Policy B-29, and Authorization to Pursue Future Funding Opportunities to Support, Enhance, or Expand Behavioral Health Services - Handout - **Pages 43-47**
- **Item 07:** An Ordinance Amending Provisions in the San Diego County Administrative Code Relating to the County of San Diego Behavioral Health Advisory Board and Approval of Behavioral Health Advisory Board Bylaws and attachments - Handouts - **Pages 48-60**

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

Information

- **Declaration of a National Emergency in Child and Adolescent Mental Health** - Handout - **Page 61**
  Link: https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/
- **Fentanyl & Counterfeit Pills Facts** and Information - Handout - **Page 62**
  Link: https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Fentanyl%20and%20Counterfeit%20Pills_OnePage.pdf
- National Institute on Drug Abuse, National Institutes of Health **"Opioids: Facts Parents Need to Know"** - Handout - **Pages 63-90**
  Link: https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/opioid_factsforparents.pdf
- **Teen Guide to Substance Use Disorder**: Help Yourself and Your Friend Stay Sober and Healthy - Handout - **Pages 91-92**
  Link: https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Teen%20Guide%20to%20Substance%20Abuse-pdf.pdf
- **Principles of Harm Reduction for Young People** - American Academy of Pediatrics (AAP) - Handout - **Pages 93-103**
  Link: Principles of Harm Reduction for Young People Who Use Drugs | American Academy of Pediatrics (aappublications.org)
- **Harm Reduction- One hour Webinar** through Responsive Integrated Health Solutions (RIHS) on November 17, 2021 -Handout - **Pages 104-105**
  Link: https://theacademy.sdsu.edu/wp-content/uploads/2021/10/Harm-Reduction-Webinar-FlyerOutline_11.17.2021.pdf?mc_cid=163f382d6d&mc_eid=946bdb7a87
- Little Hoover Commission Report #262-August 2021: **COVID-19 and Children's Mental Health: Addressing the Impact** - Handout - **Pages 106-109**
  Link: https://lhc.ca.gov/report/covid-19-and-childrens-mental-health-addressing-impact

- **Brother Be Well** is a unique **platform for boys (13+)** and men of color blending awareness, innovation, education, and healing pathways to reduce disparities, disrupt prolonged suffering, and improve health and mental wellness
  Link: https://brotherbewell.com/
- **Depression, Anxiety, and Alcohol Use Among LGBTQ+ People During the COVID-19 Pandemic**-American Journal of Public Health -Handout - **Page 110**
  Link: https://ajph.aphapublications.org/doi/10.2105/AJPH.2021.306394

Follow-Up Items from September 13, 2021, CYF Council Meeting

1. **Back to School Tip Sheet 2021**: - Handout - **Page 111**
   Link: https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Back%20to%20School%20Tips.pdf
2. **Guide to Teen Mental Health and Wellness** - Handouts - **Pages 112-115**
   Link for English version: https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Teen%20Guide%20to%20MH-Flyer-%20082621.pdf
   Link for Spanish version: https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/MH%20Teen%20Guide-post-span.pdf

Behavioral Health Advisory Board (BHAB) Update

- Congratulations to Bill Stewart, elected as the 2022 BHAB Chairperson
  Link to BHAB Webpage: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab.html
- Behavioral Health Services Director's Report – November 2021 - Handouts - **Pages 116-121**

Recognitions

- Family Sector: Debbie Dennison and Christine Frey

IV. Mental Health Services Act (MHSA) Update (Danyte Mockus-Valenzuela) **5 minutes**

V. Hot Topic: Mobile Crisis Response Teams (MCRT's) (Yael Koenig) **55 minutes**

- Polling Question - Pre
- Introduction & Overview (Handout - **Page 122**) - **Piedad Garcia**, BHS, Deputy Director
- MCRT - Telecare - **Breawna Lane**, Program Administrator
- MCRT - Exodus Recovery - **Megan Patrick** -Thompson, Program Director
- Psychiatric Emergency Response Team (PERT) – Community Resource Foundation (CFR) – **Christine Davies**, Assistant Director
- Discussion – serving youth and partnering with schools/universities
- Polling Question - Post

VI. Announcements (Jaime Tate-Symons) **5 minutes**

- **Polling Question** - Darwin Espejo
- 12th Annual Primary Care and Behavioral Health Virtual **Integration Summit** on November 3, 5, and 9, 2021 - Handout -**Page 123**
- **Live Well Advance** Annual Summit on Student Engagement and Attendance on November 17-18, 2021 - Handout - **Page 124**
  Registration Link
- RIHS 2021 **Advancing Principles Awards**- Submission deadline is November 24, 2021 - Handout - **Page 125**
  Link:https://docs.google.com/forms/d/e/1FAIpQLSclm88WqOKV9no5yZwpl9tiXucbQGp1vaKFZk3xVPQZDWblkg/viewform?mc_cid=5c93ee9c06&mc_eid=77334b9b07
- Save the Date: Live Well Youth Sector: Amplifying Voices Series: We need YOUTH to share their unique perspectives with mental & behavioral health - **December 1, 2021, from 5:00 to 6:30 PM** - Help get the word out for youth to participate - Handout - **Page 126**
- Save the Date for the **Birth of Brilliance** Virtual Conference: February 24, 2022 - Handout - **Page 127**
  Link: Birth of Brilliance Conference | San Diego Youth Services (sdyouthservices.org)
- **Council is dark in December** - Happy Holidays - See you in January 2022

Next Executive Sub-Committee Meeting (Zoom):
Date: December 13, 2021
Time: 10:00 to 10:30 AM

Next Council Meeting:
Date: Monday, January 10, 2022
Time: 9:00 to 10:30 AM

Sub-Committees/Sectors/Workgroups Meetings Information is located at the end of the meeting summary. For Council materials go to:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html

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

Council Vision:
Wellness for children, youth and families throughout their lifespan.

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

Council Principles:

1. **Collaboration of four sectors:** Coordination and shared responsibility between child/youth/family, public agencies, private organizations and education.

2. **Integrated:** Services and supports are coordinated, comprehensive, accessible, and efficient.

3. **Child, Youth, and Family Driven:** Child, youth, and family voice, choice, and lived experience are sought, valued and prioritized in service delivery, program design and policy development.

4. **Individualized:** Services and supports are customized to fit the unique strengths and needs of children, youth and families.

5. **Strength-based:** Services and supports identify and utilize knowledge, skills, and assets of children, youth, families and their community.

6. **Community-based:** Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.

7. **Outcome driven:** Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.

8. **Culturally Competent:** Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.

9. **Trauma Informed:** Services and supports recognize the impact of trauma and chronic stress, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care, resiliency, and safety.

10. **Persistence:** Goals are achieved through action, coordination and perseverance regardless of challenges and barriers.

LIVE WELL SAN DIEGO

LIVEWELLSD.ORG

BEHAVIORAL HEALTH SERVICES

CHILDREN, YOUTH & FAMILIES FRAMEWORK

VISION

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

PRINCIPLES

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

PRIORITIES

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

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

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

Live Well San Diego-Areas of Influence

HEALTH FACTORS

Standard of Living

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

Community

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

Health

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

Social

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

Knowledge

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

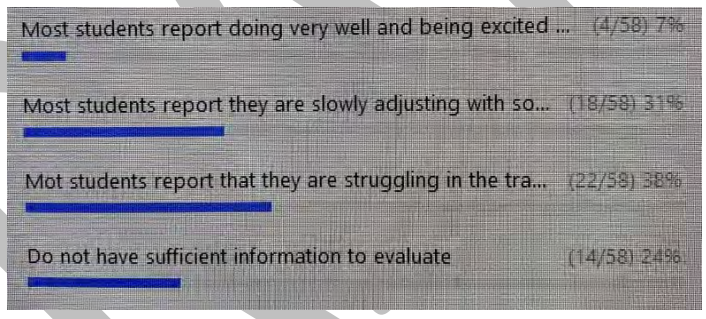
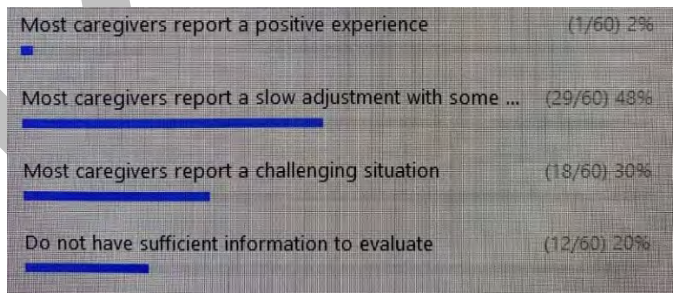
Version 3/5/2021

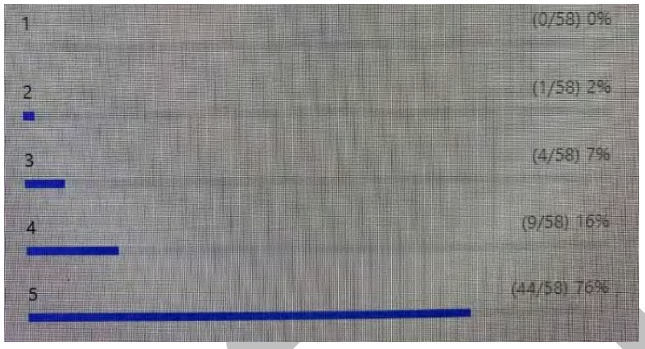
CHILDREN, YOUTH AND FAMILIES (CYF)
BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL
MEETING SUMMARY

September 13, 2021 | 9:00-10:30 AM
Virtual Meeting

ITEM	SUMMARY AND ACTION ITEMS
I. Welcome (Suzette Southfox)	• Suzette Southfox welcomed the Council and reviewed the Council Vision, Mission and Principles.
II. Review of Meeting Summary (Jaime Tate-Symons) • August 9, 2021 Meeting Summary-Handout - Pages 4-8 • No Action Items from August 9, 2021	• Jaime Tate-Symons reviewed the meeting summary
III. Business Items (Yael Koenig) **Board Letters** • August 17, 2021-BL-Item 01: Authorize Competitive Solicitation For Legal Representation For Detained Immigrant Facing Removal Proceedings and Receive Report-Handout - Pages 9-11 • August 17, 2021-BL-Item 03: Ratify Membership of the Subcommittee of the Juvenile Justice Coordinating Council Regarding Juvenile Justice Realignment and Attachment - Handout - Pages 12-14 • August 17, 2021-BL-Item 05: District Attorney-Dedicating Criminal Fines to Services for K-12 Youth-Handout - Pages 15-16 • August 17, 2021-BL-Item 08: Reimagine Vibrant Communities Through Arts & Culture - Handout - Pages 17-19 • August 17, 2021-BL-Item 09: Housing Preservation and Anti-Displacement (HPAD) Initiative - Handout - Pages 20-22 • August 17, 2021-BL-Item 15: Enhancing Enforcement of Illegal Marijuana Dispensaries and Simplifying the Receivership Process - Handout - Pages 23-25 • August 31, 2021-BL-Item 05: Receive Report on Accomplishments of the $50 Million Innovative Housing Trust Fund and Attachment - Handout - Pages 26-27 • August 31, 2021-BL-Item 06: Advancing Immediate and Long-Term Housing Priorities Through the Innovative Housing Trust Fund - Handout - Pages 28-30 • August 31, 2021-BL-Item 07: Transformative Housing Solutions that Advance Equity, Sustainability, and Affordability for All - Handout - Pages 31-40 • August 31, 2021-BL-Item 08: Authorize Competitive Solicitation for An Administrator for Homeless Housing and Support to Serve People with High Needs Experiencing Homelessness in San Diego County - Handout - Pages 41-42 • August 31, 2021-BL-Item 19: Framework for Our Future: Declaring Health Misinformation a Public Health Crisis - Handout - Pages 43-45 • Link to the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings: https://www.sandiegocounty.gov/cob/bosa/index.html **Information** • Logistic Improvement – Fiscal Year 2021-22 CYF Council Meeting Invites through calendars (Google/Outlook/Yahoo) • Medication Assisted Treatment (MAT) to Youth effective July 1, 2021. More information at: www.soapmat.com – Handout - Page 46 • September 2021 BHS Director's Report to the Behavioral Health Advisory Board (BHAB) - Includes CYF Highlights-Handout - Pages 47-58 • Brain XP's Back to School Teen Anxiety Video - https://www.youtube.com/watch?v=ygwyXEmAT7w Live Well San Diego Youth Sector: Social Anxiety Instagram – For Youth By Youth - Handout - Pages 59-71 • National Suicide Prevention Week – September 5 through 11, 2021 - Suicide Prevention Council - Community Health Improvement Partners (CHIP) (sdchip.org)	• Yael Koenig reviewed business and information items.

ITEM	SUMMARY AND ACTION ITEMS
IV. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela)	• Dr. Danyte Mockus-Valenzuela reviewed the BHS Community Engagement 2020 Report • Dr. Danyte Mockus-Valenzuela re-shared the link to the MHSA Fiscal Year 2021-22 Annual Update which includes as an appendix the complete Community Engagement Report https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/NOC/MHSA/MHSA%20FY%202021-22%20Annual%20Update.pdf
Hot Topic: Pandemic Impact Report and School Focus (Yael Koenig) • CYF Pandemic Impact Report 2019-20 Presentation (Yael Koenig) - Handout • Aperture Education - 2021 Back to School Guide - Strategies for A Successful 2021-2022 School Year. Link and handout provided • Hot Topic Panel Discussion: **Panel Discussion** **Facilitator – Aisha Pope**-Program Director-Foster Family Agency Stabilization Treatment (FFAST)-San Diego Center for Children (SDCC) Setting the Stage: **Heather Nemour** - Program Specialist Student Support Services: Student Wellness & School Culture-San Diego County Office of Education • **Jaime Tate-Symons** - Executive Director, North Inland Special Education Local Plan Area (SELPA)-San Diego County Office of Education • **Elizabeth Gianulis** - Multi Tiered Systems of Support (MTSS) Director for Chula Vista Elementary School District • **Michelle Santiago** - Social Worker at San Marcos Unified School District • **Lisa Read** - School Social Worker at Steele Canyon High School (Charter)-Grossmont Union High School District • **Stephanie Hsu** - School Counselor at Montgomery High School-Sweetwater Unified High School District • **Caitlynn Hauw** - High School Student in Poway • **Iris Hueso** - SchooLink provider from Community Research Foundation (CRF)-Nueva Vista Family Services • **Lesley A. Johnson**-SchooLink provider-San Diego Unified School District-Marcy Day School Services What is the community anxious about as we move towards school re-entry? For those who have had students on campus, what kinds of issues are youth and families raising? Which students are struggling with re-entry and/or which students are you most concerned about? What's needed from the system to support students, families, and the workforce through this process? • Polling Questions (see polling questions section)	• Yael Koenig reviewed the Pandemic Impact Report available on the Child and Adolescent Services Research Center (CASRC) website (under Specialty Reports): https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/Reports.aspx • Aisha Pope facilitated a panel discussion • Heather Nemour shared: o the one page "Back to School Tips for 2021 https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Back%20to%20School%20Tips.pdf o revised "Guide to Teen Mental & Wellness for 2021" sheet with links to resources https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Teen%20Guide%20to%20MH-Flyer-%20082621.pdf • Yael Koenig shared the Regional Provider lists to connect with the program and County representative if facing extensive wait times to jointly explore where the family can be served. https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/Schools.html • Council members and attendees expressed appreciation to all panel members with special recognition of the value and insightfulness of the two youth representatives: Caitlynn and David.
VI. Announcements (Suzette Southfox) – Polling Question #2 Live Well San Diego-Youth Sector: Youth Advisor Job Opportunity Link: http://www.bit.ly/3rYU3pG - Handout - Page 122 • Recovery Happens, Saturday, September 18, 2021 from 10:00-11:30 AM (Free virtual event) – Handout - Page 123 • 12th Annual Early Childhood Mental Health Conference - We Can't Wait! September 23-25, 2021. Link: https://www.earlychildhoodmentalhealth-sandiego.com/ • Combined Councils Meeting, October 11, 2021 – Note that meeting is from 10:00 to 11:30 AM via Zoom - Flier - Page 124 • Healthy San Diego-California Advancing and Innovating Medi-Cal (CalAIM) Kick Off Event is scheduled for October 22, 2021, from 1:00 to 3:30 PM	• Yael Koenig presented the polling questions and invited participants to review the announcements. Participants where reminded the October 11, 2021 Council meeting will be a Combined Councils meeting with 10:00 AM start time.

ITEM	SUMMARY AND ACTION ITEMS
• Link for more CalAIM information: https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx - Handout - Page 125 • Virtual Live Well Advance Conference is scheduled for November 17-18, 2021- Link: https://www.livewellsd.org/content/livewell/home/news-events/advance.html	
VII. Action Items	**Action Due/Status**
1. Heather Nemour shared the one page "Back to School Tips for 2021" sheet with links to resources and revised "Guide to Teen Mental & Wellness for 2021".	• November Council meeting will re-distribute the "Back to School Tips for 2021" and "Guide to Teen Mental & Wellness for 2021" document and link. o Back to School Tips for 2021- https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Back%20to%20School%20Tips.pdf o Guide to Teen Mental & Wellness for 2021- https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Teen%20Guide%20to%20MH-Flyer-%20082621.pdf
VIII. Polling Questions (based on 58 or 60 participants)	
1. **Based on your experience, generally how are students adjusting to being back on school campuses?** (Single Choice)* 	
2. **Based on your experience, generally how are caregivers adjusting to children/youth being back on school campuses?** (Single Choice)* 	

ITEM	SUMMARY AND ACTION ITEMS
3. **On a scale of 1-5 (1 the lowest and 5 the highest), how would you rate the relevance and your interest with today's Council meeting?** (Single Choice)* 	

Next Meeting: Virtual Combined Councils Meeting
Date: Monday, October 11, 2021
Time: 10:00-11:30 AM

+=Member in Attendance O=Absent E=Excused

	CONSTITUENCY	MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	+	Rebecca Hernandez	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Charmi Patel	+
3	Public Safety Group/ Probation	Lisa Sawin	O	Chrystal Sweet	O
4	Child Welfare Services (CWS)	Steve Wells	O	Norma Rincon	O
5	HHSA Regions	VACANT		Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	+	Adrienne Yancey	O
7	Juvenile Court	H. Ana Espana	O	Beth Brown	+
8	First 5 Commission	Alethea Arguilez	O	Dulce Cahue-Aguilar	O
EDUCATION SECTOR					
9	Special Education Local Plan Area (SELPA)	Russell Coronado	+	VACANT	
10	Regular Education Pupil Personnel Services	Violeta Mora	+	Margaret Sedor	+
11	School Board	Barbara Ryan	+	VACANT	
12	Special Education	Yuka Sakamoto	+	Misty Bonta	O
PRIVATE SECTOR					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggie Webb	+	Therese Davis	O
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	John Laidlaw	O
15	Alcohol and Drug Service Provider Association (ADSPA)	Marisa Varond	+	Claudette Allen Butler	+
16	Mental Health Contractors Association	Julie McPherson	+	Minola Clark Manson	O
17	Mental Health Contractors Association (MHCA)	Laura Beadles	O	Golby Rahimi	+
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	Marcelo A. Podesta	+
19	Managed Care Health Plan	George Scolari	+	Kathleen Lang	+
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	VACANT	
FAMILY AND YOUTH SECTOR					
21	Family and Youth Liaison	Suzette Southfox	+	VACANT	
22	Caregiver of child/youth served by the Public Health System	Debbie Dennison	O	Karilyn “Kari” Perry	O
23	Youth served by the Public Health System (up to age 26)	Christine Frey	O	Emma Eldredge	+
24	Youth served by the public health system (up to age 26)	Micaela Cunningham	+	VACANT	
SUB-COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive Sub-Committee	Suzette Southfox / Jaime Tate Symons	+/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		

-	CYF CADRE	Julie McPherson/ Marisa Varond	+/+		
-	Early Childhood Sub-Committee	Aisha Pope/Ginger Bial	+/+		
-	Education Sub-Committee	Heather Nemour/Violeta Mora	+/+		
-	Family and Youth as Partners Sub-Committee	Suzette Southfox	+		
-	Outcomes Sub-Committee	Emily Trask/Eileen Quinn-O'Malley	O/+		
-	Training Sub-Committee	Rose Woods	+		

Zoom Listed Meeting Attendees: 98			
Aisha Pope	Danyte Mockus-Valenzuela	Janet Cacho	Roberto Suarez
Alec Rodney	David Taylor	Johnson Lesley	Rosa Ana Lozada
Alicia Castro	Denise Alvarez	Joy Lazo	Rose Woods
Amanda Cohen	Dina Ali	Julie McPherson	Russell Coronado
Amanda Lance-Sexton	Don Stump	Katherine Demmler	Sarah Baldwin
AAPC3 Dr. P. Gidwani	Dr Margaret A Sedor	Kathleen Lang	Seth Williams
Amy Chadwick	Edgar Sierra	LaTysa Flowers	Shakara Thompson
Angela Rowe	Edith Mohler	Laura McClarin	Shannon Jackson
Angela Solom	Eileen Quinn-O'Malley	Laura Vleugels	Sherry Casper
Angelle Maua	Elisabeth Winchell	Lexie Palacio	Shewa Legesse
Babbi Winegarden	Eliza Reis	Lisa Nugent	Stacey Musso
Barbara Ryan	Elizabeth Dauz	Lisa Read	Sten Walker
Beth Brown	Elizabeth Gianulis	Mara Madrigal-Weiss	Stephanie Hsu
Bill Stewart	Emma Eldredge	Marcelo Podesta	Suzette Southfox
Caitlynn Hauw	Erick Mora	Mareeh Marquez	Teresa Kang
Carmen Pat	Fran Cooper	Marisa Varond	Tom Coleman
Carole Steele	Frank Congine	Meg Olinger	Valerie Centeno
Carolyn Winn	George Scolari	Micaela Cunningham	Violeta Mora
Celeste Hunter	Ginger Bial	Michael Miller	Wendy Maramba
Charmi Patel Rao	Golby Rahimi Saylor	Michelle Ly	Whitney Wilson
Cheryl Rode	Grisel Ortega-Vaca	Nancy Sasaki	Yael Koenig
Christina Bruce	Heather Nemour	Ozcar Ascencio	Yuka Sakamoto
Claire Riley	Iris hueso	Pamela Hansen	Unknown Caller #1
Claudette Butler	Jaime Tate-Symons	Peggie Webb	
Darwin Espejo	Jamie Martinez	Rebecca Raymond	

Sub-Committees/Sectors/Workgroups Meetings Information:

Due to COVID-19, most of the sub-committees' meetings are occurring virtually

Please reach out to the sector lead or Executive Subcommittee member to obtain location/link

Behavioral Health Advisory Board (BHAB) meeting: Meets the first Thursday of the month from 2:30 to 5:00 P.M.
Outcomes: Meets the first Tuesday of every other month from 11:30 A.M. to 12:30 P.M.
Early Childhood: Meets the second Monday of the month- from 11:00 A.M. to 12:00 P.M.
Education Advisory Ad Hoc: Meets as Needed, next meeting will be in September 2020.
TAY Council: Meets the fourth Wednesday of the month 3:00 to 4:30 P.M.
CYF CADRE: Meets quarterly on the second Thursday of the month from 1:30 to 3:00 P.M.
CYF System of Care Training Academy: Meets on the first Wednesday of the month from 9:00 to 10:00 A.M.
CCRT: Meets the first Friday of the month from 10:00 to 11:30 A.M.
Family and Youth as Partners: Meets every third Thursday of the month from 1:30 to 3:00 P.M.
Private Sector: Ad Hoc/Meets as needed.

COUNTY OF SAN DIEGO

AGENDA ITEM

DATE: **October 5, 2021** **11**

TO: Board of Supervisors

SUBJECT
RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT FISCAL YEAR 2021-22 ANNUAL UPDATE (DISTRICTS: ALL)

OVERVIEW
The Mental Health Services Act (MHSA) provides funding to counties to address a broad continuum of mental health service needs, including prevention, early intervention, and system development; and to address the necessary infrastructure, technology, and training to effectively support the public mental health system. MHSA programs provide services for children, youth, and families; transition age youth; adults; and older adults, with an emphasis on individuals who are unserved or underserved. MHSA is comprised of five components:

- Community Services and Supports (CSS);
- Prevention and Early Intervention (PEI);
- Innovation (INN);
- Workforce Education and Training (WET); and
- Capital Facilities and Technological Needs (CF/TN).

MHSA provides funding for critical programs that serve individuals with serious mental illness or serious emotional disturbance, supporting some of the San Diego County's most vulnerable populations of all ages and providing funding for previously unserved populations. MHSA supports timely access to quality behavioral health care that is responsive to cultural and linguistic needs. In support of the MHSA vision – to build a system in which mental health services are equitable, regionally distributed, and accessible to all individuals and families within the region who are in need – the County of San Diego (County), Health and Human Services Agency Behavioral Health Services (BHS) is spearheading work to proactively address and identify unmet behavioral health needs within the region, and the systemic and regional inequities that lead to these unmet needs.

BHS is in the second year of implementing the MHSA Three-Year Program and Expenditure Plan: Fiscal Years 2020-21 through 2022-23 (Three-Year Plan), approved by the San Diego County Board of Supervisors (Board) on October 27, 2020 (7). The MHSA Fiscal Year 2021-22 Annual Update (Annual Update) presented today includes budget and programmatic changes to the Three-Year Plan. The majority of services outlined in the Annual Update are a continuation of programs

previously approved by the Board in the Three-Year Plan. As mandated by the MHSA, the Three-Year Plan and subsequent Annual Updates require approval by the Board prior to submission to the California Mental Health Services Oversight and Accountability Commission.

Since the establishment of the MHSA, the County has invested nearly $2 billion of MHSA funding to expand and enhance critical mental health programs to dramatically shift how residents of San Diego County access care and support for behavioral health needs through the continued development of a regionally distributed model of care focused on prevention and continuous care, rather than perpetual crisis. The County continues to make significant MHSA investments in critical prevention, treatment, and support services through the implementation of the Three-Year Plan and subsequent Annual Updates.

Today's action requests the Board receive and approve the Annual Update, which includes MHSA funding of approximately $218.6 million in Fiscal Year 2021-2022, inclusive of $400,000 dedicated to the California Mental Health Services Authority, to continue participation in statewide prevention and early intervention campaigns and local initiatives.

Today's action supports the countywide *Live Well San Diego* vision by enhancing access to behavioral health services, promoting well-being in children, adults, and families, and encouraging self-sufficiency, which promotes a region that is building better health, living safely, and thriving. MHSA supports improved access to treatment and care services for some of the region's most vulnerable, under-served, and under-resourced populations with the goal of reducing or eliminating the negative effects of the social determinants of health through a comprehensive continuum of behavioral health services. This supports the Board's Framework for Our Future through emphasizing processes designed to increase transparency, while providing inclusive services that yield better outcomes and opportunities for underrepresented communities.

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. Receive and approve the MHSA Fiscal Year 2021-22 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.

EQUITY IMPACT STATEMENT
The vision of the Mental Health Services Act (MHSA) is to build a system in which mental health services are equitable, regionally distributed, and accessible to all individuals and families within the region who are in need. MHSA funding provides individuals who are experiencing serious mental illness or serious emotional disturbance with timely access to quality behavioral health care that is responsive to their cultural and linguistic needs. These programs serve individuals of all ages, providing support to San Diego County's most vulnerable, unserved, and underserved populations.

The community need for behavioral health services continues to increase, especially in the wake of the COVID-19 pandemic. Across demographics, psychological distress increased by over 200%

from 2018 to 2020. Additionally, in findings published by the Journal of the American Medical Association, the prevalence of psychological distress was found to be more than twice as high among households making less than $35,000 annually versus those making $75,000 or more.

To guide clinical service design and placement, and to ensure effective outcomes are achieved, Behavioral Health Services (BHS) continues to enhance data integration and health equity work through the build out of data science and population health capacities. In addition, on an annual basis, through the Community Program Planning process, BHS collaborates with various councils, stakeholders, organizations, consumers, and other members of the community throughout San Diego County, which informs the MHSA process.

Furthermore, BHS is partnering with the University of California, San Diego to develop the Community Experience Project (CEP) with the purpose of identifying and addressing unmet behavioral health needs within the region, and the systemic and regional inequities that lead to these unmet needs.

The four objectives of the CEP include:

1. Creating a Behavioral Health Equity Index to highlight populations and neighborhoods at greatest risk for unmet behavioral health needs.
2. Developing an interactive Community Experience Dashboard that allows users to investigate behavioral health experiences by subpopulation (e.g., race/ethnicity, sexual orientation, etc.) and subregional area using timely community data sources.
3. Engaging community members and key stakeholders in the identification, collection, analysis, and interpretation of data and in the development of plans for action.
4. Developing brief, focused action reports to synthesize key findings and summarize priorities for intervention.

The final product will promote a continuous feedback process by which needs can be identified, further informed by community engagement, and mediated by actionable plans that will aid in informing the design of BHS services, including those funded through MHSA.

FISCAL IMPACT
Funds for this request are included in the Fiscal Year (FY) 2021-23 Operational Plan for the Health and Human Services Agency. If approved, this request will result in estimated MHSA costs and revenues of approximately $218.6 million in FY 2021-22, inclusive of $400,000 dedicated to the California Mental Health Services Authority (CalMHSA), to continue participation in statewide prevention and early intervention campaigns and local initiatives. The funding source is Mental Health Services Act (MHSA). There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT
N/A

SUBJECT: RECEIVE AND APPROVE THE MENTAL HEALTH SERVICES ACT FISCAL YEAR 2021-22 ANNUAL UPDATE

ADVISORY BOARD STATEMENT
At their meeting on September 2, 2021, the Behavioral Health Advisory Board voted to approve the implementation of the recommendation.

BACKGROUND
The Mental Health Services Act (MHSA) provides funding to counties to address a broad continuum of mental health service needs, including prevention, early intervention, system development, and to address the necessary infrastructure, technology, and training to effectively support the public mental health system. MHSA programs provide services to children, youth, and families, transition age youth, adults, and older adults, with an emphasis on individuals who are unserved or underserved. In Fiscal Year (FY) 2019-20, MHSA funded programs provided services to over 71,000 children, youth and families, transition age youth, adults, and older adults in San Diego County. The MHSA is comprised of five components:

- Community Services and Supports (CSS);
- Prevention and Early Intervention (PEI);
- Innovation (INN);
- Workforce Education and Training (WET); and
- Capital Facilities and Technological Needs (CF/TN).

The California Welfare and Institutions Code Section 5847 states that county mental health programs shall prepare and submit a Three-Year Plan and subsequent Annual Updates for programs and expenditures funded by the MHSA. The Three-Year Plan and subsequent Annual Updates must be adopted by the San Diego County Board of Supervisors (Board) and submitted to the California Mental Health Services Oversight and Accountability Commission within 30 days of adoption by the Board. The MHSA Three-Year Program and Expenditure Plan: Fiscal Years 2020-21 through 2022-23 (Three-Year Plan) was approved by the Board on October 27, 2020 (7).

Today's action requests the Board receive and approve the recommended MHSA Fiscal Year 2021-22 Annual Update (Annual Update). The Annual Update includes an expenditure plan of approximately $218.6 million, programmatic and budgetary updates to the Three-Year Plan, and documentation as required to comply with MHSA regulations. The Annual Update includes $400,000 as part of the FY 2021-22 amount assigned to the California Mental Health Services Authority to continue statewide PEI campaigns and local PEI initiatives. This includes Each Mind Matters, an initiative aimed at reducing stigma and encouraging people struggling with mental health illness to reach out for support, and Know the Signs, a media campaign designed to educate the community on how to recognize the warning signs of suicide and where to find professional help.

The Annual Update was developed collaboratively with various councils, stakeholders, organizations, consumers, and individual community members throughout San Diego County through the Community Program Planning (CPP) process. The CPP process provides stakeholders with the opportunity to identify priorities, provide feedback and make recommendations on how MHSA funds will be best invested to best meet the needs of county residents. Throughout the year, Behavioral Health Services (BHS) engages in open dialogue with the Behavioral Health Advisory Board, System of Care Councils, various stakeholders and stakeholder-led councils, organizations, and individuals in various settings to determine priorities, solicit feedback and make

recommendations for the utilization of MHSA funds. Additionally, on an annual basis as required by Welfare and Institutions Code, BHS facilitates formal behavioral health community engagement sessions that are open for the public, to inform the MHSA Three Year Plan and subsequent Annual Updates.

In 2020, the objective of the annual community engagement forums was to gather the community's perspective on the value of BHS programs with a focus on the impact of the pandemic on behavioral health. Through a contract with the Institute for Public Health at San Diego State University, BHS conducted all community engagement events virtually in compliance with the physical distancing guidelines put forth by the Public Health Orders. The primary finding of this year's formal community engagement process, primarily attributed to the circumstances of the pandemic, reflected the public's recognition of an ongoing and potentially worsening behavioral health crisis.

Since the establishment of the MHSA, the County of San Diego (County) has invested nearly $2 billion of MHSA funding to expand and enhance critical mental health programs to dramatically shift how residents of San Diego County access care and support for behavioral health needs through the continued development of a regionally distributed model of care focused on prevention and continuous care, rather than perpetual crisis. MHSA funded programs are evaluated across several categories which include, but not limited to access, quality, cost, integration, utilization, and client satisfaction. Specific structural, process and outcome measures used within each category vary depending on the service and population but are standardized across levels of care. The evaluation of MHSA funded programs demonstrate a positive impact across multiple domains, particularly for programs that treat mental health symptoms but also proactively address unmet social needs and connection to education, employment, housing, and physical healthcare.

Though the COVID-19 pandemic has impacted the delivery of behavioral health services within the community, the County continues to make significant MHSA investments in critical prevention, treatment, and support services through the implementation of the Three-Year Plan and subsequent Annual Updates. The County also continues to utilize short-, mid-, and long-term strategies to optimize revenues and ensure the continuity of critical service delivery to our most vulnerable populations, as follows:

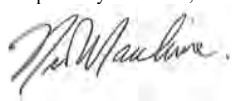
- Reflect enhanced Medi-Cal drawdown in FY 2021-22 Federal Medical Assistance Percentage in the MHSA Annual Update Expenditure Plan;
- Optimize and maximize Medi-Cal drawdown within BHS services;
- Conduct intensive evaluations of all BHS programs to ensure service delivery optimization, maximum efficiency, effective outcomes, and alignment with the Behavioral Health Continuum of Care; and,
- Advocate for the flexibility to use MHSA funds between components outside of the prescribed percentage allocations to ensure alignment with community need and continuity of essential services.

The implementation of the MHSA Three-Year Plan and the subsequent Annual Updates support the countywide *Live Well San Diego* vision by enhancing access to behavioral health services,

promoting well-being in children, adults, and families, and encouraging self-sufficiency, which promotes a region that is building better health, living safely, and thriving.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed action support the Healthy Families and Safe Communities initiatives in the County of San Diego's (County) 2021-2026 Strategic Plan, as well as the County's *Live Well San Diego* vision, by providing necessary resources and services for individuals with behavioral health needs to lead healthy and productive lives. Specific *Live Well San Diego* outcome indicators include increased life expectancy and quality of life.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)
Attachment A - Mental Health Services Act (MHSA) FY 2021-22 Annual Update

View Full Document HERE

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

Mental Health Services Act (MHSA) Fiscal Year 2021-22 Annual Update

Behavioral Health Services

October 5, 2021

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

LIVEWELLSD.ORG

This report provides an update to the County of San Diego Health and Human Services Agency's Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Year (FY) 2020-21 through FY 2022-23 (MHSA Three-Year Plan).

ITEM #11: MENTAL HEALTH SERVICES ACT (MHSA) FISCAL YEAR 2021-22 ANNUAL UPDATE

Nick Macchione, Agency Director, Health and Human Services Agency
Luke Bergmann, PhD, Director, Behavioral Health Services
Dr. Nicole Esposito, Chief Population Health Officer, Behavioral Health Services

October 5, 2021

LIVE WELL SAN DIEGO

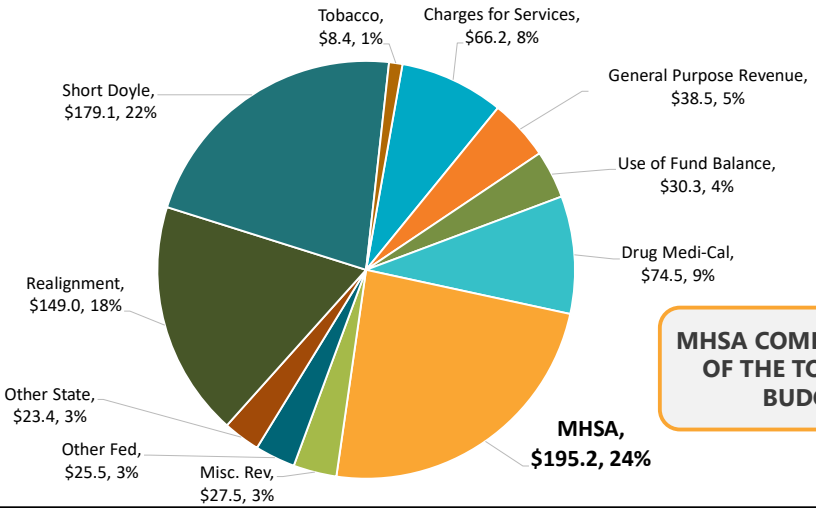
1

BEHAVIORAL HEALTH SERVICES (BHS) FUNDING VIA MHSA

LIVE WELL SAN DIEGO

BHS Fiscal Year 2021-22 | Approved Budget $817.6 Million

(Amount in Millions)



MHSA COMPRISES 24% OF THE TOTAL BHS BUDGET

2

COMMUNITY ENGAGEMENT

MHSA Community Program Planning (CPP)

- 2 forums
- 11 focus groups
- 10 one-on-one phone interviews
- 201 attendees

BHS Community Experience Project

- Identify and address unmet behavioral health needs
- Innovative data integration approach
- Qualitative and quantitative research built on a Community Based Participatory Research model and community partnerships

3

3

MHSA OPTIMIZATION

Revenue Optimization Strategies

- Optimize Medi-Cal drawdown
- Support flexible use of MHSA funds
- Expand revenue sources

4

4

MHSA INVESTMENTS

MHSA Investment Highlights

- Full-Service Partnership (FSP) programs – $14.7M
  - School-Based FSP Services – $6.5M
  - Assertive Community Treatment (ACT) – $1.1M
  - Strengths Based Case Management – $634,500
- Crisis Stabilization Units (CSUs) – $12.8M
- Augmented Services Program (ASP) – $4.6M
- Bio-Psychosocial Rehabilitation (BPSR) – $10M

5

5

MHSA INVESTMENTS

Support to Individuals Experiencing Homelessness

- Special Needs Housing Program – $53 million
- Project One for All – $28.8 million annually
- No Place Like Home – $115 million

PROJECT ONE FOR ALL

6

6

FY 2019-20 ACCOMPLISHMENTS

Crisis Stabilization Units (CSUs)

- 23% increase in CSU services among adults in FY 2019-20

School-Based FSP Services

- 60% of clients improved or maintained excellent school attendance
- 36% of clients either improved or maintained excellent grades
- 75% of children and youth showed improvement in their mental health symptoms and reductions in needs

Assertive Community Treatment (ACT)

- Provided treatment services to over 3,060 adults
- Clients living in an apartment/individual/single room occupancy setting tripled
- Clients housed in an emergency shelter *decreased* by 70%
- Homeless clients *decreased* by nearly 60%
- Utilization of inpatient/emergency services *decreased* by 55%

7

7

RECOMMENDED ACTION

- Receive and approve the MHSA Fiscal Year 2021-22 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.

8

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ITEM #11: MENTAL HEALTH SERVICES ACT (MHSA) FISCAL YEAR 2021-22 ANNUAL UPDATE

Nick Macchione, Agency Director, Health and Human Services Agency
Luke Bergmann, PhD, Director, Behavioral Health Services
Dr. Nicole Esposito, Chief Population Health Officer, Behavioral Health Services

October 5, 2021

LIVE WELL SAN DIEGO

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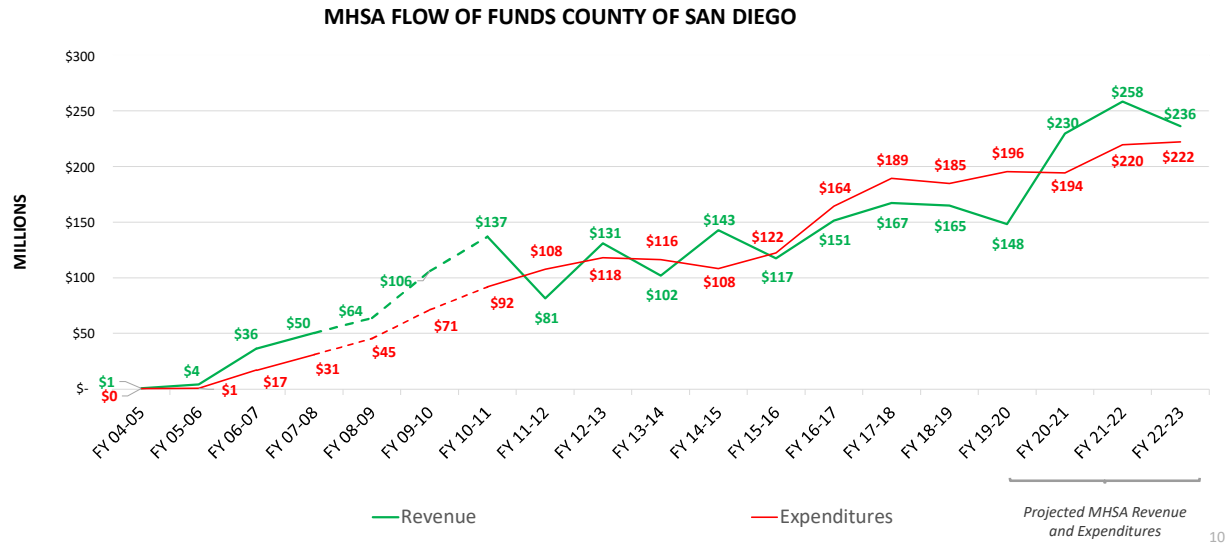
Mental Health Services Act (MHSA)

LIVE WELL SAN DIEGO



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COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS

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

AGENDA ITEM

DATE: **October 19, 2021**

02

TO: Board of Supervisors

SUBJECT
"PREVENTING FENTANYL OVERDOSES" A MULITI-AGENCY CAMPAIGN TO EDUCATE YOUTH (DISTRICTS: ALL)

OVERVIEW

In late August, two Chula Vista teenagers overdosed on clandestine prescription drugs laced with fentanyl they purchased via social media. One of these teenagers was resuscitated with Narcan and the other sadly died.

This story is tragic, but unfortunately it is a nationwide crisis that is rapidly spreading. According to the San Diego County Medical Examiner's Office 462 accidental overdoses attributed to fentanyl were reported in 2020 compared to 152 in 2019. Many cases for 2021 are still open and pending confirmation, however, through mid-July, there were 413 deaths, compared to the same date range in 2020, where there were 177. Of these deaths, approximately 13% are high school and college age students. As of September of 2021, overdose deaths are on track to reach well over 700 by the end of this year.

The Medical Examiner's Office commonly attributes the cause of these overdose deaths ~~as~~ to counterfeit oxycodone or alprazolam (Xanax) pills, that contain fentanyl. At times, these counterfeit pills are combined with non-steroidal anti-inflammatory medicine made to look like legitimate pills and sold illegally. Local behavioral health surveillance data indicates an increase in substance use related emergency department presentations that correlate with the onset of the pandemic.

Immediate intervention is needed as students head back to school campuses. Several California counties have responded with a social media campaign directly focused on high school and college age students. The Counties of Fresno and Riverside have collaborated with many law enforcement agencies to educate and inform students of these dangers. In other states, where fentanyl overdoses have also sky rocketed, campaigns such as "Laced and Lethal" have been developed to educate this population.

SUBJECT: "PREVENTING FENTANYL OVERDOSES" A MULTI-AGENCY CAMPAIGN TO EDUCATE YOUTH **(DISTRICTS: ALL)**

As public safety and law enforcement agencies continue their work to take these deadly drugs off the streets, they cannot do it alone. Partnerships are essential in addressing the misinformation that is perpetuating the damage this deadly drug has brought upon our communities.

While recent local awareness campaigns have been successful, as the crisis continues to grow, so does the need for continuous and accessible education. This campaign is meant to enhance the efforts set in motion by other County campaigns such as the San Diego Opioid Project, the Fentanyl Warning Campaign and the It's Up to Us campaign.

Today's request is to direct the Chief Administrative Officer to work with multiple County departments in consultation with the educational community, parent teacher associations and student representatives to develop a culturally and age-appropriate substance use prevention messaging campaign, to include a focus on fentanyl awareness, targeted for youth and transition age youth.

RECOMMENDATION(S)
SUPERVISOR JIM DESMOND AND DISTRICT ATTORNEY SUMMER STEPHAN

Direct the Chief Administrative Officer to work with multiple County departments in consultation with the community and educational community, parent teacher associations and student representatives to develop a culturally and age-appropriate substance use awareness campaign, to include a focus on fentanyl awareness, in multiple languages to educate youth and transition age youth about the dangers of illicit substances, including fentanyl and fentanyl-laced or counterfeit prescription drugs.

EQUITY IMPACT STATEMENT

Fentanyl related overdoses are affecting our entire County, but not all communities have equal access to life- saving resources and information. Empowering the community with culturally appropriate information and access to resources provides our most vulnerable populations with an equal opportunity to protect themselves from becoming victims in this growing epidemic.

FISCAL IMPACT

The funding amount is currently undetermined; however, it is expected that funding for this request is included in the Fiscal Year 2021-23 Operational Plan in the Health and Human Services Agency. The department will return to the Board of Supervisors for approval if it is determined that additional funding is needed. The funding source will be Substance Abuse Block Grant (SABG). There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
N/A

BACKGROUND

The County of San Diego has a long history of educating the public to dangers that cause loss of life. During the opioid epidemic, the San Diego District Attorney's Office, Health and Human Services Agency, San Diego Sheriff's Office, the Prescription Drug Abuse Task Force (PDATF) and other stakeholders have taken action to educate San Diego County residents of the dangers of fentanyl.

Currently, the County of San Diego, together with community partners, implemented a Fentanyl Warning Campaign in 2020 to address the significant increases in fentanyl-related overdose deaths being seen in San Diego County.

- Phase I of the campaign ran from November-December 2020 and included billboards, transit shelter ads and multiple digital/search/social media messages. Campaign warning posters included images of naloxone and were distributed to community partners and providers.
- Phase II of the Fentanyl Warning Campaign was in market August-September 2021 with multiple media formats including billboards featuring naloxone nasal spray, digital and paid search ads, and social media messaging.

In addition, the County's It's Up to Us campaign is designed to empower San Diegans to talk openly about mental illness, recognize symptoms, utilize local resources and seek help. By raising awareness and providing access to local resources, the campaign aims to inspire wellness, reduce stigma and prevent suicide. In 2021, the It's Up to Us campaign included a focused Methamphetamine campaign with integrated fentanyl warning information disseminated through digital video and an array of online media messaging.

In 2020 the District Attorney's Office and San Diego County Health and Human Services Agency (HHSA) partnered on an ambitious outreach campaign in response to the ongoing opioid abuse epidemic in San Diego County. The San Diego Opioid Project was an extended, six-month campaign based on extensive research and data. The campaign's goal was not just to raise awareness, but to change behavior.

The first phase of the San Diego Opioid Project addressed the misconception that people think they can abuse prescription opioids 'safely.' It demonstrated that opioids affect your brain exactly like heroin does. The second phase of the campaign focused on how quickly people can overdose while others around them may not even notice. The third phase focused on the increase in pills laced with other substances like fentanyl, and how you never really know what you're taking if you get pills from a friend or drug dealer.

The campaign garnered 46 million impressions and 3.8 million engagements on social media. As part of the campaign, the District Attorney's Office also hosted a town hall meeting in 2020 that

SUBJECT: "PREVENTING FENTANYL OVERDOSES" A MULTI-AGENCY CAMPAIGN TO EDUCATE YOUTH **(DISTRICTS: ALL)**

included an expert panel discussion and a few service providers followed by a virtual forum with the same panel format and virtual access to resources.

As the number of overdoses continued to reach alarming numbers the District Attorney felt a strong need to call the community to take action against this deadly epidemic. With the help of 25 community partners, the Fight Fentanyl Day of Action event provided the community with information, training and resources that will increase their quality of life and raise awareness on the dangers of fentanyl misuse. Simultaneously, the San Diego Opioid Project's third phase was re-activated for six weeks beginning in August 2021.

While recent awareness campaigns have been successful, none of these campaigns have focused their messaging on younger populations as early high school. This request is to specifically create an awareness campaign to help combat fentanyl misuse amongst youth and transition age youth.

Top law enforcement officials have been sounding the alarm about overdose deaths related to fentanyl, especially among younger people for several years. They have also pushed out social media messaging stating " if the pill you are taking didn't come from a pharmacy – it could kill you". However, based on continued fentanyl overdose deaths among young people, increased efforts are needed. Continued messaging to young people about fentanyl-laced street drugs that look very similar to prescription drugs like Adderall, Xanax and oxycodone may reduce overdose deaths.

Facts about fentanyl:

- Fentanyl is a synthetic opioid that is approximately 50 times more potent than heroin and 100 times more potent that morphine.
- Fentanyl is often found locally in the form of counterfeit pills that look like legitimate pharmaceutical pills. Of counterfeit pills tested in DEA laboratories, one in four pills made with fentanyl contained a potentially lethal dose.
- A kilogram of fentanyl can contain 500,000 potentially lethal doses.
- The seizure of fentanyl-laced pills along the Southwest border increased more than 89 percent from January 2019 to December 2020.

According to data from the medical examiner's office, in 2020, there were 462 deaths due to fentanyl, either alone or with other drug(s), medication, and/or alcohol, with 355 of those among San Diego County residents. From 2019-2020, all six regions experienced an increase in fentanyl deaths among their residents, with North Inland experiencing the largest percent increase overall.

Today's request is to direct the Chief Administrative Officer to work with multiple County departments in consultation with the educational community, parent teacher associations and student representatives to develop a culturally and age-appropriate substance use prevention messaging campaign, to include a focus on fentanyl awareness, targeted for youth and transition age youth.

SUBJECT: "PREVENTING FENTANYL OVERDOSES" A MULTI-AGENCY CAMPAIGN TO EDUCATE YOUTH **(DISTRICTS: ALL)**

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed actions support the Living Safely Strategic Initiative of the County of San Diego's 2019-2024 Strategic Plan by supporting education efforts on the dangers of opioid drug misuse.

Respectfully submitted,

JIM DESMOND
Supervisor, District 5

SUMMER STEPHAN
District Attorney

ATTACHMENT(S)
N/A

COUNTY OF SAN DIEGO

AGENDA ITEM

DATE: **October 19, 2021**

11

TO: Board of Supervisors

SUBJECT
PROBATION - SUCCESSFUL IMPLEMENTATION OF JUVENILE JUSTICE REALIGNMENT (DISTRICTS: ALL)

OVERVIEW
San Diego County's juvenile justice system has been undergoing a significant transformation to adopt national best practices in supporting justice-involved young people. On September 30, 2020, the State enacted Senate Bill (SB) 823 to close the Division of Juvenile Justice (DJJ) facilities and realign responsibilities to the counties for the detention of justice-involved youth. Youth committed ("sentenced") for the most serious offenses are often housed at DJJ facilities for specialized programming and public safety. SB 823 authorizes counties to house youth described in this legislation in local custody until age 25 and provides funding to support evidence-informed programming that supports youth success.

The legislation required counties to establish a subcommittee of their Juvenile Justice Coordinating Council to create implementation plans. Membership of the subcommittee, as guided by state law, includes the Chief Probation Officer, serving as the Chair, the Juvenile Court, the District Attorney and Public Defender Offices, Health and Human Services Agency, the San Diego County Office of Education, individuals with lived youth justice system experience, and community stakeholders. The Coordinating Council's SB 823 Subcommittee met on eight (8) occasions this calendar year to analyze data trends and seek input for programs and services that should be provided to youth who will remain in County custody, rather than transferring to a state facility, pursuant to Senate Bill 823. The implementation plan must be submitted to the State's Office of Youth and Community Restoration by December 31, 2021, for counties to remain eligible for future State funding.

Today's action is a request for the Board of Supervisors to receive the SB 823 implementation plan. The plan identifies the need to contract for supportive services including family transportation, career and academic support services, positive youth development programming, behavioral health treatment programming, and reentry support. The plan also identifies long-term needs for post-high school academic and career development services. Further, today's request will authorize the Department of Purchasing and Contracting to issue a Request for Proposals (RFP) to provide supportive services to youth in custody.

SUBJECT: PROBATION - SUCCESSFUL IMPLEMENTATION OF JUVENILE JUSTICE REALIGNMENT (DISTRICTS: ALL)

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER
1. Receive the County of San Diego's Senate Bill 823 Implementation Plan.
2. In accordance with Section 401, Article XIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a Request for Proposals (RFP) for supportive services to youth in custody and to support their reentry into the community, and upon successful negotiations and determination of a fair and reasonable price, award a contract for a term of three (3) years, with two (2) option years and up to an additional six (6) months if needed, subject to the availability of funds and a need for services, and to amend the contract as needed to reflect changes to services and funding that do not materially impact or alter the program, subject to the approval of the Chief Probation Officer.

EQUITY IMPACT STATEMENT
Senate Bill 823 makes substantial changes to California's juvenile justice system. Youth of color are overrepresented in the juvenile justice system and previous strategies to address treatment and rehabilitation have not always been inclusive of lived experience. The implementation plan includes feedback from community stakeholders and individuals who were previously involved in the justice system. Eight (8) public meetings were held to receive input. Clinical and cognitive behavioral interventions have been demonstrated to support youth in successfully exiting the justice system. Linkages to community colleges for traditional academic and career technical education will promote sustainable and high paying jobs. The Request for Proposals to provide positive youth development services will include specific hiring standards for the prior justice-involved population, inclusion of youth voice into programming, and culturally responsive services. The inclusion of transportation services and incentive payments for families will promote youth connections with caring adults and aid in their successful completion of programming. Probation will include equity measures in a future contract to ensure youth are achieving success at similar levels. In addition, use of an outside evaluator will support juvenile justice partners in determining success and opportunities for improvement.

FISCAL IMPACT
There is no direct fiscal impact associated with the requested actions in the current fiscal year. Funds for this request will be included in the Fiscal Year 2022-24 CAO Recommended Operational Plan and future years Operational Plans for the Probation Department to support contracted services to youth in custody. Staff will return to the Board to establish additional appropriations if necessary.

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
On August 18, 2021, the Implementation Plan was presented as an informational item to the Juvenile Justice Coordinating Council.

BACKGROUND

San Diego County's juvenile justice system is undergoing a significant transformation and implementing national best practices for supporting young people and their families. On April 25, 2017 (4), the Board of Supervisors approved the Chief Probation Officer's request to apply for and accept the Georgetown University Center for Juvenile Justice Reform and Council of Juvenile Justice Administrators Youth in Custody Practice Model (YICPM) technical assistance program. The YICPM supports local agencies with developing a roadmap for aligning current operations with best practices to support custodial youth and staff. Examples include enhanced food services for youth, smaller group living units, cognitive behavioral therapy treatment programs, break times for direct care staff, and trainings for case planning and de-escalation.

State of California Juvenile Justice Realignment

On September 30, 2020, California enacted SB 823 to shift the responsibility for youth with the most serious offenses, highest needs, and longest commitment terms ("sentences") to counties. These statutory changes, including closing intake to state youth facilities operated by Division of Juvenile Justice (DJJ) and the planned closure of all DJJ facilities on July 1, 2023, require counties to reimagine their service delivery model to care for youth who may be in custody for years and not just months. The legislation required counties to convene a subcommittee of their Juvenile Justice Coordinating Council to include the Chief Probation Officer serving as the Chair, the Juvenile Court, representatives from the District Attorney and Public Defender's Offices, the County Office of Education, the Health and Human Services Agency, community stakeholders, and individuals with lived experienced. The subcommittee meetings were held publicly and members provided input around treatment, programming, and housing for youth committed to Probation's custody. As described in state statute, counties are to include facility descriptions, programs, treatment services, supervision, and reentry strategies in their plan. The subcommittee has developed an implementation plan that will be submitted to the State's Office of Youth and Community Restoration by December 31, 2021.

DJJ Population

Approximately 50 San Diego County youth are currently housed at the DJJ facility in Ventura, California. San Diego County sends approximately 15-25 youth annually to the state facility with the average length of stay of approximately two (2) years. Youth housed at DJJ have committed some of the most serious offenses and have significant needs for treatment. In January 2021, the San Diego Association of Governments (SANDAG) released an analysis of the DJJ population. The research found that these young people are more likely to have experienced past trauma and identified significant mental health and substance use disorder treatment needs in the report. The SANDAG analysis recommends intensive clinical services that address underlying needs, screenings for traumatic brain injury that could impact adolescent brain development, robust academic and career training, and a focus on probation staff training to foster trusting relationships and inspire behavioral changes. Youth committed to DJJ have often had previous contact with the juvenile justice system. DJJ youth may have attempted other custodial or community-based programs before receiving a DJJ commitment. For example, only 7% of 56 youth interviewed had their first justice system contact result in a DJJ placement.

SUBJECT: PROBATION - SUCCESSFUL IMPLEMENTATION OF JUVENILE JUSTICE REALIGNMENT (DISTRICTS: ALL)

Implementation Plan

The implementation plan calls for trauma-informed and developmentally appropriate services to address significant underlying needs of youth. For each youth, an Individual Rehabilitation Plan (IRP) will outline the service approach. The IRP, which was described in further implementing legislation (SB 92), must be developed and approved by a Juvenile Court judge within 30 days of a commitment. The Probation Department will include in the process a multi-disciplinary team approach including representatives from the San Diego County Office of Education, Behavioral Health Services, contracted providers, family members/positive role models, and the youth. The IRP will be a living document and evolve as the youth progresses in their rehabilitation. The multi-disciplinary team will meet monthly to provide updates on the youth's progress and ensure identified services and programs are completed while the youth is in custody. Transportation will be provided to families and supportive adults to reduce barriers and encourage their participation in this process.

Young people committed to local long-term custody under SB 823 have significant needs as identified in the SANDAG evaluation. The Probation Department has a need for robust and intensive mental health, substance use disorder, and cognitive behavioral treatments to support successful outcomes for youth. In partnership with Behavioral Health Services, Probation will identify a therapeutic, treatment-oriented program for this population. Clinicians will be assigned to specific living units, establish positive relationships with young people in custody, run clinical and cognitive behavioral intervention programming, and provide six months of aftercare to reinforce progress made while in custody.

Education and career development services are a key component of promoting long-term success. Probation and community partners will continue meeting with local community college districts to gauge interest in a robust partnership that includes dedicated counseling and academic navigation from lived experience individuals who can help youth thrive while in custody and after release. Community college services will need to include traditional academic pathways for achieving a bachelor's degree but also career technical education leading to immediate and livable wages. Probation will also prioritize career readiness and employment opportunities for youth seeking to directly enter the workforce and link youth to jobs upon release.

Lastly, the implementation plan describes that a community-based organization will provide pro-social and transportation services for the SB 823 population. Specific services will include:

- Transportation for families and supportive adults to participate in treatment programming and visitation
- Career clothing and academic materials to support the youth
- Positive youth development courses that include but are not limited to leadership development, financial literacy, credible messenger mentoring, art enrichment, drama, and recreational activities
- Barbering and Cosmetology services for youth in custody
- Securing vital documents like California Identification and Social Security cards

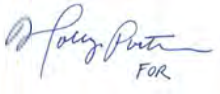
SUBJECT: PROBATION - SUCCESSFUL IMPLEMENTATION OF JUVENILE JUSTICE REALIGNMENT (DISTRICTS: ALL)

Probation will seek to maximize the use of lived experience contract staff who can help Behavioral Health Services and Probation staff inspire transformational changes in youth.

Today's request asks the Board of Supervisors to receive the SB 823 implementation plan and to authorize the Director of the Department of Purchasing and Contracting to issue a Request for Proposals (RFP) for custodial programming services, and award a contract for an initial term of three (3) years, with two (2) one-year option periods, and up to an additional six (6) months, if needed.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed action supports the Building Better Health Initiative of the County of San Diego's 2021-2026 Strategic Plan by promoting the implementation of a service delivery system that is sensitive to individuals' needs.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

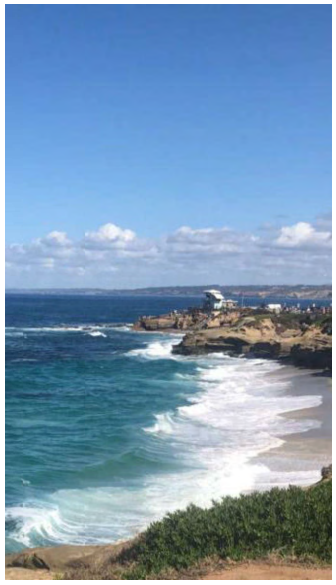
ATTACHMENT(S)
ATTACHMENT A - SB 823 Implementation Plan

COUNTY OF SAN DIEGO

Juvenile Justice Realignment Plan

San Diego County Juvenile Justice Coordinating Council, August 31, 2021





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Executive Summary

Introduction

National research has demonstrated that youth in long-term custody experience the best outcomes when they reside close to home, remain in regular contact with supportive adults, and the local agencies can prepare for their reentry on their first day in custody. Senate Bill (SB) 823, known as the Juvenile Justice Realignment: Office of Youth and Community Restoration (OYCR), was enacted on September 30, 2020, to close California's Division of Juvenile Justice (DJJ) and establish local programs consistent with best practices. The law allocates resources to counties to supervise and provide services to realigned youth closer to their homes. The passage of SB 823 provides San Diego County's juvenile justice partners with the unique opportunity to fully implement juvenile justice transformation. San Diego County's proposed plan includes a strength-based, developmentally appropriate approach to treatment, rehabilitation, and positive growth in our young people. Local stakeholders and national researchers have consistently recommended programs, services, and staff trainings that enhance successful outcomes and encourage justice-involved youth to thrive in the community. Fully implementing this plan will allow us to support a San Diego region that is building better health, living safely, and thriving for every resident.

In December 2017, the County of San Diego began implementing the Youth in Custody Practice Model (YICPM) with eighteen months of technical assistance from the Council of Juvenile Justice Administrators (CJJA) and the Center for Juvenile Justice Reform (CJJR) at Georgetown University. The process included a review of existing practices and recommendations to align training, policies, and procedures with national best practices. County leadership also visited juvenile detention facilities and programs in jurisdictions that have embraced a developmentally informed approach. To reduce racial and ethnic disparities, stakeholders invested in ongoing research to identify justice system decision points where disparities exist and to develop targeted interventions to reduce those disparities. The Probation Department collaborated with the County Board of Supervisors, Juvenile Court, Public Safety Group Executive Office, The Children's Initiative, Health and Human Services Agency (HHSA), and the San Diego County Office of Education (SDCOE) to implement the recommendations. The County followed this effort through additional technical assistance projects with CJJA and CJJR.

The San Diego County Juvenile Justice System partners including the San Diego County Probation Department, Juvenile Court Bench, District Attorney's Office, Public Defender's Office, County of San Diego Public Safety Group, and the Children's Initiative, collaborated on a Transforming Juvenile Probation Capstone Project with CJJR in 2019, which included developing a set of shared Core Beliefs. The Core Beliefs are based on twenty plus years of national research, evidence-based practices, and nationally recognized promising approaches to improve outcomes for youth and keep communities safe. The Core Beliefs reflect that the partners prioritize prevention and early intervention programs and services for at-risk youth to help redirect delinquent behavior and support the healthy development of youth. Programming should match the youth's assessed needs. The partners recognize proven juvenile justice approaches, including the use of individualized, strength based, trauma informed practices involving family members and the use of data to guide decisions.

Development of the Realignment Plan

Juvenile Justice Coordinating Council Subcommittee

As a requirement to receive funding through the Juvenile Justice Realignment Block Grant Program, counties must create a subcommittee within the Juvenile Justice Coordinating Council (JJCC) per WIC 1995 and submit a plan to OYCR by January 1, 2022. Thereafter, the plan must be submitted annually to OYCR by May 1st and the JJCC Subcommittee must convene to review the plan every three years. The subcommittee is chaired by the Chief Probation Officer and representatives, as required by WIC 1995, are included from the District Attorney, Public Defender, Department of Social Services/Mental Health, County Office of Education, the Court, and at least three members of the community: 1) individuals who have experience providing community-based youth services; 2) youth justice advocates with knowledge of the juvenile justice system; and/or 3) individuals who have been directly involved in the juvenile justice system. The representatives included in the JJCC Subcommittee who are developing the DJJ Realignment Plan for San Diego County are listed in the following table (Part 1).

The JJCC Subcommittee oversees development of the DJJ Realignment Plan that describes the facilities, programs, placements, services, supervision, and reentry services needed to provide rehabilitation and supervision to youth who are realigned from DJJ. The Realignment Plan utilizes the term "youth" to represent those up to the age of 18 as well as young adults up to the age of 24, with a recognition that the developmental and chronological age needs of youth and young adults must be considered in care.

Research to Inform Development of the Plan

To prepare for DJJ realignment, San Diego County juvenile justice partners collaborated with the Criminal Justice Research Division of the San Diego Association of Governments (SANDAG) to conduct research on the characteristics of youth committed to DJJ and recently released. In January of 2021, SANDAG issued their report entitled, *Preparation for the Realignment of Department of Juvenile Justice Youth: A Study of the Population, Best Practices for Rehabilitation, and Evidence-Based Recommendations*. The research was intended to capture the experiences that youth had while detained in Juvenile Hall and DJJ, including their opinions regarding in-custody curriculum and staffing. Information was also gathered on best practices for rehabilitating youth who have committed serious offenses. Recommendations included information about client needs and appropriate programming; educational supports; importance of a therapeutic environment; quality assurance in the implementation of the program; and a focus on re-entry.

Prior research from SANDAG on *Seeking Alternatives: Understanding the Pathways to Incarceration of High-Risk Juvenile Offenders* (SANDAG, 2015) identified the following recommendations:

- Institute standardized trauma screening
- Provide family-based treatment
- Develop policies that support non-discretionary spending across systems
- Develop an interconnecting treatment and service delivery system that spans Child Welfare, schools, law enforcement, behavioral health, juvenile justice, and community-based services

This research and its recommendations were presented to the JJCC and formed the basis of the local Action Plan for realignment.

Background

Over the last five years, stakeholders in San Diego County have worked to transform the local juvenile justice system that will oversee this new program. The Board of Supervisors supports the San Diego County Comprehensive Strategy for Youth, Family, and the Community, a collaborative and integrated systems-approach to reducing delinquency which calls for evidence-based practices that emphasize family-strengthening and positive youth development with appropriate sanctions and interventions for serious, violent, or repeated delinquency. The County, through its public safety and youth serving agencies, also partners with the Juvenile Court and community partners to support and implement the work of the Reducing Racial and Ethnic Disparities (RRED) Committee. San Diego County's Juvenile Justice realignment plan responds to the requirements of SB 823 and reflects the values and beliefs of local juvenile justice stakeholders.

Probation Department – Youth Development and Community Support Services

To support best practices for positive youth development, the Probation Department established Youth Development and Community Support Services (YDCSS), a separate juvenile administration to provide strong leadership at the agency and facility levels. Based on core values of Respect, Equity, Commitment, Compassion, Motivation, Positivity, Innovation, and Collaboration, this administrative structure was designed to support the principles of trauma-informed care and a developmental approach to youth rehabilitation. YDCSS envisions a fair and equitable system of support for youth and families involved in the juvenile justice system that values the youth's individual needs and provides access to meaningful and relevant opportunities for success.

Probation Department – Youth Development and Community Support Services

Mission

To fully support youth and their families with evidence-based practices that focus on rehabilitation, healing and positive youth development.

Guiding Principles

- Public safety is our priority
- Maintain fiscal stability
- Promote a culture that values diversity, fairness & equity
- Conduct business with transparency and accountability
- Act with integrity
- Continually challenge ourselves to enhance our knowledge and expertise

DJJ Realignment Plan

Part 1: Subcommittee Composition (WIC 1995 (b))

List the subcommittee members, agency affiliation where applicable, and contact information:

Department	Representative
Probation (Chair)	Cesar Escuro, Interim Chief Probation Officer
Juvenile Court	Honorable Ana España, Presiding Judge, Juvenile Court
District Attorney's Office	Lisa Weinreb, Deputy District Attorney
Public Defender's Office	Mary Beth Wirkus, Deputy Public Defender
Health and Human Services	Yael Koenig, Deputy Director, Behavioral Health Services
Behavioral Health	Fran Cooper, Assistant Medical Services Administrator, Behavioral Health Services
County Office of Education	Tracy Thompson, Executive Director, Juvenile Court and Community Schools
Community Representative	D'Andre Brooks, Lived Experience
Community Representative	Laila Aziz, Pillars of the Community
Community Representative	Joy Singleton, Singleton Law Firm

Part 2: Target Population (WIC 1995 (C) (1))

Briefly describe the County's realignment target population supported by the block grant:

The County of San Diego will provide treatment in a secure setting to address the risks and needs of youth ages 14-24 who have committed offenses described under Welfare and Institutions Code (WIC) section 707(b) and who formerly would have been committed to a period of custodial treatment and rehabilitation with DJJ. In recent years, local commitments to DJJ have ranged from 14-24 youths annually with an approximate overall population of 55 San Diego youth at DJJ.

Demographics of identified target population, including anticipated numbers of youth served, disaggregated by factors including age, gender, race or ethnicity, and offense/offense history:

San Diego County anticipates serving approximately 20 youths in secure youth treatment during the first 12 months.

As of January 2021, there were 55 local youths from San Diego County in DJJ custody. In 2020, 24 local youths were transported to DJJ to begin commitments:

Most Common True Findings for the 24 San Diego youth committed to DJJ in CY 2020:

- 8 (33%) Assault by means likely to produce great bodily injury
- 5 (21%) Robbery
- 3 (13%) Murder
- 2 (8%) Assault with a deadly weapon other than firearm or Great Bodily Injury force
- 2 (8%) Voluntary manslaughter

- 2 (8%) Lewd act upon a child
- 1 (4%) Kidnapping for robbery, rape, spousal rape, etc.
- 1 (4%) Conspiracy to commit a crime

Demographics of all (24) youth transported to DJJ in Calendar Year 2020:

- Male (96%); Female (4%)
- Hispanic (54%), Black (25%), White (13%), Asian/Pacific Islander (8%)
- Youth transported to DJJ in CY 2020 ranged in age from 16 to 20 with an average age of 17.7
- All youth transported to DJJ in 2020 received True Findings for WIC 707(b) offenses

The County of San Diego is seeking to reduce disparities in this population. The RRED committee, a joint effort of the County's Public Safety Group, Probation Department, District Attorney, Public Defender, Health and Human Services Agency (HHSA), and partners in the Juvenile Court, SDCOE, and The Children's Initiative, is working to implement on-going improvements to justice system policies and procedures to create a more equitable system where racial and ethnic disparities are reduced and social justice is enhanced.

These efforts strive to reduce the entry of youth of color into the juvenile justice system, reduce the disparate treatment of youth of color within the juvenile justice system, and reduce their movement deeper into the system. The County has supported this endeavor by implementing best practices including:

- Application of a Dispositional Matrix to structure decision-making for determining dispositions and use of detention;
- Using a validated risk assessment tool to inform supervision decisions;
- Engaging the family and community;
- Training staff on diversity/inclusion and implicit bias;
- Hiring staff who reflect the communities we serve; and
- Monitoring data and conducting research to identify disparities and initiate changes in policies and procedures to reduce disparities.

Describe any additional relevant information pertaining to identified target population, including programs, placements and/or facilities to which they have been referred.

In a sample of 30 local youth committed to DJJ in 2020 and 2021, the Probation Department found the following history of interventions:

- 33% (10/30) had no history of prior commitments
- 67% (20/30) had prior Breaking Cycles or Urban Camp commitments
- 20% (6/30) had a prior Youthful Offender Unit (YOU) commitment (all of these also had prior Breaking Cycles Commitments preceding the YOU commitment)
- 23% (7/30) had participated in substance use treatment services
- 3% (1/30) had attended Achievement Centers
- 3% (1/30) had received CHOICE services
- 3% (1/30) had received mentoring services through Resilience

In a survey of 10 local youth committed to DJJ, the San Diego Association of Governments (SANDAG) found:

- 50% had participated in Breaking Cycles (before the program was administratively ended)
- 30% participated in Diversion and Substance Abuse Services
- 10% had no prior interaction with the Probation Department

If they attended, the majority (greater than 75%) completed these programs successfully. Furthermore, multiple youth referenced the specific certificates they received for the completion of the programs. Other local programs noted were San Diego Police Department (SDPD) boxing program, Project AWARE, Gang Diversion, and Life Skills.

Part 3: Programs and Services (WIC 1995 (C) (2))

Provide a description of the facilities, programs, placements, services and service providers, supervision, and other responses that will be provided to the target population:

The Youth Development Academy (YDA) will be located at East Mesa Juvenile Detention Facility (EMJDF). EMJDF is a secure facility in the East Otay Mesa area of San Diego County. The facility opened in June of 2004 and has been the home of the YOU, a medium-term commitment program serving a previously realigned population of youth between the ages of 16-20 who would have otherwise been sent to the DJJ as non-WIC 707(b) offenders. The program design at EMJDF includes a Crisis Awareness and Response team to quickly respond to developing situations and provide a therapeutic and team approach to de-escalate situations and attempt to resolve the youth's issue or primary stressor without the need for the use of force or room confinement. In July 2021, the YOU began its transition to a trauma-informed, clinical model known as the Healing Opportunities for Personal Empowerment (HOPE) that is aligned with national best practices for serving youth in custody. HOPE includes intensive clinical services while in custody, expanded Cognitive Behavioral Therapy curriculums, social emotional learning program, restorative circles to resolve conflict in a nonviolent manner, address harm done to the victim/survivor, create other outlets for the youth to express frustration such as physical activities and mindfulness practices such as yoga and meditation, expand empathy building skills such as pet care, and aftercare support.

Youth committed to YDA will benefit from a variety of recent improvements to the living and physical environment designed to better meet foundational needs and increase their amenability to treatment. These include mattresses which are twice the thickness of typical correctional facility bedding, art, and murals throughout the facility, and a newly created athletic field. Nutrition has been shown to have an impact on behavior and amenability to treatment, with one study showing that individuals who received improved nutrition committed 26% fewer facility rule violations while in custody (Gesch, 2013). Youth in local custody receive meals which have been prepared fresh on-site from a menu designed to appeal to youth, and informed by regular youth surveys to ensure quality, as well as fresh fruit bowls in each unit to ensure easy access to healthy snacks between meals.

The Probation Department is assessing additional improvements to make this setting more homelike, trauma-informed, developmentally appropriate, and livable for longer commitments. Potential improvements include resurfacing or replacing sleeping room doors, painting walls, resurfacing concrete

floors in sleeping rooms, purchasing homelike (but heavy duty) furniture, area rugs for two living spaces in each day room, large photo murals of local outdoor scenes, removal of upper bunks in rooms that have them, and extending utilities to the quad area for a career technical education (CTE) portable building.

The Probation Department employs a diverse and experienced staff of direct supervision officers who will work with this population. The officers are 50% Hispanic, 24% White, 14% Black, 10% Asian & Pacific Islander, and 2% Native American. 59% are male and 41% are female. On average they are 40 years old and have 11 years of experience with the County. We anticipate a ratio of 1 direct supervision officer for every 6 youths during waking hours, surpassing the national best practice standard of 1 to 8.

The Probation Department's direct supervision staff receive a state approved core training curriculum which includes diverse topics such as professionalism and ethics, crisis communication and de-escalation, group dynamics, responding to medical emergencies, fire and life safety, cultural diversity and ethnic disparity, gender identity, case planning, addressing and reporting child abuse, preventing sexual assault, trauma, signs and symptoms of substance abuse, suicide prevention, as well as other core correctional practices to support safety. In addition to the state curriculum, the Probation Department has added trainings on Trauma Informed Care, Implicit Bias, Wellness, LGBT, Commercial Sexual Exploitation of Children, Adolescent Brain Development, Childhood Disorders, the Americans with Disabilities Act, the Positive Youth Development philosophy, and an overview of the YICPM. Altogether, direct supervision staff receive 10 weeks of training during their first year on the job.

Direct supervision staff have also recently received a series of four trainings from the San Diego State University School for Professional Excellence addressing Implicit Bias, Adolescent Brain Development, Restorative Practice, and Trauma Informed Care. In the coming fiscal year, direct supervision staff will receive training in the Mandt system, a comprehensive, integrated approach to preventing, de-escalating, and if necessary, intervening when the behavior of an individual poses a threat of harm to themselves and/or others. The Mandt system is designed to be developmentally appropriate for use in youth-serving workplaces. It seeks to develop a culture that provides emotional, psychological, and physical safety for everyone, where youth can say that "In this place, and with these people, I feel safe."

Part 4: Juvenile Justice Realignment Block Grant Funds (WIC 1995 (3)(a))

Describe how the County plans to apply grant funds to address the mental health, sex offender treatment, or related behavioral or trauma-based needs of the target population:

The County will utilize grant funds to promote family engagement in the treatment process, expand the number of mental health clinicians serving realigned youth, and procure additional evidence-based services for this population including treatment for violent sex offenders.

The County plans to use a multi-disciplinary team (MDT) approach to develop Individual Rehabilitation Plans with each youth. This MDT team will include the youth, their family, representatives of behavioral health, education, ancillary treatment providers, and Probation. Treatment goals will be developed based upon the youth's assessed risks and needs (utilizing the San Diego Risk and Resiliency II, a validated assessment instrument) as well as the youth's own perceived strengths and input from their family. The establishment of the Individual Rehabilitation Plan will be done by a care coordinator. This

person is responsible for gathering input from stakeholders, monitoring progress for completing goals and updating the plan as goals are achieved and new priorities are identified. Once youth complete their high school education, or its equivalent, care coordinators will support youth with identifying potential career pathways —education or employment. San Diego will establish partnerships with local community colleges to offer traditional Associate of Arts (AA) or CTE pathways that lead to meaningful employment. Dedicated staffing, with a unique understanding of the barriers facing the justice-involved population, will help local youth navigate enrollment, financial aid, and other important tasks. A community-based organization will support youth with transportation to classes and purchasing course materials. A partnership with the SDCOE will help custodial youth with tutoring and homework assistance when college youth are in custody.

Each youth's Individualized Rehabilitation Plan will be uniquely tailored with input from members of the MDT based on the following principles:

- Include youth, families, and supportive individuals
- Address family strengths, risks, and needs
- Identify positive community supports for the youth and family
- Include community-based services that are evidence-based and trauma-informed
- Involve services for mental health, substance use treatment, cognitive behavioral therapy, life skills, academic support, enrichment programs, and physical activity
- Immediately involve re-entry planning to identify goals and a pathway towards successful release and transition to the community
- Assist with overcoming barriers to success such as tickets and fines, school access, immigration status, securing vital documents, and other legal challenges
- Include prosocial activities and recreational elements (e.g., sports, gym membership, music enrichment, art, or other social activity) as part of each youth's transition to the community
- Address harm to the victim and community

MDT staff members and involved systems professionals will receive training in national best practices to support re-entry needs. They serve as program liaisons to the education and treatment providers in and out of custody. MDT meetings will occur regularly and in response to any emerging issues. Regular reviews are conducted with youth and their family to review the case plan and discuss progress. Youth receive case management that includes effective communication and planning involving all supports with a focus on re-entry. Probation will ensure that the Court receives meaningful information about the case plan development and the youth's progress toward completion of goals at an initial review hearing within 30 days of commitment and at regular reviews at a minimum of every six months thereafter, and as needed.

The MDT will have a variety of program options to address identified risks and needs of each youth.

Planned services include:

- Substance use education and counseling
- Cognitive Behavioral Treatment and Moral Reasoning
- Mental health support
- Sex offender treatment

- Anger management
- Child and family parent engagement and family visitations
- Parenting skills
- Self-care and emotional regulation
- Healthy relationships
- Independent Living Skills
- Financial Literacy
- Education support
- Career and technical education and support
- Mentorships utilizing lived experience and gang intervention
- Physical, Mental and Sexual Health awareness and education

The contract or agreement to provide these services will be supported in part by grant funds.

Programming for girls is designed to respond to research showing the disproportionate levels of trauma and abuse in the backgrounds of girls who enter the juvenile justice system. They are more likely than their male peers to have suffered victimization and abuse, and experience depression, self-esteem issues, mental illness, substance abuse, truancy, sexual promiscuity, and interaction problems with partners and parents.

In addition to risks and needs assessment, youth committed to local secure youth treatment will receive screening/assessments at intake to identify mood/anxiety symptoms, risk of suicide/self-harm, history of alcohol/drug use, history of trauma, current traumatic stress symptoms, risk of violence/sexual victimization, and risk of commercial sexual exploitation.

Screening Tool	Description
Massachusetts Youth Screening Instrument (MAYSI-2)	MAYSI-2 is a brief behavioral health screening tool designed for juvenile justice programs and facilities that identifies important behavioral health needs for youth.
Columbia Suicide Severity Rating Scale (C-SSRS)	C-SSRS is an evidence-supported questionnaire used to assess suicide risk that has been successfully implemented in the justice system.
Commercial Sexual Exploitation Identification Tool (CSE-IT)	CSE-IT is a validated tool widely used in child welfare and probation agencies that is designed to improve early identification of children who are commercially sexually exploited.
Risk of sexual victimization or perpetration	This tool is designed to meet Prison Rape Elimination Act (PREA) guidelines.
Texas Christian University Drug Screen (TCU)	TCU Drug Screen 5 screens for mild to severe substance use disorder and is particularly useful when determining placement and level of care in treatment.

Results of any of these screenings that indicate cause for concern or follow-up by behavioral health clinicians will be forwarded to the Behavioral Health Provider, which is currently managed by Juvenile

Forensic Services Stabilization, Treatment and Transition (STAT) Team, operated by County of San Diego, Health and Human Services Agency (HHSA), Behavioral Health Services (BHS).

The STAT Team provides a full continuum of mental and behavioral health services such as: crisis intervention, behavioral health assessment, traditional psychotherapy, competency evaluations, competency restoration work, trainings, psychiatric evaluation and medication management in the detention facilities and commitment programs. This includes preparing some youth for transition back to the community and serving youth on probation who have been released and are living in the community for a brief period. Treatment is provided by a multi-disciplinary team that includes psychiatric nurses, licensed therapists, psychologists, predoctoral psychology interns, and psychiatrists. Current clinical staffing at EMJDF consists of a program manager, a psychiatric nurse, Licensed Mental Health Clinicians, Clinical Psychologist, Sr. Clinical Psychologist, and 24-hour on-call psychiatrist coverage. With the realignment of up to 55 high risk youth to local custody, grant funds will be used to partially offset the cost to increase the number of clinical and administrative staff supporting the behavioral health and treatment needs of the youth.

Daily behavior is addressed through a positive behavior management system called the Daily Achievement System (DAS). Developed during a period of technical assistance through the YICPM, the DAS is a behavior management system based on positive reinforcement and the evidence-based principle that behavior modification is most effective when youth receive five positive recognitions to every one negative intervention. The DAS encourages program staff to look for and reinforce positive behavior. This supports the "coach" mindset; actively looking for strengths that can be acknowledged to achieve improved outcomes and encourage responsible behavior while reducing negative interactions between youth and staff.

The DAS offers multiple opportunities for youth to earn "achievements" during the day by demonstrating safe conduct and showing effort. As youth earn more "achievements," they gain additional privileges such as access to video game systems, personal mp3, DVD players, and longer-term incentives. Grant funds will be used in part to offset costs associated with procuring these incentive items.

Describe how the County plans to apply grant funds to address support programs or services that promote healthy adolescent development for the target population: (WIC 1995 (3) (B))

San Diego County Probation Department pursues a strength-based strategy of positive youth development. This intentional, pro-social approach engages youth in their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youth's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths. This approach supports positive outcomes by building on strengths, working collaboratively with the youth, and promoting a sense of fairness and support for the youth. Studies have shown that youth are more likely to accept responsibility for their actions, comply with authorities, and embrace pro-social activities when they perceive systems to be fair (National Research Council, 2013). Providing for a strong youth voice in the system, allowing youth to see a neutral and fact-based decision-making process, treating youth with respect and politeness, and acting out of benevolent and

caring motives, have all been shown to increase youth perceptions of a fair system (Fagan & Tyler, 2005).

Probation has supported this strategy by transforming the role of direct supervision staff from a referee mindset, in which they look to penalize infractions, to a coach mindset whereby they offer support, encouragement, opportunities to debrief and learn from mistakes and role play for better outcomes. This effort has included introducing positive youth development in the core training curriculum for supervision staff and training staff members in adolescent brain development, trauma informed care, restorative practices, and implicit bias. The approach is further strengthened through a youth advisory council in which youth are able to provide suggestions and feedback directly to the facility superintendent, with the introduction of regular youth surveys conducted in collaboration with Performance Based Standards (PbS), and by placing an emphasis on and encouraging youth and family participation in the development of individualized treatment plans.

The County will utilize grant funds to procure services for this population which are evidence-informed, rehabilitative, developmentally appropriate, and support the positive youth development model. Treatment providers will be required to support pro-social development by including the youth's voice in programming decisions, offering programs that support financial literacy, job readiness, artistic expression and enrichment, and opportunities for leadership development.

Healthy development is further supported through the provision of appropriate care including screening for Fetal Alcohol Spectrum Disorders and Traumatic Brain Injury (TBI), medical, mental health, and dental screenings, and providing preventative care including dental cleanings every six months.

Describe how the County plans to apply grant funds to address family engagement in programs for the target population: (WIC 1995 (3) (C))

The family are the youth's greatest support and possess extensive knowledge about the youth and his or her background. Family visits for youth in custodial settings have been linked to decreased rates of symptoms of depression (Monahan, Goldweber & Cauffman, 2011). Youth who receive regular family visits also perform better academically and are involved in fewer behavior incidents compared to their counterparts (Villalobos Agudelo, 2012). Reentry programs that prioritize involving families early in the youth's treatment process have also been shown to reduce the prevalence and seriousness of subsequent offending (Winokur-Early, Chapman & Hand, 2013).

Shifting this population from distant DJJ facilities to local treatment offers a tremendous opportunity to harness the positive rehabilitative benefits of strong family bonds and collaborative involvement of family in the youth's treatment. Local secure treatment is designed to engage the family as part of the treatment team from the beginning of the program, inviting and encouraging their participation in developing the initial treatment and re-entry plans. Family will be encouraged to collaborate as a partner during the regular multi-disciplinary treatment team meetings throughout the youth's commitment. They will be invited to attend program graduations and other milestones during the youth's commitment, and Probation will hold regular family engagement events to encourage their presence in the program. Programming procured for this population using grant funds will be designed to include a strong role for the family and we will seek best practices and innovative approaches to

maximize family participation in treatment such as transportation assistance, options for virtual attendance, flexible hours, support for incarcerated parents, and monetary support for attending clinical programming when their role is necessary.

These strategies build upon policy and procedure changes the Probation Department has enacted in recent years to encourage family engagement and support. To increase visitation for youth in custody, the definition of "family" was expanded to allow visits from aunts, uncles, cousins, adult siblings, non-biological relatives, and more; visitation areas were made more welcoming; visitation hours/days were greatly increased; and special events were introduced. As a result, the percent of youth in custody who received at least one visit per month increased by 49% over the last three years (from 53% during FY 2017-18 to 79% during FY 2020-21). During FY 2021/22 YTD, 89% of youth in custodial commitment programs at East Mesa Juvenile Detention Center and Urban Camp received at least one visit per month. Probation will seek to continue, and improve upon, these results with the realigned population.

Describe how the County plans to apply grant funds to address reentry, including planning and linkages to support employment, housing, and continuing education for the target population: (WIC 1995 (3) (D))

The County embraces a philosophy that re-entry planning should begin at the start of a youth's commitment. To that end, the multi-disciplinary team that works with the youth and family to develop their Individualized Rehabilitation Plan within the first 30 days will also identify any obstacles to be overcome, existing supports which can be leveraged, and new supports which can be developed to prepare each youth for successful return to the community upon completion of their in-custody treatment. This plan will continue to be regularly reviewed and updated through the multi-disciplinary team, including the youth and their family, throughout the youth's commitment.

San Diego's shared philosophy calls for youth to remain in secure treatment for the shortest term necessary to achieve the specific rehabilitative goals of the Court and promote safe and successful re-entry. Regular reviews address whether the youth's rehabilitative needs can be safely met in a stepdown location, through furloughs (day releases), or on supervised release within the community.

Senate Bill 92 requires local jurisdictions to use the existing parole consideration intervals for the DJJ until the Judicial Council establishes new guidelines. These parole consideration intervals are based on the severity of the most serious offense for which the youth received a true finding. Currently, youth committed to the DJJ may reduce their parole consideration date by half based on good citizenship and participation in their treatment program. San Diego's program continues this practice.

Senate Bill 92 also calls for youth to appear before the Court every six months for an update on their progress toward completing their Individualized Rehabilitation Plans. As the youth nears completion of their program, Probation will report to the Court on the youth's willingness to continuing their treatment at a stepdown location, using furloughs, or on community supervision.

The County intends to use furloughs within the parameters of the Judicial Council guidelines to support re-entry by offering youth in the final stages of their custodial treatment opportunities to visit the services they will utilize upon re-entry and eventually attend some services, education, and employment in the community while returning to the detention facility at the end of the day. The goal of these

furloughs will be to acclimate youth to services and locations, and build rapport with service providers, to reduce anxiety and increase the youth's comfort in attending these services and functions upon release. The County plans to use grant funds to partially offset the cost of obtaining community-based transitional living, transportation, employment support, and college and vocational education opportunities for this population.

The SDCOE will continue to support the high school education needs of youth as well as all mandated transition services. The County plans to supplement their services through grant supported partnership(s) with a local college, vocational school, and/or community-based organization to provide continuing education and vocational training to this population. The proposed agreement establishing a vocational training partnership will include a focus on licensure, apprenticeship, journeyman positions, and paid work upon release as well as entrepreneurial support.

Describe how the County plans to apply grant funds to address evidence-based, promising, trauma-informed and culturally responsive services for the target population: (WIC 1995 (3) (E))

The San Diego County Probation Department plans to offer evidence-informed, rehabilitative, and developmentally appropriate programming to youth in custody that supports their long-term success. Successful and effective programming helps youth acquire the skills needed to exit the juvenile justice system more quickly and thrive in the community. The services provided in this program will be based on a positive youth development model and support youth's pro-social development by including their voices in programming decisions and working collaboratively to meet their needs. In this program a contracted provider, supported by grant funds, will work closely with County of San Diego (County) Behavioral Health Services (BHS) and Probation Staff to assist youth in a successful transition from custodial treatment to the community.

The grant supported service provider will operate an evidence-based comprehensive program to address mental health, trauma, substance use disorder, and pro-social needs of youth in custody. The service provider will offer individual, group, and family services. Cognitive Behavioral Therapy (CBT) will be utilized as one of the primary evidence-based practices. and These services will be provided while youth are in the Probation Department's custody with approximately six-month aftercare period during which appropriate clinical services will continue to support youth in the community.

Services will include:

Institutional Services: Screening and assessment for Trauma, Substance Use Disorder, Commercial Sexual Exploitation, and Criminogenic needs. Providing Groups utilizing curricula that emphasize skill-based interventions that employ role-playing and are evidence based or evidence informed. Examples of such interventions include but are not limited to: mentorships utilizing lived experience and gang intervention, Aggression Replacement Therapy, multi-Dimensional Family Therapy, Substance Use Disorder (SUD) education My Life My Choice, Safe Dates, Seeking Safety, Thinking for a Change, Seven Challenges, Interactive Journaling, Aggression Replacement Training, and Character Counts.

Community Reentry Services: During the community reentry phase projected to span 6 months, the youth will obtain supportive and transitional services from the clinical team that provided services while in custody. In addition, service providers will ensure appropriate connections to community-based

services prior to release including school, CTE, and other supports and services identified in their Individualized Rehabilitation Plan.

Describe whether and how the County plans to apply grant funds to include services or programs for the target population that are provided by nongovernmental or community-based providers: (WIC 1995 (3) (F))

The County plans to procure a variety of services for this population through contract or agreement with nongovernmental or community-based providers. Services supported by grant funds will include leadership development, financial literacy, job training and furlough opportunities, enrichment activities, transportation to college and or jobs, family transportation, and mentoring.

Additionally, the County will encourage the development of relationships between the primary service provider and organizations such as community agencies, schools, faith-based organizations, and public services to leverage community resources to serve youth and caregivers and ensure continuity and collaboration during re-entry. Probation will also support the leveraging of lived experience within the juvenile justice system, to provide education, advocacy/community engagement, training, and support for youth and families (including direct services).

Probation will continue to utilize established protocols and processes for linkage and collaboration between community-based providers and entities such as School Districts, Public Health, Behavioral Health Services, Child Welfare Services, Juvenile Court, and other agencies to meet the needs of the youth and caregivers.

Part 5: Facility Plan

Describe in detail each of the facilities that the County plans to use to house or confine the target population at varying levels of offense severity and treatment need, and improvements to accommodate long-term commitments. Facility information shall also include information on how the facilities will ensure the safety and protection of youth having different ages, genders, special needs, and other relevant characteristics. (WIC 1995 (4))

The Youth Development Academy (YDA) will be located at East Mesa Juvenile Detention Facility (EMJDF). EMJDF is a secure juvenile facility in the Otay Mesa area of San Diego. The facility opened in June of 2004 and has been the home of the Youthful Offender Unit (YOU), a DJJ alternative serving youth who before the passage of SB 81 in 2007, would have been sent to the DJJ.

EMJDF consists of 10 separate housing units. Youth are assigned to a housing unit based on classification criteria such as age, the youth's physical size, level of delinquency/sophistication, and gender, with the aim of providing for the safety of all youth. Absent other overriding considerations, youth committed to secure youth treatment will be housed in units which are specially dedicated to delivering this treatment program.

Housing and program assignments for transgender or intersex youth are based on the youth's health and safety and related supervisory, management, or facility security concerns. When assigning youth to a housing unit, Probation staff are required to give serious consideration to transgender or intersex

youth's views regarding their own safety. Facility staff must also allow youth to dress and present themselves in a manner consistent with their gender identity and provide youth with clothing and undergarments consistent with their gender identity.

The Probation Department is obtaining youth input and assessing options to make the setting of these units more homelike, trauma-informed, developmentally appropriate, and comfortable for longer commitments. Potential grant-supported improvements include resurfacing or replacing sleeping room doors, painting walls, resurfacing concrete floors in sleeping rooms, purchasing homelike (but heavy duty) furniture, area rugs for two living spaces in each day room, large photo murals of local outdoor scenes, removal of upper bunks in rooms that have them, and extending utilities to the quad area for a new CTE portable building.

Youth committed to the YDA will also benefit from a variety of recent improvements to the living environment. These include an improved food service which prepares fresh meals on-site, a menu designed to be appealing and appetizing to youth, a regular youth survey to ensure meal quality, fresh fruit bowls in each unit to ensure access to healthy snacks between meals, mattresses which are twice the thickness of typical correctional facility bedding, art and murals throughout the facility, and a new athletic field.

Part 6: Retaining the Target Population in the Juvenile Justice System

Describe how the plan will incentivize or facilitate the retention of the target population within the jurisdiction and rehabilitative foundation of the juvenile justice system, in lieu of transfer to the adult criminal justice system: (WIC 1995 (5))

Research has shown that juveniles tried in adult criminal court reoffend at a higher rate than youth who remain in the juvenile system (OJJDP Bulletin, Redding, 2010) and the San Diego County Juvenile Justice System's Core Beliefs highlight the importance of rehabilitation, support, and accountability, versus punishment and punitive sanctions. The San Diego County Probation Department enacts these beliefs through the use of a structured decision-making tool which guides Probation Officers to recommend the lowest level of intervention available under statutory guidelines which will provide for the rehabilitation of the youth and safety of the community. The local Juvenile Court has a variety of disposition options for youth including:

- Probation to the Court (WIC 725(a))
- Community Supervision (WIC 790)
- Probation Supervision on a low, medium, or high-risk caseload with services in the community
- Commitment to Urban Camp for 85, 130, or 250 days
- Commitment to the HOPE program

The YDA will add another layer of rehabilitative services and re-entry support for youth who have received true findings for the most serious charges (WIC 707(b) offenses). By developing a robust program, to replace DJJ, that meets needs and reduces risk in this population, the County creates another option and level of support to reduce the likelihood of youth entering the adult system. To the extent that the YDA is implemented with fidelity, achieves its goals, and meets or exceeds outcome measures, it will effectively reduce transfers to adult court.

Part 7: Regional Effort

Describe any regional agreements or arrangements supported by the County's block grant allocation: (WIC 1995 (6))

The County has held discussions with neighboring counties, but regional agreements or arrangements are not planned or anticipated at this time.

Part 8: Data

Describe how data will be collected on youth served by the block grant: (WIC 1995 (7))

The San Diego County Probation Department will add data elements to the Probation Case Management System (PCMS), in order to clearly identify the realigned youth in the system. Each youth will have the San Diego County Risk and Resiliency (SDRRC-II) risk and needs assessment completed prior to sentencing. This risk and needs assessment will directly inform the youth's case plan for both in-custody and out of custody. The youth will be re-assessed at a regular interval to track improvement in both risks to recidivate and improvement in protective factors gained through programming. San Diego County is also a participant in the PbS program which will collect data on the realigned youth which help inform facility improvement plans. PbS includes data from Staff Surveys, Youth Surveys, Youth Records and Youth Incident Reports.

The Probation Department also monitors racial and ethnic disparities by utilizing standardized protocols based on the US DOJ Office of Juvenile Justice and Delinquency Prevention to examine disparities in the use of detention, true findings, and custodial commitments. The juvenile justice partners, through the RRED committee, identifies changes to policies and practices to address disparities. In addition, the Probation Department is developing diversity and inclusion measures to monitor disparities more specifically for a variety of justice system decision points.

Describe outcome measures that will be utilized to determine the results of the programs and interventions supported by block grant funds: (WIC 1995 (7))

The Probation Department, in collaboration with SANDAG, will measure outcomes in the following areas:

1. Improvement in assessed risk to recidivate
2. Improvement in assessed needs over time
3. Adherence to therapeutic model including fidelity of programs, participation, relationship with staff
    a. Probation will utilize the Standardized Program Evaluation Protocol (SPEP) to assess fidelity of programs
    b. Probation is using staff and youth climate surveys to measure relationships between staff and participants

    c. Probation supervisors and facility managers will need to actively observe program implementation
    d. Match individualized treatment plans with services received (as measured through a regular review of treatment plans)
4. Success of reentry
    a. Document the creation of transition plans and core components
    b. Monitor linkages to services in the community (including furlough and transitional living programs)
5. Track recidivism
    a. Track while in custody and then 3 years post-release
    b. Track violations of juvenile probation resulting in reincarceration
6. Reporting of Program Outcomes will include race and ethnicity of program participants
    a. All outcome measures including length of stay in the program will be measured and disaggregated by race and ethnicity

Works Cited

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SAN DIEGO COUNTY PROBATION DEPARTMENT

Item 11—Successful Implementation of Juvenile Justice Realignment

Holly Porter
Deputy Chief
Administrative Officer
Public Safety Group

Cesar Escuro
Interim Chief Probation Officer
Probation Department

Scott Huizar
Executive Deputy Chief
Probation Officer
Probation Department

10/12/21 0930

SAN DIEGO COUNTY PROBATION DEPARTMENT

Background

- California's Juvenile Justice System
  - Providing for the safety and treatment of youth
- Long-term trends – 7 Years
  - **68% reduction** in the number of youth in custody
  - **75% reduction** in the number of youth on probation supervision
- The Youth in Custody Practice Model

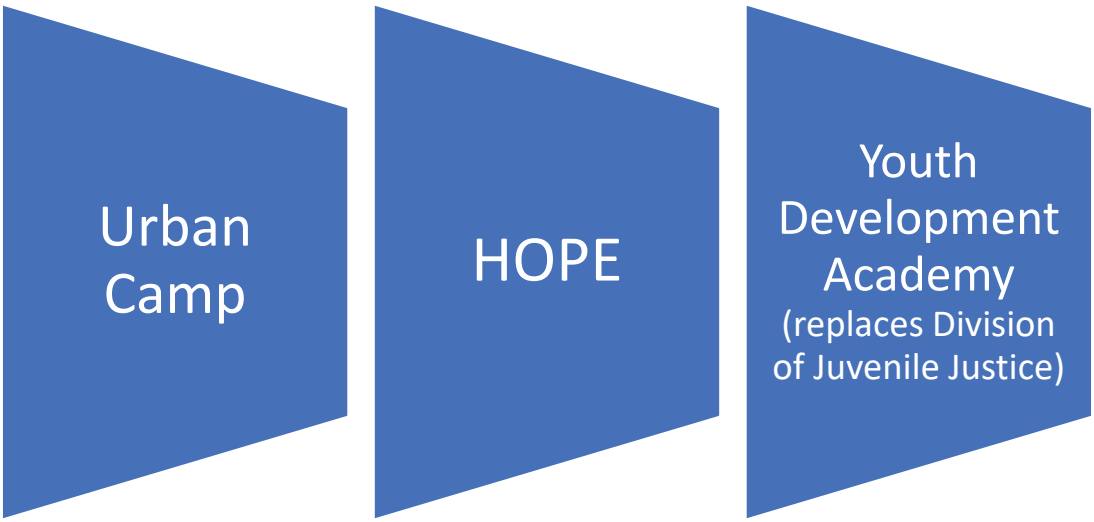
SAN DIEGO COUNTY PROBATION DEPARTMENT

Senate Bill 823 Legislative Changes

- Requires counties to house all youth committed to custody
- Closure of the State's Division of Juvenile Justice on June 30, 2023
- Individuals up to age 25 can remain in local juvenile custody
- Creation of a local plan according to requirements in the legislation

SAN DIEGO COUNTY PROBATION DEPARTMENT

Juvenile Court Commitment Options



SAN DIEGO COUNTY PROBATION DEPARTMENT

Youth Committed to Division of Juvenile Justice, Survey Results

Figure 1

Demographics: Gender, Age, Race

Total = 56

SAN DIEGO COUNTY PROBATION DEPARTMENT

Creation of the Local Plan

san diego county office of EDUCATION
FUTURE WITHOUT BOUNDARIES™

The Children's Initiative

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

SAN DIEGO COUNTY PROBATION DEPARTMENT

Youth Development Academy

- ✓ **Programming**
  - o Mental health treatment
  - o Substance use disorder services
  - o Cognitive Behavioral Therapy
  - o Sex offender treatment
  - o Self-care and emotional regulation
  - o Academic and career technical education
  - o Positive youth development programming
- ✓ **Individual Rehabilitation Plans**

Youth Mural at East Mesa

SAN DIEGO COUNTY PROBATION DEPARTMENT

Outcomes and Impacts

✓An Independent Evaluator

✓Measuring these Areas:

- ❑ Improvements to Risks and Needs
- ❑ Public Safety Outcomes
- ❑ Staff/Youth Relationship
- ❑ Adherence to Therapeutic Models
- ❑ Data examined by Race, Ethnicity and Gender

SAN DIEGO COUNTY PROBATION DEPARTMENT

Recommendations

Receive the County of San Diego's Senate Bill 823 Implementation Plan

Authorize the Director, Department of Purchasing and Contracting, to issue a Request for Proposals (RFP) for supportive services to youth in custody and to support their reentry into the community

COUNTY OF SAN DIEGO

AGENDA ITEM

DATE: **October 19, 2021**

17

TO: Board of Supervisors

SUBJECT
AUTHORIZE COMPETITIVE SOLICITATION FOR SUBSTANCE USE RESIDENTIAL SERVICES (DISTRICTS: ALL)

OVERVIEW
The County of San Diego (County) Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) department provides a comprehensive array of community-based mental health and substance use disorder services.

Approval of today's recommended action authorizes competitive solicitation of substance use residential treatment and withdrawal management services~~, to include withdrawal management~~ that will be available to eligible adults regionwide, to further support access to critical capacity within the County's Drug Medi-Cal Organized Delivery System. Substance use residential treatment provides 24-hour, ~~non-medical~~ clinically managed substance use treatment, recovery and ancillary services to adults aged 18 years and above with substance use issues, including co-occurring mental health conditions. Clients receive assessment, individual, group, educational and recovery support services, delivered with an approach that is person-centered; outcomes-driven; culturally responsive; trauma-informed; and inclusive of evidence-based practices.

Today's action aligns with the County's strategic approach to strengthening service delivery through practices that are comprehensive and outcomes oriented, ensuring the best services lead to optimal outcomes for all San Diegans. This item also aligns with the County's *Live Well San Diego* vision by supporting access to services that promote the health and well-being of San Diegans with behavioral health needs.

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER
1. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for substance use residential and withdrawal management services, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an initial term of up to one year, with four one-year options, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.

SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR SUBSTANCE USE RESIDENTIAL SERVICES (DISTRICTS: ALL)

EQUITY IMPACT STATEMENT
The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) department serves as the specialty mental health plan for Medi-Cal eligible residents within San Diego County with serious mental illness, and the service delivery system for Medi-Cal eligible residents with substance use care needs. These individuals and families often struggle disproportionately with social and economic factors that may negatively impact their behavioral health. These factors, referred to as the social determinants of health, are rooted in inequitable distribution of resources.

As a steward of public health for the region, BHS must ensure that the services offered through County-operated and contracted programs address the social determinants of health by being accessible, capable of meeting the linguistic and cultural needs of a diverse population, and equitably distributed to the individuals, families, and communities most in need. BHS utilizes a population health approach, including evidence-based practices, robust data analysis, and stakeholder input from consumers, community-based providers, healthcare organizations and others to identify need and design services that are impactful, equitable, and yield meaningful outcomes for clients.

If approved, today's action will authorize the procurement of services that improve access to treatment and care for some of the region's most vulnerable, under-served, and under-resourced populations.

FISCAL IMPACT
Funds for this request are included in the Fiscal Year 2021-23 Operational Plan in the Health and Human Services Agency. If approved, today's recommendation will result in approximate costs and revenue of $2,800,000 in Fiscal Year 2021-22 and $8,400,000 in Fiscal Year 2022-23. The funding sources will be Drug Medi-Cal, Realignment, and Substance Abuse Prevention and Treatment Block Grant. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
This Board Letter will be presented as an informational item at the Behavioral Health Advisory Board meeting on November 4, 2021.

BACKGROUND
The County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) department provides a comprehensive array of community-based mental health and substance use disorder services through contracts with local public and private agencies.

Approval of today's recommended action authorizes competitive solicitation of substance use residential treatment and withdrawal management services, that will be available to eligible adults regionwide. Services will be delivered with an approach that is person-centered; outcomes-driven; culturally-responsive; trauma-informed; and inclusive of evidence-based practices.

SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR SUBSTANCE USE RESIDENTIAL SERVICES (DISTRICTS: ALL)

The services that will be procured include the following:

- *Residential Treatment Services:* Clinically Managed Residential Treatment Services are ~~non-institutional,~~ 24-hour~~, non-medical, short-term~~ services to support clients in their efforts to restore, maintain, and apply interpersonal and independent living skills, and access community support systems. The components of Residential Treatment Services include intake/admission, treatment planning, individual and group counseling, family therapy, patient education, safeguarding medications, crisis intervention services, transportation services, and discharge services.

- *Residential Withdrawal Management Services*: Clinically Managed Residential Withdrawal Management is delivered by trained staff who provide 24-hour supervision, observation, and support for individuals who are intoxicated or experiencing physical withdrawal from alcohol or other drugs. This level of care is characterized by its emphasis on peer and social support; and provides services for clients with moderate to severe intoxication/withdrawal signs and symptoms that require 24-hour structure and support. Withdrawal Management support systems include the availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive needs.

The recommended action supports the continuation of critical work to advance the transformation of the Behavioral Health Continuum of Care, including substance use service delivery within San Diego County's Drug Medi-Cal Organized Delivery System. All contracts are contingent upon the availability of funding, successful negotiations, and determination of a fair and reasonable price.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed actions support the Building Better Health and Living Safely Initiatives in the County of San Diego's (County) 2021-2026 Strategic Plan as well as the County's *Live Well San Diego* vision, by ensuring that vulnerable populations of individuals with behavioral health needs continue to have access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

Respectfully submitted,

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)
N/A

COUNTY OF SAN DIEGO

AGENDA ITEM

DATE: **November 2, 2021**

06

TO: Board of Supervisors

SUBJECT

AUTHORIZATION TO ACCEPT CRISIS CARE MOBILE UNITS GRANT FUNDS, SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT FUNDS, MENTAL HEALTH BLOCK GRANT FUNDS, CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL IMPLEMENTATION GRANT FUNDS, WAIVE BOARD POLICY B-29, AND AUTHORIZATION TO PURSUE FUTURE FUNDING OPPORTUNITIES TO SUPPORT, ENHANCE, OR EXPAND BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

OVERVIEW

In an effort to support the well-being of those with behavioral health conditions, the San Diego County Board of Supervisors (Board) and the County of San Diego (County) Health and Human Services Agency (HHSA) remain committed to investing in services to meet the needs of this vulnerable population. In alignment with this commitment, the County HHSA, Behavioral Health Services (BHS) continues to pursue funding opportunities to enhance and expand access to critical mental health and substance use disorder prevention, engagement and treatment services.

If approved, today's actions will:

- Authorize the acceptance of one-time funding to support the expansion of mobile crisis response teams (MCRTs) throughout the region, with a priority on services to individuals age 25 and younger.
- Authorize the acceptance of the *primary* Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG) funding for Fiscal Year (FY) 2021-22 through FY 2023-24, to provide mental health services to all ages and expand State and local alcohol and substance use disorder prevention, care, treatment, and rehabilitation services.
- Authorize the acceptance of one-time *supplemental* SABG and MHBG funding for FY 2021-22 through FY 2024-25 to support the enhancement and expansion of services outlined above.
- Authorize the acceptance of one-time funding to support progress toward the implementation of the California Advancing & Innovating Medi-Cal initiative.
- Waive the Board Policy B-29 requirement of full-cost recovery of grants for the Mental Health Student Services Act (MHSSA) grant to strengthen collaboration between county behavioral health departments and local educational entities to increase access to behavioral health services at school sites. The Board of Supervisors approved the

acceptance of MHSSA grant funding of approximately $6,000,000 on February 25, 2020 (3), and on September 21, 2021, the Mental Health Services Oversight & Accountability Commission (MHSOAC) notified the County that the grant application was approved.

- Authorize application for future funding to support, enhance or expand behavioral health services.

Today's actions are in alignment with Board priorities to provide inclusive services that yield better outcomes and opportunities for underrepresented communities. Additionally, today's action will meet the needs of underserved and vulnerable populations by addressing social determinants of health, improving quality outcomes, and reducing health disparities. These actions also support the County's *Live Well San Diego* vision by enhancing access to behavioral health services, promoting well-being in children, adults, and families, and encouraging self-sufficiency, which promotes a region that is building better health, living safely, and thriving.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Authorize the acceptance of Crisis Care Mobile Units (CCMUs) grant funding from the California Department of Health Care Services (DHCS) totaling approximately $18,000,000 to expand and enhance Mobile Crisis Response Teams (MCRTs) within San Diego County; and authorize the Clerk of the Board to execute all required grant documents, upon receipt, including any annual extensions, amendments, or revisions that do not materially impact or alter the services or funding level.
2. Authorize the acceptance of the *primary* allocation of Substance Abuse Prevention and Treatment Block Grant (SABG) and Mental Health Block Grant (MHBG) funds from the California Department of Health Care Services of approximately $24,000,000 for Fiscal Year 2021-22 through 2023-24; and authorize the Agency Director, Health and Human Services Agency or designee to execute all required allocation award documents, including any amendments thereto, and approve spending plans and any mid-year changes that do not materially impact or alter services.
3. Authorize the acceptance of the *supplemental* SABG and MHBG funds from the California Department of Health Care Services of approximately $22,900,000 for Fiscal Years 2021-22 through 2024-25; and authorize the Agency Director, Health and Human Services Agency or designee to execute all required allocation award documents, including any amendments thereto, and approve the spending plans and any mid-year changes that do not materially impact or alter services.
4. Authorize the acceptance of start-up funding from the California Department of Health Care Services of approximately $250,000 and quarterly incentive payments, and authorize the Agency Director, Health and Human Services Agency or designee, to act on the County of San Diego's behalf respective to the funding, to execute related documents, forms,

reports, or to take any other action to support the successful transition to the California Advancing & Innovating Medi-Cal initiative.

5. Waive Board Policy B-29, Fees, Grant, Revenue Contracts – Department Responsibility for Cost Recovery, which requires full cost recovery for grants, of approximately $40,000 annually in administrative overhead costs associated with the total Mental Health Student Services Act grant totaling $6,000,000 for Fiscal Years 2021-22 through 2024-25, which was previously approved by the Board of Supervisors on February 25, 2020 (13).
6. Authorize the Agency Director, Health and Human Services Agency or designee, to apply for future funding, including grants, supplemental funding and other funding, for Fiscal Year 2021-22, and future fiscal years, to support, enhance or expand behavioral health services.

EQUITY IMPACT STATEMENT
The vision of the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) is to build a system in which mental health and substance use services are equitably and regionally distributed, and accessible to all individuals and families within the region who are in need. Today's actions will allow BHS to accept several sources of grant funding which will enable the provision of critical, person-centered behavioral health services such as: crisis services, teen recovery and prevention services, opioid treatment services, and services for pregnant and parenting women. These services are designed to meet the unique needs of underserved and vulnerable populations by addressing social determinants of health, improving quality outcomes, and reducing health disparities.

FISCAL IMPACT
Recommendations #1-4
Funds for these requests are partially included in the Fiscal Year (FY) 2021-23 Operational Plan for the Health and Human Services Agency (HHSA). If approved, these requests will result in estimated costs and revenues of approximately $41,300,000 in FY 2021-22 and $36,600,000 in FY 2022-23. The remainder of the revenue will be included in future Operational Plans. If needed, HHSA will return to the Board at a later date to request approval for additional appropriations. The funding sources are Crisis Care Mobile Units grant funding, Substance Abuse Prevention and Treatment Block Grant, Mental Health Block Grant, and California Advancing & Innovating Medi-Cal Start-Up grant funding. There will be no change in net General Fund cost and no additional staff years.

Recommendation #5
Funds for this request are included in the Fiscal Year (FY) 2021-23 Operational Plan for the Health and Human Services Agency (HHSA). If approved, this request will result in estimated annual costs of approximately $40,000 for Fiscal Years 2021-22 through 2024-25 associated with waiving Board Policy B-29 because the grant funding does not offset all costs. The funding source will be

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existing Realignment. The public benefit of these services far outweighs the unrecoverable administrative overhead costs. 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 as an informational item on September 2, 2021.

BACKGROUND
In an effort to support the well-being of those with behavioral health conditions, the County of San Diego (County) remains committed to investing in services to meet the needs of underserved and vulnerable populations, in alignment with the San Diego County Board of Supervisors (Board) priorities to provide inclusive services that yield better outcomes and opportunities for underrepresented communities. The County Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) continues to pursue new funding opportunities to enhance and expand access to critical mental health and substance use disorder prevention, engagement, and treatment services which address social determinants of health, improve quality outcomes, and reduce health disparities.

Recommendation #1: Crisis Care Mobile Units (CCMU) Grant Funding
BHS piloted non-law enforcement Mobile Crisis Response Team (MCRT) services in the North Coastal Region of San Diego in January 2021. Additional MCRTs are planned to expand countywide, utilizing a staggered rollout approach by region which began in August 2021. Early learning from the MCRT pilot, combined with continued data analysis and key stakeholder feedback highlights the critical need to expand MCRTs countywide through significant investments in infrastructure and direct services staff. The volume of calls to law enforcement related to behavioral health crises demonstrates the necessity of expanding MCRTs countywide to meet the growing need within the community.

The California Department of Health Care Services (DHCS) is utilizing $150 million in funding received from the Behavioral Health Continuum Infrastructure Program (BHCIP) and $55 million received from the Substance Abuse and Mental Health Services Administration through the Coronavirus Response and Relief Appropriations Act (CRRSAA) to solicit applications to support and expand behavioral health mobile crisis and non-crisis services. Funding received from the Crisis Care Mobile Units (CCMU) program grant can be utilized to expand existing CCMU programs or implement a new CCMU program, with a priority of serving individuals ages 25 and

younger. On October 4, 2021, BHS received notice that the County has been conditionally selected to receive funding for an amount not to exceed $18.0 million.

Today's action requests the Board authorize acceptance of approximately $18.0 million of one-time CCMU grant funding to expand and enhance MCRTs within San Diego County.

Recommendations #2 & #3: Primary and Supplemental Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG) Funding
The County HHSA annually receives a primary allocation of federal funding from the California Department of Health Care Services (DHCS), which administers and distributes the funding, and submits a proposed spending plan to the State. BHS will receive approximately $24,000,000 of the *primary* SABG and MHBG funding for Fiscal Year (FY) 2021-22 through FY 2023-24.

MHBG funds must be used to establish or expand community-based systems of care for providing mental health services to adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Services funded through MHBG funds include outreach, mental health treatment, case management, rehabilitative services, medications, and linkages to community resources. SABG funding must be used to establish or expand State and local alcohol and other drug abuse prevention, care, treatment, and rehabilitation programs. Additionally, SABG funding may be used for substance use prevention services, treatment services at regionally based outpatient and residential programs for adults, adolescents, and pregnant and/or parenting women who are not covered by Medi-Cal or other health insurance.

In FY 2021-22 BHS received notice of *supplemental* MHBG and SABG funding totaling approximately $22,870,000, with $10,940,000 available through the Coronavirus Response and Relief Supplemental Appropriation Act (CRRSAA) available from July 1, 2021, thru December 31, 2022, and $11,930,000 through the American Rescue Plan Act (ARPA) available from September 1, 2021, thru June 30, 2025, and submitted a spending plan to the State.

The supplemental MHBG funding will be utilized to:
- Enhance and support existing first episode psychosis treatment model programs;
- Improve crisis intervention in the community through the mobile crisis response teams; and,
- Provide shower and laundry services to engage homeless individuals with SMI who may have co-occurring substance use disorders.

The supplemental SABG funding will be utilized to:
- Enhance services to opioid treatment program clients and provide pilot recovery housing support;
- Expand capacity to support the existing Friday Night Live and Club Live programs;

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- Expand current prevention programs;
- Promote the teen recovery center and teen residential programs and increase services for youth and adolescents; and
- Increase services to women who are pregnant and/or parenting with substance use and/or co-occurring disorders.

Today's action requests the Board authorize acceptance of the FY 2021-22 *primary* allocation of SABG and MHBG funds of approximately $24,000,000 and authorize acceptance of the *supplemental* SABG and MHBG funds of approximately $22,900,000 for FYs 2021-22 through 2024-25.

Recommendation #4: California Advancing & Innovating Medi-Cal (CalAIM) Start-Up Grant Funding
The California Department of Health Care Services (DHCS) has created the Behavioral Health Quality Improvement Program (BH-QIP) to incentivize counties to prepare for changes under the California Advancing & Innovating Medi-Cal (CalAIM) initiative, as well as future programs requiring counties to build out new infrastructure and capacity. The BH-QIP will be structured as an incentive program, whereby counties will be required to achieve certain CalAIM implementation milestones to earn incentive payments. A total of $86,602,000 statewide in CalAIM incentives are available from July 1, 2021, through June 30, 2024. For FY 2021-22, Senate Bill (SB) 129 (Chapter 69; Statutes of 2021), authorized $21,750,000 statewide in General Fund for the BH-QIP. There will be two sets of payments to counties:

1. One time start-up funding totaling $250,000 that will be available to each county over the first and second quarter of FY 2021-22.
2. Quarterly incentive payments, available after January 2022, following a county's submission of a DHCS approved implementation plan and the subsequent completion of CalAIM implementation milestones, which must be designed to support a county's ability to implement the following CalAIM goals:
   a. Payment reform;
   b. Medical necessity, eligibility criteria, and documentation redesign;
   c. Multi-system (e.g., Managed Care, Dental, Behavioral Health) Data Exchange and Care Coordination; and
   d. Improve behavioral health data reporting and electronic health record systems.

The start-up funding shall be utilized to achieve the items listed above in support of shifting toward CalAIM. Today's action requests the Board authorize acceptance of start-up funding of approximately $250,000, and quarterly incentive payments.

Recommendation #5: Waive Board Policy B-29 Requirement for Full Cost Recovery for the Mental Health Student Services Act Grant

The Mental Health Student Services Act (MHSSA) grant is a competitive grant through the Mental Health Services Oversight & Accountability Commission (MHSOAC), that was established to fund partnerships between county behavioral health departments and local educational entities for the purpose of increasing access to behavioral health services at school sites. On average, a young person dies by suicide every hour and 25 minutes in the U.S. (Centers for Disease Control and Prevention, 2015). For every young person who dies by suicide, an estimated 100-200 youth make suicide attempts (Centers for Disease Control and Prevention, 2016). Youth suicide is preventable, and educators and schools are key to prevention.

The MHSSA grant funding is designed to bolster coordination and infrastructure development to support on-campus mental health services, suicide prevention, drop-out prevention, placement assistance, service plans for students in need of ongoing services, and outreach to high-risk youth, including foster youth, youth who identify as LGBTQ+, and youth who have been expelled or suspended from school.

On February 25, 2020 (13), the Board approved the County HHSA to apply for and accept, via a contract under Board Policy B-66 between the Director, Department of Purchasing and Contracting and San Diego County Office of Education (SDCOE), MHSSA grant funds of approximately $6,000,000 for Fiscal Years 2021-22 through 2023-24; however, the County was not initially selected for an award. Due to the COVID-19 pandemic the MHSOAC extended the grant opportunity to counties that were not originally funded. On June 15, 2021, the County received notification of tentative award and opportunity to submit a revised application from MHSOAC. On September 21, 2021, BHS was notified by the MHSOAC that the MHSSA grant application and funding of approximately $6,000,000 was approved.

The MHSSA grant funds will support the incorporation of the following elements in the Creating Opportunities in Prevention and Eliminating Suicide (COPES) initiative:

- Activities supporting the implementation of suicide prevention policies in school districts and charter schools.
- Professional development and programming for educators, staff, students, and families in suicide prevention efforts.
- Developing coordinated referral pathways for students needing mental/behavioral health services.

The County will collaborate with the SDCOE to support the implementation of the MHSSA grant to further bolster the support to vulnerable children and youth to support the following expected outcomes:

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- Preventing mental illnesses from becoming severe and disabling;
- Improving timely access to services for underserved children and youth;
- Providing outreach to families, employers, primary health care providers, and others to promote recognition of early signs of mental illness;
- Reducing stigma associated with mental illness;
- Reducing discrimination against people with unmet mental health needs; and,
- Preventing negative outcomes, including suicide and attempted suicide, incarceration, school failure or dropout, unemployment, and homelessness.

Today's action requests the Board authorize the department to waive the Board Policy B-29 requirement for full cost recovery for the MHSSA grant totaling approximately $40,000 annually in administrative overhead costs for FYs 2020-21 through 2023-24. The public benefit for providing these services far outweighs the B-29 unrecoverable costs and allows for maximization of grant funds used to implement the project. Without the revenues, the ability for children and youth to enhance access behavioral health services at school sites will be impacted.

Recommendation #6: Future Funding to Support Behavioral Health Services

To maximize the delivery of services throughout the region, BHS will pursue additional new funding opportunities. Today's action requests the Board to authorize the Agency Director, HHSA, to apply for future funding in FY 2021-22, and future fiscal years, to support, enhance or expand behavioral health services.

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LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed actions support the Healthy Families and Safe Communities initiatives in the County of San Diego's (County) 2021-2026 Strategic Plan, as well as the County's *Live Well San Diego* vision, by providing necessary resources and services for individuals with behavioral health needs to lead healthy and productive lives. Specific *Live Well San Diego* outcome indicators include increased life expectancy and quality of life.

Respectfully submitted,

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)
N/A

COUNTY OF SAN DIEGO

AGENDA ITEM

DATE: **November 2, 2021 and November 16, 2021**

07

TO: Board of Supervisors

SUBJECT
AN ORDINANCE AMENDING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE COUNTY OF SAN DIEGO BEHAVIORAL HEALTH ADVISORY BOARD AND APPROVAL OF BEHAVIORAL HEALTH ADVISORY BOARD BYLAWS (DISTRICTS: ALL)

OVERVIEW
The San Diego County Board of Supervisors (Board) established the Behavioral Health Advisory Board (BHAB) in 2014 through an ordinance that allowed the merging of the County of San Diego (County) Alcohol and Drug Advisory Board with the County Mental Health Board. Article LVI of the San Diego County Administrative Code has been reviewed as part of the sunset review and several proposed changes have been identified. In addition, the BHAB has updated its bylaws which requires Board approval.

Today's request requires two steps. On November 2, 2021, it is requested that the Board consider an Ordinance amending the San Diego County Administrative Code related to the BHAB. If the Board takes the action recommended, then on November 16, 2021, the proposed Ordinance will be brought back to the Board for consideration and adoption, as well as approval of the BHAB bylaws.

Amending the Ordinance and BHAB bylaws support the County's *Live Well San Diego* vision by enhancing community involvement in the planning and provision of behavioral health services, supporting a region that is healthy, safe, and thriving.

SUBJECT: AN ORDINANCE AMENDING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE COUNTY OF SAN DIEGO BEHAVIORAL HEALTH ADVISORY BOARD AND APPROVAL OF BEHAVIORAL HEALTH ADVISORY BOARD BYLAWS (DISTRICTS: ALL)

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER
On November 2, 2021:

Approve the introduction of the ordinance (first reading), read title, and waive reading of the Ordinance:

AN ORDINANCE AMENDING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE COUNTY OF SAN DIEGO BEHAVIORAL HEALTH ADVISORY BOARD

If on November 2, 2021, the San Diego County Board of Supervisors takes action as recommended then, on November 16, 2021:

1. Consider and adopt (second reading):

   AN ORDINANCE AMENDING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE COUNTY OF SAN DIEGO BEHAVIORAL HEALTH ADVISORY BOARD

2. Approve the bylaws of the County of San Diego Behavioral Health Advisory Board.

EQUITY IMPACT STATEMENT
Since the formation of the Behavioral Health Advisory Board in 2014, the language in the San Diego County Administrative Code and bylaws regarding criteria for member appointments to the advisory board primarily centered on the experience of appointees as either persons in recovery, family members, prevention specialists, or treatment providers. Though these perspectives hold high value in providing input on the behavioral health needs of San Diego County, so do the experiences and inclusion of those with diverse identities, particularly those from historically disadvantaged and underrepresented groups, who need to be regarded when considering appointments to the board.

Today's action affirms the Behavioral Health Advisory Board's commitment to advancing diversity, equity, and inclusion by ensuring appointed members reflect the diversity of people and experiences from the communities they represent.

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

SUBJECT: AN ORDINANCE AMENDING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE COUNTY OF SAN DIEGO BEHAVIORAL HEALTH ADVISORY BOARD AND APPROVAL OF BEHAVIORAL HEALTH ADVISORY BOARD BYLAWS (DISTRICTS: ALL)

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
At their meeting on October 7, 2021, the Behavioral Health Advisory Board voted to approve the recommended actions.

BACKGROUND
The San Diego County Board of Supervisors (Board) established the Behavioral Health Advisory Board (BHAB) in 2014, by merging the County of San Diego (County) Alcohol and Drug Advisory Board with the County Mental Health Board. At that time, bylaws were adopted in accordance with Board Policy A-74, Citizen Participation in County Boards, Commissions and Committees, which oversees special citizen boards that advise the Board and County staff on issues of policy and serve as links to the community.

On January 1, 2020, Assembly Bill (AB) 1352 took into effect, which further defined the roles of County mental health boards. In order to meet the requirements of AB 1352, shortly after the bill was signed into law, BHAB's *Building a Better BHAB Workgroup* was tasked with leading the revision effort and held meetings with members and staff to determine the appropriate changes to produce a final draft of the revised bylaws, which was reviewed at BHAB's Retreat in October 2020. With BHAB's approval the bylaws were provided to County Counsel which recommended amending the Ordinance relating to BHAB to align all changes to AB 1352. The final step in the process is Board approval and adoption. Today's action begins the process to amend the BHAB Ordinance and bylaws, which govern their internal operations.

The amended Ordinance and bylaws, as detailed in Attachments A, A-1, B, B-1 propose changes in the following general **amendment categories**:

1. Align with changes to **membership** criteria and composition requirements for BHAB, pursuant to AB 1352.
2. Align with changes to member **exclusions** specifically to voting on items where a conflict of interest may exist due to a member's employment.
3. Clarify **BHAB's duties and role** as an Advisory Board while strengthening BHAB's capacity to provide community voice and input into the development and adoption of community behavioral health service plans.
4. Allow the BHAB Chair to **vote** on all items that come before the Advisory Board.
5. Ensure efficient BHAB operations by clarifying ambiguous language relating to Advisory Board **member and Officer terms**, **conflicts of interest**, and **rules of governance** for BHAB meetings.
6. Conform with additional requirements in alignment with current California Welfare and Institutions Code, as modified by AB 1352.

SUBJECT: AN ORDINANCE AMENDING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE COUNTY OF SAN DIEGO BEHAVIORAL HEALTH ADVISORY BOARD AND APPROVAL OF BEHAVIORAL HEALTH ADVISORY BOARD BYLAWS (DISTRICTS: ALL)

Additional detail provided in the table below:

Proposed Change	**Reason for Change**	**Amendment Category (per above)**
Ordinance: Section 881.3 of the County Administrative Code, Membership and Selection Bylaws: Article II, Section B, Appointment of Advisory Board Members	Changes made to membership composition to align with language in the California Welfare and Institutions Code Section 5604 and as requested to ensure alcohol and drug program representation.	1
Ordinance: Section 881.6 of the County Administrative Code, Exclusions Bylaws: Article II, Section E, Exclusions	Changes made to conform with language in the California Welfare and Institutions Code Section 5604 and allows consumers of mental health services with potential employment conflicts of interest to participate on the Advisory Board and abstain from voting on items that may pose a conflict of interest.	2
Ordinance: Section 881.8, Duties Bylaws: Article III, Section A, Duties	Changes made to more closely align with the California Welfare and Institutions Code Section 5604.2 and to ensure clarity in BHAB duties and expectations as an Advisory Board.	3
Ordinance: Section 881.13, Organization Bylaws: Article IV, Section D, Officers and Their Duties and Article VII, Section B, Quorum and Voting	Changes made to allow the BHAB Chair to vote on matters that come before the Advisory Board, removing the prior allowance that permitted the Chairs to vote only in the case of a tiebreaker.	4
Bylaws: Article II, Section D, Vacancies	Change made in accordance with Section 881.5 of the County Administrative Code, removing ambiguous language relating to member terms and vacancies and allowing members whose terms have vacated under Section 881.5 to continue to serve until reappointed or a successor has been appointed.	5

SUBJECT: AN ORDINANCE AMENDING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE COUNTY OF SAN DIEGO BEHAVIORAL HEALTH ADVISORY BOARD AND APPROVAL OF BEHAVIORAL HEALTH ADVISORY BOARD BYLAWS (DISTRICTS: ALL)

Bylaws: Article IV, Section C, Officer Terms and Vacancies	Change made to clarify vague language in existing bylaws that was unclear in describing the eligibility of members to seek consecutive and multiple terms on the Executive Committee.	5
Bylaws: Article VII, Section A, Rules of Governance	Change made to ensure BHAB meetings conform to Robert's Rule of Order and Ralph M. Brown Act.	5
Multiple Sections	Minor clarifying edits and changes that are non-material in nature but ensure correct grammar and clear references. Language updates to refer to substance use disorder are professional and appropriate.	6

If approved, today's action would revise BHAB's Ordinance and bylaws to align with State requirements outlined in AB 1352, reflect updated duties based on existing interaction with County staff, as well as other minor clarifications to language without material impacts.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed action support the Building Better Health Initiative of the County of San Diego's 2021-2026 Strategic Plan as well as the countywide *Live Well San Diego* vision by providing expertise on behavioral health service delivery in San Diego County, with the goal of improving the health and lives those with behavioral health conditions.

Respectfully submitted,

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)
Attachment A: County of San Diego Behavioral Health Advisory Board Ordinance (Clean Copy)
Attachment A-1: County of San Diego Behavioral Health Advisory Board Ordinance (Informational Copy)
Attachment B: County of San Diego Behavioral Health Advisory Board Bylaws (Clean Copy)
Attachment B-1: County of San Diego Behavioral Health Advisory Board Bylaws (Informational Copy)

ORDINANCE NO. _____ (N.S.)

AN ORDINANCE AMENDING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE COUNTY OF SAN DIEGO BEHAVIORAL HEALTH ADVISORY BOARD

The Board of Supervisors of the County of San Diego ordains as follows:

Section 1. Section 881.3 of the San Diego County Administrative Code is amended as follows:

SEC. 881.3. MEMBERSHIP AND SELECTION.

(a) The Advisory Board shall be limited to twenty-one (21) members.

(b) The Board of Supervisors shall appoint twenty (20) members from the general public, consisting of four (4) members per supervisorial district and the Board of Supervisors will designate a Supervisor for the 21st seat. The supervisorial appointees from each district shall consist of one member each from the following categories:
~~a Person in Recovery; a Family Member; a Prevention Specialist; and a Treatment and Recovery Specialist, as described below:~~

(1) ~~Person in Recovery~~Mental Health Consumer: an individual ~~with a mental illness and/or an addiction experience(s) and manages his or her recovery.~~who is a consumer of mental health treatment services.

(2) Family Member: parents, spouses, siblings, or adult children of ~~individual(s) who are receiving, have received or are in need of services for their illness~~consumers of mental health services.

(3) ~~Prevention Specialist: an individual who may have a major interest in all matters related to the prevention and early intervention of mental health and substance use disorders. It does not require certification or licensing. The individual may be a member of the community concerned with Behavioral Health issues in the County (e.g. educator, law enforcement, primary care practitioner).~~Substance Use Recovery: an individual in recovery from a substance use disorder and who has been a consumer of services related to their disorder.

(4) Community Member: an individual with experience and knowledge of the behavioral health system and needs in the County, such as an individual who regularly engages with individuals living with mental illness in the course of daily operations, such as representatives of local schools, hospitals, health care providers, law enforcement, or community and nonprofit organizations that work with these populations. ~~Treatment and Recovery Specialist: mental health and/or substance abuse practitioner may include but is not limited to State licensed or certified specialists with disciplines in behavioral health as well as other experienced practitioners.~~

(c) Members should have experience and knowledge of the behavioral health system and should reflect the diversity and demographics of the county as a whole, and the diversity of the client population, to the extent feasible.

ATTACHMENT A-1

(d) The Advisory Board may recommend persons for appointment.

Section 2. Section 881.6 of the San Diego County Administrative Code is amended as follows:

SEC. 881.6. EXCLUSIONS.

(a) Except as provided in paragraph (b), ~~N~~no member of the Advisory Board or ~~his or her~~the member's spouse shall be a full-time or part-time employee of BHS, an employee of the California Department of Health Care Services, or an employee of, or a paid member of the governing body of a BHS contract agency ~~or in the service of, or an employee of, the California Department of Health Care Services.~~

(b) A consumer of mental health services who has obtained employment with an employer described in paragraph (a) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the Advisory Board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the Advisory Board.

(~~b~~c) No member of the Advisory Board shall ~~be a member of any other advisory body to, or a person who holds any similar position or title on a~~ be an employee, officer, or serve in an official advisory capacity on either a compensated or non-compensated basis ~~in~~ to a program that seeks or possesses a license pursuant to Chapter 9 of the California Health and Safety Code (commencing with Section 11836).

(d) Members of the Advisory Board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the California Government Code.

Section 3. Section 881.8 of the San Diego County Administrative Code is amended as follows:

SEC. 881.8. DUTIES.

The Advisory Board ~~members~~ shall have the following duties:

(a) Review the County's Behavioral Health contracts and grants awarded to support services and initiatives administered through the Behavioral Health Services Division including those entered into pursuant to Section 5650 of the California Welfare and Institutions Code Section 5650~~;~~.

(b) Review and comment on reports to the Board of Supervisors and other entities as necessary and appropriate regarding the needs and performance of County funded behavioral health programs~~;~~.

(c) ~~Review and evaluate the County's behavioral health needs, services, facilities, and special issues as they arise~~Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities~~;~~.

~~(d) Review any County agreements entered into pursuant to Section 5650 of the California Welfare and Institutions Code;~~

(~~e~~d) Advise the Board of Supervisors and the Director of BHS as to any aspect of the local mental health and substance use programs. The Advisory Board may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.

~~Advise the Behavioral Health Services Division Director and follow communication protocol as described in HHSA E-7 policy to inform the Board of Supervisors as to any aspect of County behavioral health programs;~~

(e) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness or substance use disorders and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illness~~es~~ or substance use disorders on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.

(f) Submit an annual report to the Board of Supervisors on the needs and performance of the County behavioral health system~~;~~.

(g) Review and make recommendations on applicants for the appointment of the Behavioral Health Services ~~Division~~ Director. The Advisory Board shall be included in the Director's selection process prior to ~~the vote of the Board of Supervisors~~appointment~~;~~.

(h) Review and comment on County's performance outcome data, as it relates to behavioral health matters, and communicate its findings to the California ~~Mental~~ Behavioral Health Planning Council~~; and~~.

(i) Assess the impact of the realignment of services from the State to the County on behavioral health services delivered to clients and on the local community.

(j) Review the County's plans and outcomes for developing the three-year program and expenditure plan and updates as required by Welfare and Institutions Code section 5848.

(k) Pursuant to Welfare and Institutions Code Section 5848(b): (1) conduct a public hearing on the Mental Health Services Act draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by Welfare and Institutions Code Section 5848(a); (2) review the County's adopted plan or update; and (3) if approved by a majority vote of the Advisory Board, make substantive recommendations to BHS for revisions to the plan or update.

(l) Any other duty assigned by the Board of Supervisors or required by State law.

Section 4. Section 881.12 of the San Diego County Administrative Code is amended as follows:

SEC. 881.12. ADVOCATES AND REPRESENTATIVES.

The Chairperson shall, subject to approval by the Advisory Board, make the following advocate and representative appointments to represent areas of special Advisory Board interest and to make recommendations to the Advisory Board. The advocates are not members of the Advisory Board and do not vote.

(a) Person in Recovery Advocate

ATTACHMENT A-1

It shall be the duty and responsibility of the Person in Recovery Advocate to make recommendations on behavioral health matters relating to or affecting the recovering population.

(b) Child Advocate

It shall be the duty and responsibility of the Child Advocate to make recommendations on behavioral health matters relating to or affecting children, youth and families.

(c) Advocate for Multi-Ethnic Concerns

It shall be the duty and responsibility of the Advocate for Multi-Ethnic Concerns to make recommendations on behavioral health matters relating to or affecting the multi-ethnic population.

(d) Older Adult Advocate

It shall be the duty and responsibility of the Older Adult Advocate to make recommendations on behavioral health matters relating to or affecting the older adult population.

(e) Representative to the California Association of Local ~~Mental~~ Behavioral Health Boards/Commissions (~~CALMHB~~CALBHB/C)

The representative to ~~CALMHB~~CALBHB/C shall represent the Advisory Board to the ~~CALMHB~~CALBHB/C and required regional and state-wide meetings as appropriate and provide reports to the Advisory Board.

(f) Additional Advocates

Additional advocates shall be selected as determined by the Advisory Board and designated by the Chairperson.

Section 5. Section 881.13 of the San Diego County Administrative Code is amended as follows:

SEC. 881.13. ORGANIZATION.

(a) Officers. At a minimum, the Advisory Board shall elect from its membership a Chairperson, a First Vice-Chairperson and a Second Vice-Chairperson. The duties and responsibilities of each elected position shall be defined in the bylaws. The Advisory Board may elect from its membership other officers as deemed necessary for the conduct of its business as prescribed herein.

(b) The Advisory Board shall prepare and adopt the by-laws and other rules which may be necessary for the conduct of its business. The by-laws and any changes to the by-laws shall be approved by the Board of Supervisors.

(c) A quorum shall be one person more than one-half of the appointed members.

(d) An affirmative vote of a majority of members in attendance shall be required for the passage of any business or matter before the Advisory Board.

(e) Voting shall be on the basis of one vote per person and no proxy, telephone or absentee voting shall be permitted.

(f) No Advisory Board member shall abstain unless a member states that she/he has a conflict of interest with or is uninformed about the subject matter to be voted upon.

~~(g) Chairperson shall vote only in the case of a tie.~~

Section 6. Section 1 of this ordinance amending Section 881.3 of the San Diego County Administrative Code (Membership and Selection) shall only apply to appointments occurring after the effective date of this ordinance and does not prohibit members appointed before the effective date from completing their term.

Section 7. Effective Date. This ordinance shall take effect thirty (30) days after its adoption. Within fifteen (15) days after the date of adoption of this ordinance, a summary shall be published once with the name of those members voting for and against the same in a newspaper of general circulation published in San Diego County.

Approved as to Form and Legality

LONNIE J. ELDRIDGE, County Counsel

By Kyle Sand, Senior Deputy County Counsel

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH ADVISORY BOARD BYLAWS

ARTICLE I

Purpose and Authority

Section A: Establishing Authority

On December 2, 2014, the San Diego County Board of Supervisors established the County of San Diego Behavioral Health Advisory Board (Advisory Board)~~. The establishing authority may be found in~~ pursuant to California Welfare and Institutions Code Section 5604 and California Health and Safety Code Section 11805.

Section B: Mission

The mission of the Advisory Board is to review and evaluate San Diego County's behavioral health needs, services, programs, facilities, special problems, and impacts of realignment. "Behavioral health needs" shall be understood to mean the needs of the County's mental health and substance ~~abuse~~ use disorder populations.

Section C: Advisory Capacity

The Advisory Board shall act in an advisory capacity only to the San Diego County Board of Supervisors and the County of San Diego's (County) Chief Administrative Officer, Director of Health and Human Services (HHSA) and Director of HHSA, Behavioral Health Services (BHS). It is not empowered by ordinance, establishing authority or policy to render a decision of any kind on behalf of the County or its appointed or elected officials.

Section D: Lack of Affiliation

The Advisory Board is a non-partisan, non-sectarian, non-profit making organization. It shall not officially take part in, nor lend its influence to, any political issues.

ARTICLE II

Membership, Appointment, Term of Office, Absences, Vacancies, Exclusions

Section A: Membership

Membership on the~~The~~ Advisory Board shall satisfy the qualifications and the terms ~~as~~ provided in ~~Section 5604 (a) through (g) of~~the California Welfare and Institutions Code Section 5604; the California Health and Safety Code Section 11805; and the County of San Diego Administrative Code Article LVI.

Section B: Appointment of Advisory Board Members

~~Advisory Board members (Members) shall be appointed by the Board of Supervisors as follows:~~

1. The Advisory Board shall be limited to twenty-one (21) Members.

2. The Board of Supervisors shall appoint twenty (20) members from the general public, consisting of four (4) Members per supervisorial district and the Board of Supervisors will designate a Supervisor for the 21st seat. The supervisorial appointees from each district shall consist of one member each from the following categories:
   a. Mental Health Consumer: an individual who is a consumer of mental health treatment services.
   b. Family Member: parents, spouses, siblings, or adult children of consumers of mental health services.
   c. Substance Use Recovery: an individual in recovery from a substance use disorder and who has been a consumer of services related to their disorder.
   d. Community Member: an individual with experience and knowledge of the behavioral health system and needs in the County, such as an individual who regularly engages with individuals living with mental illness in the course of daily operations, such as representatives of local schools, hospitals, health care providers, law enforcement, or community and nonprofit organizations that work with these populations.
3. Members should have experience and knowledge of the behavioral health system and should reflect the diversity and demographics of the county as a whole, and the diversity of the client population, to the extent feasible.
4. The Advisory Board may recommend persons for appointment. The Advisory Board is committed to diversity, equity, and inclusion, and appointed Members should reflect the diversity of the communities served especially matching the racial, sexual, gender and orientation, language, cultural, and any other range of identities that have been historically, disproportionally, disadvantaged, and underrepresented.

~~1. The Advisory Board shall be limited to twenty-one Members.~~

~~2. The Board of Supervisors shall designate one County Supervisor as a full voting Member.~~

~~3. The Board of Supervisors shall appoint twenty Members from the general public, consisting of four (4) members per supervisorial district. All appointees shall have experience with, and knowledge of, the behavioral health system and should reflect the ethnic diversity of the County's population. The four nominations of each Supervisor shall consist of one member each from the following categories:~~

~~**Person in Recovery**~~	~~An individual with a mental illness and/or an addiction experience and manages his or her recovery.~~
~~**Family Member**~~	~~Parents, spouses, siblings, or adult children of individual(s) who are receiving, had received or are in need of services for their illness and/or addiction.~~
~~**Prevention Specialist**~~	~~An individual who may have a major interest on all matters related to the prevention or intervention of mental health and substance use disorder. It does not require certification or~~

~~licensing. The individual may be a member of the community concerned with behavioral health issues in the county (e.g. educator, law enforcement, primary care practitioner).~~

~~**Treatment and Recovery Specialist**~~	~~Mental health and/or substance abuse practitioner may include but is not limited to State licensed or certified specialists with disciplines in behavioral health as well as other experienced practitioners.~~

Section C: Term of Office

The terms of office for Advisory Board ~~members~~ Members are as follows:

1. Members nominated by each Supervisor shall serve a term of three years, unless terminated earlier pursuant to Sections C:3, C:4 or C:5 below.
2. No Member shall serve more than three consecutive terms.
3. Members shall serve their terms at the pleasure of the appointing County Supervisor.
4. If a Member has three unexcused absences in a calendar year, she/he shall be subject to removal. An unexcused absence is a failure of a Member to notify BHS staff by phone or in writing of her/his absence and provide a reasonable reason for the absence. After three unexcused absences, a Member's attendance will be reviewed individually by the Advisory Board's Executive Committee and the BHS Director, with any recommendation of removal hereunder made to the Board of Supervisors by the BHS Director.
5. If a Member fails to materially fulfill her/his duties and responsibilities set forth in Article III, she/he shall be subject to removal. The Advisory Board's Executive Committee and the BHS Director will review a Member's failure to materially fulfill her/his duties and responsibilities, with any recommendation of removal hereunder made to the Board of Supervisors by the BHS Director.

Section D: Vacancies

Advisory Board vacancies and recruitment shall be administered as follows:

1. Any vacancy shall be filled by appointment by the Board of Supervisors in accordance with Board of Supervisors policy ~~Policy~~ and the County Administrative Code.
2. In accordance with Section 881.5 of the ~~San Diego County~~ County Administrative Code, any Member whose term has ~~expired~~ vacated under that Section may, at the discretion of the Chairperson of the Advisory Board and the concurrence of the BHS Director and ~~concurrence of~~ the Member, continue to discharge ~~his/her~~their duties until reappointed or a successor has been appointed.

Section E: Exclusions

Exclusions to Advisory Board membership shall include:

1. Except as provided in paragraph (2), no member of the Advisory Board or the member's spouse shall be a full-time or part-time employee of BHS, an employee of the California Department of Health Care Services, or an employee of, or a paid member of the governing body of a BHS contract agency.
2. A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the Advisory Board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the Advisory Board.
3. No member of the Advisory Board shall be an employee, officer, or serve in an official advisory capacity on either a compensated or non-compensated basis to a program that seeks or possesses a license pursuant to Chapter 9 of the California Health and Safety Code (commencing with Section 11836).
4. Members of the Advisory Board shall abstain from voting on any issue which the member has a financial interest as define in Section 87103 of the California Government Code.

~~1. Except where permitted by California Welfare and Institutions Code Section 5604, no Member or his/her spouse shall be a full-time or part-time employee of BHS, or an employee of, or a paid member of, the governing body of a BHS contract agency, or in the service of, or an employee of, the California Department of Health Care Services.~~

~~2. No Member shall be a member of any other advisory body to, or a person who holds any similar position or title on a compensated or non-compensated basis, in a program that seeks or possesses a license pursuant to Chapter 9 of the California Health and Safety Code, commencing with Section 11836.~~

Section F: Conflict of Interest

In regard to a potential conflict of interest situation, the following shall apply:

1. Members of the Advisory Board shall disclose to the Clerk of the Board of Supervisors in writing any outside employment or activity engaged in for compensation which relates to their duties or to their functions and responsibilities as an Advisory Board ~~member~~Member.

~~No member of the Advisory Board shall make, participate in making or in any way attempt to use her/his position as a member Member of an advisory board the Advisory Board to influence a decision in which she/he knows or has reason to know that she/he~~

~~has a financial interest, except in those cases where the member Member is appointed to represent an entity or group having a financial interest in a matter coming within the Advisory Board's area of responsibility.~~

2. Members of the Advisory Board shall abstain from voting on any issue in which the member has a financial interest as defined in Government Code Section 87103.

3. No member of the Advisory Board shall make, participate in making or in any way attempt to use their position as a member of the advisory board to influence a decision in which the member knows or has reason to know that they have a financial interest.

4. No person shall be appointed to, or serve on, the Advisory Board who participates in the making of County contracts in which such person is financially interested within the terms of Government Code Section 1090 et seq. This prohibition is not applicable to persons with "remote interests" as defined in subdivision (b) of Government Code section 1091, provided that the person discloses the interest in accordance with subdivision (a) of Government Code section 1091 and the person does not influence or attempt to influence other Advisory Board ~~members~~ Members to act favorably in respect to the contract in which the person has a remote interest.

ARTICLE III

Duties and Responsibilities of Advisory Board Members

Section A: Duties

~~Members shall have the following duties:~~ The Advisory Board shall have the following duties:

1. Review the County's Behavioral Health contracts and grants awarded to support services and initiatives administered through the Behavioral Health Services Division including those entered into pursuant to Section 5650 of the California Welfare and Institutions Code Section 5650~~.~~;

2. Review and comment on reports to the Board of Supervisors and other entities as necessary and appropriate regarding the needs and performance of County funded behavioral health programs.

3. Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.

4. Review any County agreements entered into pursuant to California Welfare and Institutions Code Section 5650. The Advisory Board may make recommendations to the Board of Supervisors regarding concerns identified within these agreements.

5. Advise the Board of Supervisors and the Director of BHS as to any aspect of the local mental health and substance use programs. The Advisory Board may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.

6. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness or substance use disorders and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses or substance use disorders on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.

7. Submit an annual report to the Board of Supervisors on the needs and performance of the County behavioral health system.

8. Review and make recommendations on applicants for the appointment of the Behavioral Health Services Director. The Advisory Board shall be included in the Director's selection process prior to appointment.

9. Review and comment on County's performance outcome data, as it relates to behavioral health matters, and communicate its findings to the California Behavioral Health Planning Council.

10. Assess the impact of the realignment of services from the State to the County on behavioral health services delivered to clients and on the local community.

11. Review the County's plans and outcomes for developing the three-year program and expenditure plan and updates pursuant to Welfare and Institutions Code Section 5848.

12. Pursuant to Welfare and Institutions Code Section 5848 (b): (1) conduct a public hearing on the Mental Health Services Act draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by Welfare and Institutions Code Section 5848(a); (2) review the County's adopted plan or update; and (3) if approved by a majority vote of the Advisory Board, make substantive recommendations to BHS for revisions to the plan or update.

13. Any other duties assigned by the Board of Supervisors or required by State law.

~~1. Review the County's behavioral health contracts and grants awarded to support services and review initiatives administered through BHS;~~

~~2. Review and comment on BHS reports to the Board of Supervisors and other entities as necessary and appropriate regarding the needs and performance of County funded behavioral health programs;~~

~~3. Review and evaluate the County's behavioral health needs, related services, programs, facilities, and special problems as they arise;~~

~~4. Review any County agreements entered into pursuant to Section 5650 of the California Welfare and Institutions Code;~~

~~5. Advise the BHS Director and follow communication protocol as described in HHSA E-7 policy to inform the Board of Supervisors as to any aspect of County behavioral health programs;~~

~~6. Submit an annual report to the Board of Supervisors on the needs and performance of the County behavioral health system;~~

~~7. Review and make recommendations on applicants for the appointment of the BHS Director. The Advisory Board shall be included in the selection process prior to appointment;~~

~~8. Review and comment on the County's performance outcome data, as it relates to behavioral health matters, and communicate its findings to the California Behavioral Health Planning Council;~~

~~9. Assess the impact of the realignment of services from the State to the County on behavioral health services delivered to clients and on the local community.~~

~~10. Review and comment on the procedures used to ensure citizen and professional involvement at all stages of the County's behavioral health planning process~~

Section B: Responsibility of Members

Each Member has the responsibility to:

1. Attend regularly scheduled meetings.
2. Notify BHS staff in advance of the need for any excused absence.
3. Accurately perform any filing obligations in a timely manner with the Clerk of the Board of Supervisors, as notified by BHS staff.
4. Complete required ethics training in a timely manner, as notified by BHS staff.
5. Know all State and local laws, the Bylaws, and rules governing the Advisory Board that are provided by BHS staff.
6. Understand she/he does not represent the Advisory Board in an individual capacity or in any political activity.

7. Expand his/her knowledge of the continuum of behavioral health services.
8. Prepare for all meetings in advance by reviewing related materials provided by BHS staff prior to the meetings.
9. Abstain from voting on any issue in which the Member has a financial interest as defined in Section 87103 of the California Government Code.

ARTICLE IV

Officers

Section A: Election of Officers

The following process shall be followed:

1. Annually, in September, the Chairperson of the Advisory Board shall appoint, and the full Advisory Board shall confirm, a Nominating Committee of not less than three Members.
2. Following appointment, the Nominating Committee shall select a slate of officers for the coming year, secure the verbal consent of those selected and, in October, present the slate of officers to the Advisory Board. At the time of presentation, the Advisory Board shall accept any additional nominations made by Members from the floor.
    a. In November, the full Advisory Board shall vote on the presented slate of officers and any additional nominations made by the Members from the floor, if verbal consent is given by the nominee to do so at that time. The Chairperson shall call for a single vote of the Advisory Board for all positions for which there is only one candidate. In the event there is more than one candidate for a position, the Chairperson shall call for a separate vote on each such position and the candidate who receives the most votes shall be elected to the office. The vote shall be open and recorded by BHS staff.
    b. Elected officers shall take office in December.

Section B: Election of Officers

1. The elected officers shall be: Chairperson, 1st Vice-Chairperson, 2nd Vice-Chairperson and two Members-at-Large (Officers).
2. One Member-at-Large shall represent the alcohol and substance abuse community and one Member-at-Large shall represent the mental health community.
3. One of the Officers shall be a Person in Recovery. A Person in Recovery shall be defined as an individual with a mental illness and/or substance use disorder ~~an addiction~~ who manages her/his recovery.

Section C: Officer Terms and Vacancies

1. Officers shall serve a one-year (1) term. Members can serve a second consecutive one-year term in the same Officer position if elected to do so by the Advisory Board. A Member may not serve more than two consecutive years in the same Officer position.

   Members of the Advisory Board can serve up to a total of four years in each Officer position during their total years of membership on the Advisory Board, so long as they do not serve more than two consecutive years in a specific Officer position.

2. The Executive Committee may, by a majority vote, appoint a Member to fill any vacancy that occurs in an Officer position until the next annual election.

~~The Executive Committee Section C: Term and Vacancies~~

~~1. Officers shall serve a one-year term.~~

~~2. The maximum length of time a Member can serve in a given elected office shall be two consecutive terms.~~

~~3. Special elections shall be called by the Executive Committee, If needed~~

Section D: Officers and Their Duties

1. The Chairperson shall:
   a. Be the principal executive officer and the official spokesperson of the Advisory Board.
   b. Attend all meetings of the Executive Committee.
   c. Preside at meetings of the Advisory Board and the Executive Committee and carry out the policies of the Advisory Board and the Executive Committee.
   d. Make all committee appointments with the exception of the Nominating Committee.
   e. Subject to the approval of the Advisory Board, be an ex-officio member of all committees, except the Nominating Committee~~, and vote only in the case of committee ties.~~
   f. Have the general powers and duties of management usually vested in the office of the Chairperson and the powers and duties as prescribed in these Bylaws.
   g. Consult with the BHS Director.

   h. Make appointments of Members to represent areas of special interest as advocates. Advocates will be determined as needed in areas of concern such as Older Adults, Children's Issues, Multi-Ethnic Concerns, and others.

2. The 1st Vice-Chairperson shall:
   a. Do everything necessary to assist the Chairperson in the performance of her/his duties.
   b. Exercise the powers of the Chairperson when and if the Chairperson is absent.
   c. Be bound by any voting restraints of the Chairperson, when and if the Chairperson is absent.
   d. Attend meetings of the Executive Committee.

3. The 2nd Vice-Chairperson shall:
   a. Do everything necessary to assist the Chairperson and the 1st Vice- Chairperson in the performance of their duties.
   b. Exercise the powers of the Chairperson when and if the Chairperson and the 1st Vice-Chairperson are absent.
   c. Be bound by any voting restraints of the Chairperson.
   d. Attend meetings of the Executive Committee.

4. Members-at-Large shall:
   a. Do everything necessary to assist the Chairperson in the performance of her/his duties.
   b. Attend meetings of the Executive Committee.

ARTICLE V

Executive Committee

Section A: Purpose

The purpose of the Executive Committee shall be to:

1. Establish the policy and direction of the Advisory Board, with due consideration given to the input received from Members.
2. Set the agendas for Advisory Board regular and retreat meetings, with due consideration given to input received from Members.
3. Assist the Advisory Board to carry out and complete its duties and responsibilities.

4. Assist Members new to the Advisory Board in becoming active and informed Members.
5. Inform the Advisory Board about policies, areas of interest, and developments that affect matters subject to the Advisory Board's duties and responsibilities.
6. When appropriate, recommend Advisory Board actions and votes on relevant issues.

ARTICLE VI
Subcommittees and Workgroups

Section A: Formation of Subcommittees

1. The Advisory Board may appoint subcommittees comprised of Members for the purpose of carrying out specific and limited functions and duties of the Advisory Board (Subcommittee). Actions and recommendations of Subcommittees shall not be deemed actions and recommendations of and shall not bind the Advisory Board until voted on by the full Advisory Board. Each ~~subcommittee's~~ Subcommittee's purpose and scope shall be described in writing by the Subcommittee Members prior to its first meeting and submitted to the Chairperson for approval.
2. Subcommittees shall be approved by the Advisory Board.
3. Subcommittees of the Advisory Board shall consist of only Members and have no fewer than three nor more than five Members. One Member shall be selected by the Chairperson to act as Chair of the Subcommittee.
4. All Subcommittees shall report at Advisory Board meetings, as necessary. The reports may be oral or written, unless specified by the Chairperson.
5. A Subcommittee shall cease to exist upon the completion of the purpose and scope set forth in its prior written description approved by the Chairperson.

Section B: Duties and Responsibilities of Subcommittee Chairs

1. Subcommittee Chair duties include:
    a. Call Subcommittee meetings to order and run meetings.
    b. Keep records of all actions and reports of the Subcommittee.
    c. Submit actions and reports to BHS staff at least one week prior to regular meetings of the Advisory Board.
    d. Report to the Advisory Board on Subcommittee meetings and actions taken, as necessary.

2. A Subcommittee Chair shall not act as spokesperson for the Advisory Board unless authorized to do so in writing by the Chairperson.

Section C: Formation of Workgroups

1. Workgroups shall be formed as needed~~, with Members appointed by the Chairperson~~.
2. Each Workgroup's purpose and scope shall be described in writing by the Chairperson prior to its first meeting.
3. Workgroups shall include at least one Member and may include behavioral health stakeholders and members of the BHS Director's staff recommended by the Director to the Chairperson.
4. Workgroups shall cease to exist upon completion of their assignments.

ARTICLE VII
Organization & Procedures

Section A: Rules of Governance

1. Robert's Rules of Order~~, and~~ the Ralph M. Brown Act, these Bylaws, and any other rules adopted by the Advisory Board shall govern the operation of the Advisory Board, the Executive Committee, ~~standing~~ permanent Subcommittees, and Workgroups formed by the Advisory Board.

~~in all cases not covered by these Bylaws.~~

~~2. The Advisory Board shall prepare and adopt Bylaws and other rules which may be necessary for the conduct of its business.~~

Section B: Quorum and Voting

1. A quorum of the Advisory Board and the Executive Committee shall be one person more than one-half of the appointed Members.
2. An affirmative vote of a majority of ~~members~~ Members in attendance shall be required for the passage of any business or matter before the Advisory Board and the Executive Committee.
3. Voting shall be one vote per person and no proxy, telephone or absentee voting shall be permitted.
4. ~~Chairperson shall vote only in the cases of breaking tie votes at the Advisory Board, participating in Advisory Board elections and serving on the Executive Committee.~~

Section C: Meetings

1. Public Meetings and Notice of Agenda:

   All meetings of the Advisory Board, Executive Committees and standing Subcommittees shall be open to the public and shall be held in accessible, public places. Notices and agendas of all regular and retreat meetings shall be emailed to Members and posted in a publicly accessible place for a period of 72 hours prior to the meeting. Special meetings shall require 24 hours prior notice to Members and posted in a publicly accessible place for 24 hours. Notice to Members may be waived if the entire Advisory Board is present when the meeting is called.

2. Regular Meetings of the Advisory Board and the Executive Committee:

   A minimum of 10 regular meetings per year of the Advisory Board and Executive Committee, each, shall be held.

3. Special Meetings:

   Special meetings may be called in a signed writing, which shall include an agenda, by the Chairperson or by a majority of the Executive Committee or by not less than one third of the ~~members~~Members.

4. Retreats:

   The Advisory Board shall conduct one retreat per year for the purpose of reviewing prior Advisory Board performance and discussing policy and priorities for future Advisory Board actions. The retreat shall be scheduled by the Executive Committee. A retreat shall not count as a regular meeting.

Section D: Minutes of Meetings

1. Minutes of meetings of the Advisory Board, Executive Committee, Workgroups, and standing Subcommittees shall be prepared by the Clerk of the Advisory Board or delegate. ~~BHS staff.~~

2. Minutes shall be in summarized form and approved minutes shall be posted publicly.

Section E: Amendments

1. Recommendations to amend these Bylaws may be made and approved at any regular meeting of the Advisory Board by a majority vote of the existing membership. Following review and approval by County Counsel, the recommended amendments shall be communicated by BHS staff to the Board of Supervisors for their review and adoption.

Section F: Compensation and Expenses

Members shall:

1. Serve without compensation.

2. Be reimbursed for expenses incurred in performing their duties pursuant to these Bylaws, including mileage reimbursement, in accordance with County Administrative Code Section 471.

Section G: Effective Date

These Bylaws shall become effective upon approval of the Board of Supervisors.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

CHILDREN'S HOSPITAL ASSOCIATION

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

Link to original document: https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/

A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association:

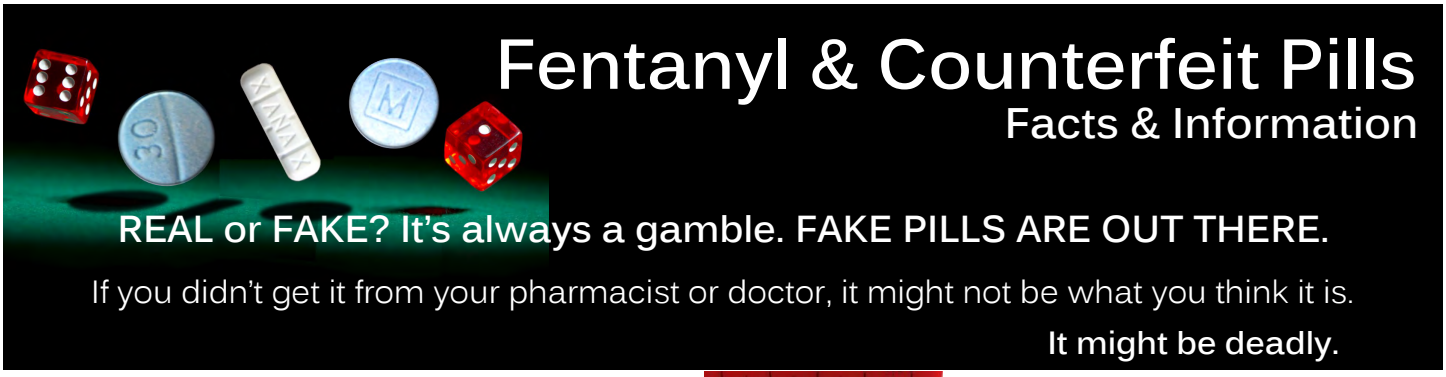
As health professionals dedicated to the care of children and adolescents, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our country have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.

This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10-24. The pandemic has intensified this crisis: across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including suspected suicide attempts.

The pandemic has struck at the safety and stability of families. More than 140,000 children in the United States lost a primary and/or secondary caregiver, with youth of color disproportionately impacted. We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities. We must identify strategies to meet these challenges through innovation and action, using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment.

That is why the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) are joining together to declare a National State of Emergency in Children's Mental Health. The challenges facing children and adolescents are so widespread that we call on policymakers at all levels of government and advocates for children and adolescents to join us in this declaration and advocate for the following:

- Increase federal funding dedicated to ensuring all families and children, from infancy through adolescence, can access evidence-based mental health screening, diagnosis, and treatment to appropriately address their mental health needs, with particular emphasis on meeting the needs of under-resourced populations.
- Address regulatory challenges and improve access to technology to assure continued availability of telemedicine to provide mental health care to all populations.
- Increase implementation and sustainable funding of effective models of school-based mental health care, including clinical strategies and models for payment.
- Accelerate adoption of effective and financially sustainable models of integrated mental health care in primary care pediatrics, including clinical strategies and models for payment.
- Strengthen emerging efforts to reduce the risk of suicide in children and adolescents through prevention programs in schools, primary care, and community settings.
- Address the ongoing challenges of the acute care needs of children and adolescents, including shortage of beds and emergency room boarding by expanding access to step-down programs from inpatient units, short-stay stabilization units, and community-based response teams.
- Fully fund comprehensive, community-based systems of care that connect families in need of behavioral health services and supports for their child with evidence-based interventions in their home, community or school.
- Promote and pay for trauma-informed care services that support relational health and family resilience.
- Accelerate strategies to address longstanding workforce challenges in child mental health, including innovative training programs, loan repayment, and intensified efforts to recruit underrepresented populations into mental health professions as well as attention to the impact that the public health crisis has had on the well-being of health professionals.
- Advance policies that ensure compliance with and enforcement of mental health parity laws.



What is Fentanyl?

Two milligrams of powder fentanyl, a potentially lethal dose

Fentanyl is a Schedule II synthetic opioid approved for use as a painkiller and anesthetic. The drug's extremely strong opioid properties—both analgesic and euphoric— have made it an attractive drug of abuse for opioid users. It is the most potent opioid available for use in medical treatment – 50 to 100 times more potent than morphine and 50 times stronger than heroin. Its euphoric effects are indistinguishable from morphine or heroin.

WARNING: Ingestion of very small doses of fentanyl can be fatal. Fentanyl can be absorbed through the skin and accidental inhalation of airborne powder also may occur.

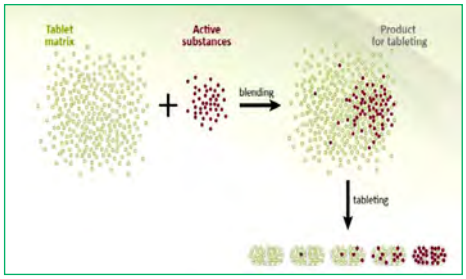
Fentanyl in the United States

The United States is in the midst of a fentanyl crisis, with law enforcement reporting and public health data indicating higher availability of fentanyl, increased seizures of fentanyl, and more known overdose deaths from fentanyl than at any other time since the drug was first created in 1959. Illicitly-produced fentanyl, along with its analogues, is manufactured in China and Mexico.

Counterfeit fentanyl pills

Counterfeit 30 milligram Oxycodone pills containing fentanyl

Illicitly-produced fentanyl is increasingly available in the form of counterfeit prescription pills. Fentanyl traffickers use fentanyl powder and pill presses to produce pills that resemble popular prescription drugs, such as oxycodone, hydrocodone, and Xanax®. The pills are sold in illicit U.S. drug markets, and users typically do not realize the pills are laced with fentanyl. The amount of fentanyl intended for each tablet is very small, and operators risk creating hot spots, or areas of higher concentrations of fentanyl in the pills. DEA's analysis of 8 kilograms of fentanyl tablets indicated the average illicit fentanyl-laced tablet contained 1.1 milligrams of fentanyl, with a range of 0.03 to 1.9 milligram per tablet. Such a large amount of fentanyl in each pill is alarming considering that approximately 2 milligrams is a lethal dose for most non-opioid-dependent individuals. Drug users have discussed only consuming partial amounts of a counterfeit pill containing fentanyl in online forums, and one user stated he began vomiting after taking one-quarter of a pill.



Variable dose of active substance in clandestinely manufactured pills

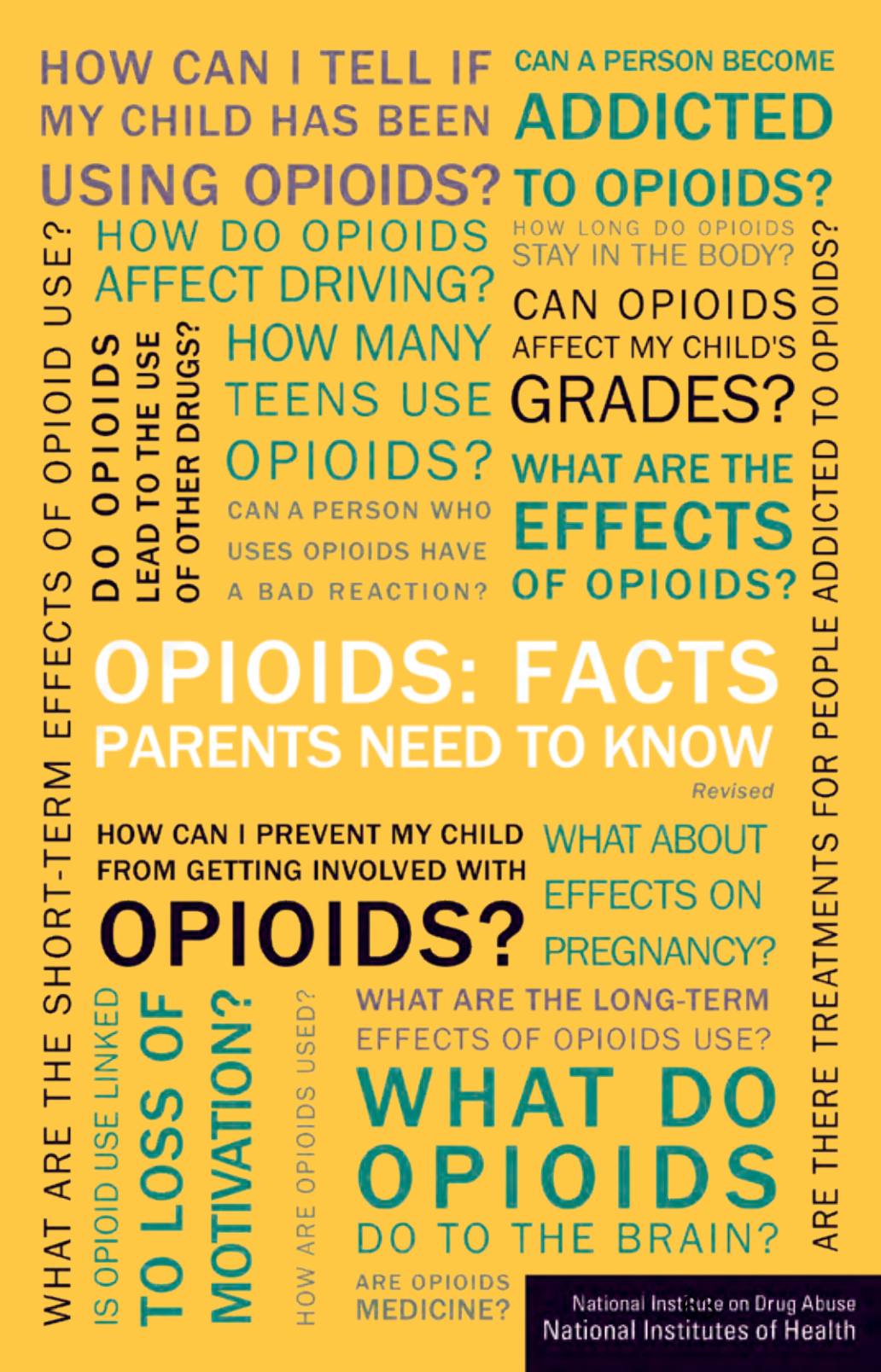
The high profitability of counterfeit prescription pills laced with fentanyl strongly incentivizes traffickers to continue producing them. These pills often retail for between $10 and $20 in illicit street markets, potentially netting traffickers millions of dollars in profit.

Where fentanyl has been found

Currently illicit fentanyl, fentanyl-related substances, and other synthetic opioids can resemble powdered drugs such as heroin or cocaine. Fentanyl, or other synthetic opioids, in pill or capsule form have been represented as OxyContin (oxycodone), Xanax (alprazolam), or other diverted pharmaceutical drugs. Fentanyl intended for use in powder form is likely still marketed towards heroin users, while fentanyl-laced pills can be marketed towards prescription drug users. Fentanyl has also been found mixed with other illicit drugs, such as cocaine, or in black tar form that visually resembles black tar heroin.

Fentanyl in pill, black tar, and powder form

If exposed, **Call 911**; In case of overdose, **Call 911** and administer Narcan (naloxone)


HOW CAN I TELL IF MY CHILD HAS BEEN USING OPIOIDS?
CAN A PERSON BECOME ADDICTED TO OPIOIDS?
HOW LONG DO OPIOIDS STAY IN THE BODY?
HOW DO OPIOIDS AFFECT DRIVING?
CAN OPIOIDS AFFECT MY CHILD'S GRADES?
HOW MANY TEENS USE OPIOIDS?
WHAT ARE THE EFFECTS OF OPIOIDS?
CAN A PERSON WHO USES OPIOIDS HAVE A BAD REACTION?
DO OPIOIDS LEAD TO THE USE OF OTHER DRUGS?
WHAT ARE THE SHORT-TERM EFFECTS OF OPIOID USE?
ARE THERE TREATMENTS FOR PEOPLE ADDICTED TO OPIOIDS?
OPIOIDS: FACTS PARENTS NEED TO KNOW
Revised
HOW CAN I PREVENT MY CHILD FROM GETTING INVOLVED WITH OPIOIDS?
WHAT ABOUT EFFECTS ON PREGNANCY?
WHAT ARE THE LONG-TERM EFFECTS OF OPIOIDS USE?
WHAT DO OPIOIDS DO TO THE BRAIN?
IS OPIOID USE LINKED TO LOSS OF MOTIVATION?
HOW ARE OPIOIDS USED?
ARE OPIOIDS MEDICINE?
National Institute on Drug Abuse
National Institutes of Health

A Letter to Parents

You have probably heard a lot about the opioid crisis in the news lately. But what are opioids, and what do they have to do with you as the parent of a teenager?

If your child has had a sports injury, dental work, or surgery, it is possible that he or she was prescribed a pain reliever that contained an opioid. Opioids can be very effective at reducing severe pain in the short term, such as after surgery, but they can be very addictive, especially if they are misused.

Children and adolescents are at greater risk than adults of becoming addicted when exposed to drugs. Particularly when used in treating children or adolescents, opioids should only be taken to manage severe pain, when no other pain medicine works, and for the shortest time necessary—and most importantly, only while under the careful watch of a trained health care provider.

In addition to opioids prescribed for treating pain, there are powerful opioids sold on the street and used solely to get high, including heroin and illicit fentanyl. These are also highly addictive. All opioids—particularly when misused to get high, when combined with other drugs like alcohol or tranquilizers, or when used for pain without proper medical supervision—can result in deadly overdoses.

While opioid misuse in teens has been going down, the rate of opioid misuse increases significantly after the age of 18, so it is critical to talk with teens early and frequently to protect them from experimenting with opioids as they transition into adulthood. Talking to your kids about drugs may not be easy, but it is important.

Here at the National Institute on Drug Abuse (NIDA), we developed this guide to help parents talk with their kids. We also have a companion book, **Opioid Facts for Teens**, that you can share. Sometimes, just beginning the conversation is the hardest part. I hope these booklets can help.

Nora D. Volkow, M.D.
Director
National Institute on Drug Abuse

Contents

I. Talking to Your Kids: Communicating the Risks

Did you know?

Opioid misuse can have lasting effects. When opioids are misused, they can have harmful effects on your brain, like slowed breathing. Slowed breathing can then lead to short-and long-term health effects, including coma, brain damage, and death. Some studies have shown that repeated opioid misuse also can affect people's behavior, decision-making, and responses to stressful situations. So, it's important to be aware of any changes in your teen's behavior.

Opioids can be addictive. Opioids are among the most addictive drugs. Over time, opioids can change the brain, which leads to addiction. People who are addicted to opioids can feel a strong need to take the drug again and again. They may also experience severe withdrawal symptoms in the absence of the drug. These negative withdrawal symptoms, coupled with the strong desire to use opioids, are why some people continue to use opioids, despite negative consequences to their health and well-being.

Opioid use can affect every area of your teen's life. Using drugs early in life can lead to poor grades and bad relationships with friends and family. Opioid use can alter judgment and make it more likely your teen could make risky decisions like having unprotected sex or driving under the influence.[1–3]

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[1] Dahl RE. Adolescent brain development: a period of vulnerabilities and opportunities. Keynote address. Ann N Y Acad Sci. 2004;1021:1-22. doi:10.1196/annals.1308.001

[2] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6):593-602. doi:10.1001/archpsyc.62.6.593

[3] Thornberry TP, Krohn MD, eds. Taking Stock of Delinquency - An Overview of Findings. New York, NY: Springer Science & Business Media; 2006. //www.springer.com/us/book/9780306473647. Accessed November 7, 2017.

II. Want to know more? Some FAQs about Opioids

What are opioids?

There are legal opioids like prescription pain relievers and illegal opioids like heroin and illicit fentanyl.

Prescription opioids are powerful pain-reducing medications. Some prescription opioids are made directly from the opium poppy plant. Others are made by scientists in a laboratory although they have similar chemical structures.

Heroin is an Opioid

What is heroin?

Heroin is an addictive illegal drug made from morphine, a natural substance that is found in the seed pod of opium poppy plants in Southeast and Southwest Asia, Mexico, and Colombia. It is a type of opioid. Heroin can come in powder form or as a black sticky substance. Heroin can be injected, sniffed, snorted, or smoked.

Heroin may have many street names including Big H, Black Tar, Chiva, Hell Dust, Horse, Negra, Smack, and Thunder.

What is the connection between prescription opioids and heroin?

Prescription pain relievers and heroin are chemically similar and produce similar effects. You can become addicted to both and overdose on both. Some people get addicted to prescription opioids and then switch to heroin. Others simply start using heroin.

In some communities, heroin is cheaper and potentially easier to get than prescription opioids, which is why some people who are addicted to prescription opioids sometimes switch. Data from 2011 showed that an estimated 4 to 6 percent who misuse prescription opioids switch to heroin[4–6] and about 80 percent of people who used heroin first misused prescription opioids.[4–6]

More recent data suggest that heroin is frequently the first opioid people use. In a study of those entering treatment for opioid use disorder, approximately one-third reported heroin as the first opioid they used regularly to get high.[7]

What are the effects of heroin on the brain, body, and behavior?

Just like other opioids, heroin binds to the opioid receptors in the brain and body, causing euphoria and relieving pain. This means that the short-term and long-term effects will be similar to those experienced from prescription opioids. However, people who inject heroin can also experience collapsed veins.

Additionally, people who inject drugs increase their risk of getting HIV or hepatitis C. These diseases are passed from person to person through blood and other bodily fluids. When people share needles or other drug equipment, they can come into contact with these fluids. HIV, and less often hepatitis C, can also be spread through unprotected sex.

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[4] Muhuri PK, Gfroerer JC, Davies MC. Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. CBHSQ Data Rev. August 2013.

[5] Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. The Changing Face of Heroin Use in the United States: A Retrospective Analysis of the Past 50 Years. JAMA Psychiatry. 2014;71(7):821-826. doi:10.1001/jamapsychiatry.2014.366.

[6] Carlson RG, Nahhas RW, Martins SS, Daniulaityte R. Predictors of transition to heroin use among initially non-opioid dependent illicit pharmaceutical opioid users: A natural history study. Drug Alcohol Depend. 2016;160:127-134. doi:10.1016/j.drugalcdep.2015.12.026.

[7] Cicero TJ, Ellis MS, Kasper ZA. Increased use of heroin as an initiating opioid of abuse. Addict Behav. 2017 Nov;74:63-66. doi: 10.1016/j.addbeh.2017.05.030. Epub 2017 May 23. PubMed PMID: 28582659. https://www.ncbi.nlm.nih.gov/pubmed/28582659

What are the most commonly used prescription opioids?

Common opioid medicines include:

- hydrocodone (Vicodin®)
- oxycodone (OxyContin,® Percocet®)
- oxymorphone
- morphine (Kadian,® Avinza®)
- codeine
- fentanyl

How do opioids affect the brain and make people feel high?

Opioids attach to and activate opioid receptors located in many areas of the brain, spinal cord, and other organs in the body, especially those involved in feelings of pain and pleasure.

When opioids attach to these receptors, they block pain signals sent from the brain to the body and release large amounts of dopamine in the brain's reward regions. Dopamine is the chemical responsible for motivating our actions and repeating pleasurable experiences. This release can strongly reinforce the act of taking the drug, making the user want to take the drug again and again despite negative consequences.

What are the health effects of opioids?

In the short-term, opioids can relieve pain and make people feel relaxed. However, opioids can also have harmful effects, including:

- extreme drowsiness
- confusion
- nausea
- constipation
- slowed breathing

Over time, opioid use and misuse can lead to insomnia, muscle pain, heart problems, pneumonia, and addiction.

How do people use opioids?

Prescription opioids are prescribed by doctors to treat pain and other health issues, such as controlling coughs and diarrhea. When used as prescribed and for a short time, opioids are relatively safe. But when they are misused, they can be dangerous.

People misuse opioids by:

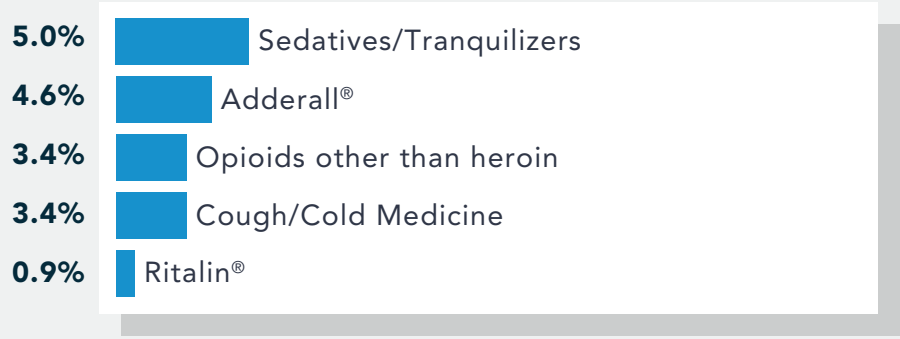
- taking a prescription in ways other than instructed, like taking more than prescribed or taking it more often
- getting and using prescription pills from a friend or family member, even if it's for a real medical condition
- taking prescription drugs to get high
- mixing prescription opioids with alcohol or other drugs
- crushing pills or opening capsules, dissolving the powder in water, and injecting the liquid into a vein, or snorting the powder.

Some opioids, like heroin, aren't available by prescription. People use these drugs just to get high.

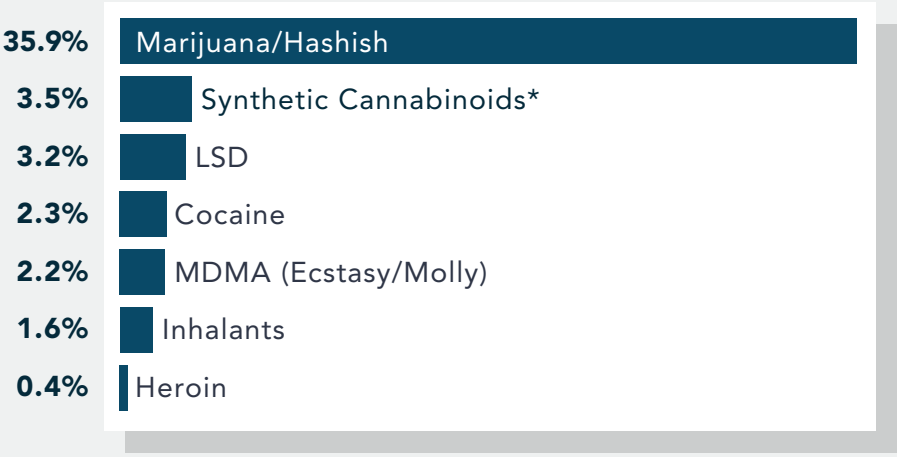
Past-Year Misuse of Prescription/ Over-The-Counter vs. Illicit Drugs

Among 12th graders in 2018

PRESCRIPTION/OTC



ILLICIT DRUGS



**Synthetic Cannabinoids are called Synthetic Marijuana in the survey.*

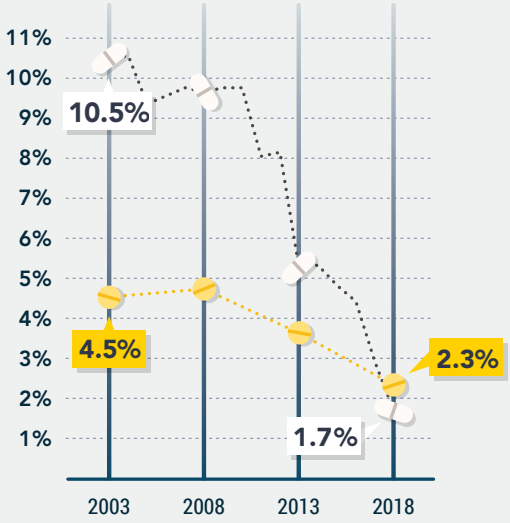
VICODIN® AND OXYCONTIN®

Past-year misuse of Vicodin® and OxyContin® among 12th graders has dropped dramatically in the past 15 years.

KEY

Vicodin® **OxyContin®**

Source: Monitoring the Future National Survey Results on Drug Use: 1975-2018: Overview, Key Findings on Adolescent Drug Use.



How many teens misuse opioids?

According to NIDA's annual Monitoring the Future Survey of 8th, 10th, and 12th graders, the use of one popular prescription opioid, Vicodin®, has been decreasing since 2009.[8] In 2018, 1.7 percent of 12th graders misused Vicodin. These declining numbers likely reflect the hard work of parents and local community public health experts. However, opioid misuse rates increase after the age of 18, so it is critical to talk with teens early and frequently, to reinforce these health messages as they prepare to leave home and start their adult lives. For more information, please visit NIDA's **Drug and Alcohol Use in College-Age Adults in 2017** infographic.

[8] Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2019). Monitoring the Future national survey results on drug use, 1975-2018: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, The University of Michigan

Why do young people use opioids?

Curiosity, peer pressure, and the desire to fit in with friends are common reasons that preteens and teens start misusing opioids. For some, opioid use begins as a way of coping with anxiety, anger, depression, or boredom. Preteens, and teens in particular, may struggle with depression and anxiety but do not recognize it or want to talk about it. Parents often assume there is nothing wrong if their children do not discuss their feelings. Being high can be a way of simply avoiding the problems and challenges of growing up. Parents, grandparents, and older siblings are models who children follow, and research suggests that family members' use of alcohol and drugs plays a strong role in whether a young person starts using drugs, such as opioids.

Addiction means a person continues to seek and take the drug despite negative consequences. All aspects of the teen environment—home, school, and community—can influence if they will try, or even become addicted to drugs.

How can I prevent my child from misusing opioids?

There is no quick or simple solution to prevent teens from misusing opioids. However, it can be done. Research shows that parents have a big influence on their teens. So, talk openly about the effects of opioids and other drugs with your children and stay actively engaged in their lives.

To help you get started, the next section provides some key points about opioids that you can share with your kids to help them make the best decisions to avoid opioid misuse. These key points address the types of questions and comments that we receive daily from our ***NIDA for Teens*** website and ***Drugs and Health Blog.*** Following that section, all the facts, questions, and listed resources will help equip you with even more information to talk about with your teen.

Can my teen take someone else's prescription opioids if he or she is injured?

No. It is dangerous to give your child someone else's medication, even if he or she is in real pain. You should never give your children opioids that were not prescribed for them. Doctors prescribe opioids specifically based on a person's physical and medical history, such as weight, other medical conditions, or how opioids interact with other medicines your child might be taking. Without talking to a doctor, you won't know how the opioids will affect your child or what dose should be safely given. If your child is prescribed opioids, make sure you monitor their use carefully.

I've heard of something called fentanyl. What is that?

Fentanyl is another type of opioid that is similar to morphine. It is 50 times stronger than heroin. As a prescription, it's used to treat severe pain and is also used in surgeries. But fentanyl is also made and used illegally. It is sometimes added to heroin or to other drugs, like cocaine and methamphetamine, causing potent and unpredictable drug combinations that can lead to fatal overdose.

How can I tell if my child has been misusing opioids?

Changes in your child's behavior—such as not brushing their hair or teeth, skipping showers, changes in mood, and challenging relationships with friends and family—can be signs that your child is misusing opioids or other drugs. It's also important to look out for changes in grades, skipping classes or missing school, loss of interest in activities or friends that used to bring enjoyment, changes in sleeping and eating habits, and getting in trouble at school or with law enforcement. These changes could all be related to drug use—or may indicate other problems.

Can my child use opioids if she is pregnant?

Even when taken as prescribed, opioid use during pregnancy may increase the risk of miscarriage or low birth weight. It can also cause neonatal abstinence syndrome, a medical condition where the baby is born dependent on opioids and has withdrawal symptoms after being born.

If a pregnant woman tries to stop taking opioids without medical help, she can put the baby at risk. It is important for pregnant women to tell their doctor about all the medications and other drugs they are taking, or planning to take, so that the baby has a greater chance of being born healthy. If a pregnant woman is misusing opioids, there are treatments that can help her.

What is dependence and how is it different from addiction?

Many people who take prescription opioids for pain become dependent, but that is not the same as being addicted. Dependence occurs when your body has gotten used to the drug for pain, but then you feel really sick when you stop taking the drug. If your child is prescribed opioids, you should talk with his or her doctor about how to safely stop using them.

Addiction means a person continues to seek and take the drug despite negative consequences. It is possible to become dependent on opioids without being addicted, but dependence can lead to addiction in some cases.

Can opioid addiction be treated?

Quitting opioids can be hard, but it is possible. You can work with your child's doctor to develop customized treatment plans that can include medications and therapy. There are three FDA-approved medicines to treat opioid addiction and reduce cravings, offering options to meet individual needs. Buprenorphine and methadone are medicines that bind to the same receptors in the brain as opioids, called opioid agonists or partial agonists. Naltrexone is another medication that treats opioid addiction, but it is called an antagonist, preventing opioids from having an effect on the brain. Additionally, the Food and Drug Administration recently approved a medicine called lofexidine to help make withdrawal symptoms easier for people who are trying to stop using opioids.

While many treatment centers do not offer medication, the National Academy of Sciences recently issued a scientific report stating that opioid agonists or partial agonists are especially effective, save lives, and have better long-term outcomes than other medications or no medications at all.[9] A combination of medication with behavioral therapy can reinforce treatment goals, rebuild relationships with friends and family, and build healthy life skills.

Can you overdose on opioids?

Yes. Opioid overdose can cause slowed breathing, which can cause hypoxia—too little oxygen reaching the brain. Hypoxia can have psychological and neurological effects, including coma, permanent brain damage, or death.

[9] National Academies of Sciences, Engineering, and Medicine. 2019. Medications for Opioid Use Disorder Save Lives. Washington, DC: The National Academies Press. https://doi.org/10.17226/25310.

Withdrawal Symptoms

Withdrawal symptoms from opioids can begin as early as a few hours after the drug was last taken and can include:

- muscle and bone pain
- sleep problems
- diarrhea and vomiting
- cold flashes with goose bumps
- uncontrollable leg movements
- severe cravings for the drug

Some people confuse withdrawal pain as the actual pain they started taking the drug for. Only a doctor can help evaluate the best approach to reducing the pain or discomfort during withdrawal.

Can you stop an opioid overdose as it is happening?

Yes, with quick action. If you think your child has overdosed on opioids, the most important thing to do is call 911. When medical personnel arrive, they will likely administer naloxone — an FDA-approved medicine that can block the effects of opioids and rapidly reverse an overdose. Naloxone is available as an injectable liquid solution, an auto-injector, and an FDA-approved nasal spray.

Some states require doctors to write a prescription for naloxone, while others have passed laws that allow pharmacies to sell it without a personal prescription. This allows friends, family, and people in the community to keep naloxone on hand to save someone who is overdosing.

However, it is important to remember that naloxone doesn't take the place of medical care. It only works to reverse an opioid overdose in the body for 30 to 90 minutes, so it is possible for a person to still experience the effects of an overdose after naloxone wears off. Also, some opioids are stronger and might require multiple doses. Therefore, it is critical to call 911 so the patient can receive immediate attention.

People given naloxone should be observed constantly until emergency care arrives and they should be monitored for another two hours after the last naloxone dose is given to make sure breathing does not slow or stop. An overdose reversal is a key time for patients with opioid addiction to be connected with treatment for their addiction.

What is being done to address the opioid overdose crisis?

Federal, state, and local governments, as well as advocacy organizations, researchers, and health professionals are working together to tackle this public health crisis from every angle.

Such strategies include:

- improving access to treatment and recovery services
- promoting the use of naloxone by first responders and bystanders
- strengthening our understanding of the crisis through better public health monitoring
- developing safe and effective medications and strategies for pain management
- improving medications to treat people who are addicted to opioids
- improving prevention strategies

Researchers funded by the National Institutes of Health (NIH) are exploring better ways to prevent and treat opioid misuse. They are looking at how opioids work on brain pathways so they can develop safer opioid medications that do not have the risk of addiction. Read about the NIH HEAL℠ (Helping to End Addiction Long-Term) Initiative here: **https://www.drugabuse.gov/drugs-abuse/opioids/nidas-role-in-nih-heal-initiative.**

Scientists are also developing better ways to deliver medications to the body. This includes long-lasting and implantable formulations that can deliver medication to treat opioid addiction for weeks or months, instead of having to take a pill daily or every other day.

III. Starting the Conversation

As this guide has shown, opioid misuse can affect the health and well-being of children and teens at a critical point in their lives — when they are growing, learning, maturing, and laying the foundation for their adult years.

As a parent, your children look to you for help and guidance in working out problems and in making decisions, including the decision not to use drugs. Even if you have used drugs in the past, you can have an open conversation about the dangers. Whether or not you tell your child about your past drug use is a personal decision. But experience can better equip us to teach others by drawing on the value of past mistakes. You can explain that there is an opioid crisis in the country and that misusing opioids can have potentially harmful effects on the developing brain.

Tips for Parents

- Be a good listener.
- Set clear expectations about drug and alcohol use, including real consequences for not following family rules.
- Help your child deal with peer pressure to use drugs.
- Get to know your child's friends and their parents.
- If concerned, have your child evaluated for mental health issues such as depression or anxiety.
- Monitor your child's whereabouts.
- Carefully monitor your child's medications.
- Do not leave unused opioids in accessible places in your home.
- Supervise teen activities.
- Talk to your child often.
- Do not ignore signs that your child is changing in negative ways.

Because opioids are available by prescription, many children and teens don't understand their danger, and even fewer recognize that heroin is an opioid. Many also do not realize that dangerous fentanyl is added to many street drugs. Misusing opioids can be harmful and can alter the course of young peoples' lives, preventing them from reaching their full potential. That's reason enough to have this difficult conversation with your children. Be certain that the discussion focuses on how much you care about your child's health.

We hope this guide encourages and helps parents to begin the dialogue and, more importantly, to keep open the channels of communication.

Want to become involved? Consider coordinating an event during National Drug and Alcohol Facts Week using free NIDA materials or contact us at **drugfacts@nida.nih.gov.** See **https://teens.drugabuse.gov/national-drug-facts-week.**

IV. Other Useful Resources

There are numerous resources available, many right in your own community, where you can get information to help you talk to your children about drugs.

Some helpful sources to get such information are your local library, school, or community service organization. You may also contact the government organizations listed below.

National Institute on Drug Abuse (NIDA)

NIDA, as part of the National Institutes of Health, offers a wide variety of free publications, education materials, and videos to help parents talk to their children about drug use.

Free resources include:

- **Family Checkup,** (online or hard copy) that provides parents with research-based skills, such as videos with conversation tips on how to help their children make good personal choices
- **Drugs: Shatter the Myths,** a booklet that parents can give to their teens to help answer frequently asked questions about drugs and drug misuse
- **Step-by-Step Guide,** an online guide that offers guidance on what parents can do if their teen appears to be misusing drugs
- **Principles of Substance Abuse Prevention for Early Childhood,** an online report that addresses early interventions and their positive effects on development

Visit our **Parents & Educators** page for a list of other materials.

NIDA has more information about opioids and other drugs on both our **main website (https://www.drugabuse.gov/)** and our **NIDA for Teens (https://teens.drugabuse.gov/)** site. To order this and other hard copy NIDA publications, please visit **drugpubs.drugabuse.gov.**

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Visit NIAAA at **niaaa.nih.gov** for information about a variety of alcohol-related issues, which frequently intersect with other drug use problems.

National Institute of Mental Health (NIMH)

NIMH at **nimh.nih.gov** provides the latest research findings and many other resources that cover information on mental health disorders and drug misuse. Drug misuse often begins while children are battling depression or anxiety.

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA's treatment locator can help you find a drug or alcohol treatment program near you. Visit **samhsa.gov** for more information about substance use disorder prevention and treatment policies, programs, and services.

Drug Enforcement Administration (DEA)

Visit **dea.gov** for information about various drugs and laws related to drug use. The DEA also has a site with resources for parents, educators, and caregivers at **getsmartaboutdrugs.gov.**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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TEEN GUIDE TO SUBSTANCE USE DISORDER

HELP YOURSELF AND YOUR FRIENDS STAY SOBER AND HEALTHY

OPERATION PREVENTION
Discover • Connect • Prevent

san diego county office of EDUCATION
FUTURE WITHOUT BOUNDARIES℠

SAN DIEGO COUNTY
Friday Night live
PARTNERSHIP

NEED THE FACTS OR MORE INFORMATION?

https://tinyurl.com/teensdrugabuse
https://tinyurl.com/opsdstudent

DO YOU OR A FRIEND NEED HELP?

https://tinyurl.com/up2sdhotline
https://tinyurl.com/samhsahotline

KNOW YOUR COUNTY RESOURCES:

https://tinyurl.com/bhsservices
https://tinyurl.com/sandiego211

WHAT ABOUT VAPING?

https://tinyurl.com/fnlvapinginfo

WANT TO JOIN OTHER STUDENTS IN PREVENTION EFFORTS?

https://tinyurl.com/fnlsandiego

TIPS ON AVOIDING SUBSTANCE USE

IT'S OK NOT TO USE DRUGS, ALCOHOL, OR VAPE

78% of San Diego teens do not currently use drugs, alcohol, or tobacco products.

58% have never even tried drugs, alcohol, or tobacco products one time.

OPERATION PREVENTION
Discover • Connect • Prevent

san diego county office of EDUCATION
FUTURE WITHOUT BOUNDARIES℠

SAN DIEGO COUNTY Friday Night live PARTNERSHIP

GIVE A REASON FOR SAYING "NO"

Be honest. Honest answers are more easily accepted by others.
"I want to keep a clear head."
"I could get suspended from the team."
"My parents would be mad if they found out."

SHOW YOUR CONCERN FOR OTHERS

Express your concern for those trying to persuade you.
"I'd be really sad if anything happened to you."
"What would your parents do if they found out you were using drugs?"

SUGGEST SOMETHING ELSE

Try to persuade your friends to do something fun that's safer or healthier.
"Let's go out back and play volleyball."
"I'd rather dance and eat something. I'm starved."

Principles of Harm Reduction for Young People Who Use Drugs

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abstract

In summarizing the proceedings of a longitudinal meeting of experts on substance use disorders among adolescents and young adults, we review 2 principles of care related to harm reduction for young adults with substance use disorders. The first is that harm reduction services are critical to keeping young adults alive and healthy and can offer opportunities for future engagement in treatment. Such services therefore should be offered at every opportunity, regardless of an individual's interest or ability to minimize use of substances. The second is that all evidence-based harm reduction strategies available to older adults should be available to young adults and that whenever possible, harm reduction programs should be tailored to young adults and be developmentally appropriate.

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Harm reduction is defined as a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.[1,2] It is also a movement for social and health justice built on a belief in, and a respect for, the rights of people who use drugs.[3] Harm reduction programs for young adults are focused on minimizing the negative effects of substance use on young people, their families, and peers without mandating reductions in, or abstinence from, substance use to access services or receive medical treatments.[4]

In the United States, formal harm reduction programs were initially established to reduce risk for infectious diseases, such as HIV, hepatitis C, and bacterial infections transmitted through nonsterile injection practices. Amid the HIV crisis in the 1980s and 1990s, syringe service programs provided sterile injection equipment and risk reduction counseling to people who inject drugs in high-prevalence areas. As the risk for opioid overdose increased among people who used drugs throughout the early 2000s, overdose education and naloxone distribution (OEND) programs also emerged, often but not always in tandem with syringe service programs.[5] Condom distribution and HIV pre- and postexposure prophylaxis, which are aimed at reducing HIV transmission risk without specifically attempting to reduce either sexual or injection behaviors, represent other harm reduction interventions. Additional emerging harm reduction interventions include distribution of fentanyl test strips, which are used to detect fentanyl in drug samples and have been shown to be feasible and acceptable among young adults at high risk for fentanyl overdose.[6] Outside of the United States, harm reduction efforts also include supervised consumption facilities, where people use drugs in a supervised setting.

Decades of evidence have revealed that many harm reduction strategies are highly effective in decreasing the transmission of infectious diseases, preventing overdose, and reducing other sources of morbidity and mortality among people who use substances, including young people who use illicit drugs.[7–11] Harm reduction programs can also serve as a critical access points for additional resources, health care, and treatment.[12,13] However, despite a compelling body of scientific evidence, the uptake and dissemination of harm reduction programs for young people who use drugs continues to be limited in the United States.[4,14] Youth-focused harm reduction programs face substantial social, political, and structural barriers to their implementation in jurisdictions throughout the country.

In this article, we describe 2 key principles related to harm reduction for young adults that were discerned by a workgroup of experts as part of a longitudinal meeting on substance use disorders (SUDs) in young adults convened by Boston Medical Center's Grayken Center for Addiction. The recommendations in this article are not American Academy of Pediatrics policy, and publication herein does not imply endorsement. We present evidence in support of these principles (Table 1) and summarize practice considerations. We describe opportunities for expansion of harm reduction interventions focused on young adults and for incorporating harm reduction approaches into clinical programs to maximize public health impact. Additionally, we highlight obstacles to successful implementation and expansion and strategies to overcome these challenges.

PRINCIPLES OF CARE

Principle 1: Harm Reduction Services Are Critical to Keeping Young Adults Alive and Healthy and Can Offer Opportunities for Future Engagement in Treatment

Guidance

The workgroup recommended that the harms of substance use be reduced at every opportunity, regardless of an individual's interest or ability to minimize use of substances. Young adults who use substances or who meet criteria for an SUD have a right to the same care as those who do not, care that is nonjudgmental, dignified, and optimizes their ability to reach their own goals. Harm reduction programs are designed to be facilitative and incremental, meaning that they should address an individual's needs by facilitating any positive change, regardless of how small or incremental that change may be. The workgroup concluded that the evidence was clear that rather than enabling or increasing substance use, harm reduction services are safe, pragmatic, evidence-based interventions that reduce the harms from substance use.[2,15] Such programs should therefore be offered to adolescents and young adults with SUDs.

Evidence

Robust evidence (Table 1) supports both the efficacy and effectiveness of harm reduction interventions to improve the health of people who use drugs. As mentioned, myriad harm reduction strategies exist; we limit our discussion to strategies directly linked to safer drug use practices.

Distribution of sterile syringes and injecting equipment reduces HIV transmission and soft tissue infections.[8,10,16] In fact, the volume of syringes distributed and made available is directly linked to proportionally lower rates of subsequent HIV infections.[17]

TABLE 1 Selected Summary of Experimental and Quasi-Experimental Evidence About Harm Reduction Interventions

Author, y	Sample	Setting	Study Period	Design	Outcome	Main Findings	Contribution to Summit Principles
Fernandes et al,[11] 2017	Studies on effectiveness of NSPs	13 systematic reviews (which cite 133 unique studies from around the world)	Studies published until May 2015	Review of systematic reviews of the association of NSPs and blood-borne infection transmission and IRBs	Summarize the evidence on the effectiveness of NSPs in reducing blood-borne infection transmission and IRBs among PWID	NSPs were effective in reducing HIV transmission and IRB among PWID, with mixed results around reduction in HCV infection. Full harm reduction interventions provided at the structural level and in multicomponent programs, with high levels of coverage, were more beneficial.	Syringe exchanges reduce HIV transmission and may reduce HCV infection, especially when combined with additional services (referrals, MOUDs).
Gonsalves and Crawford,[19] 2018	Individuals infected in an opioid-driven HIV outbreak	Scott County, Indiana	October 2014 to November 2015	Mathematical modeling study of harm reduction interventions and HIV infections in an outbreak	Estimated differential HIV infections based on timing of public health intervention	Scale-up to earlier intervention times could have substantially reduced the total number of HIV infections in the Scott County outbreak.	Syringe exchanges and other harm reduction interventions reduce HIV infections in an outbreak.
Guse et al,[58] 2012	Studies on the impact of digital media-based interventions targeting adolescents aged 13–24	10 studies	Studies published between January 2000 and May 2011	Systematic review of the impact of digital media interventions targeting adolescents	Intervention impact on sexual health knowledge, attitudes, and/or behaviors	Seven interventions significantly influenced psychosocial outcomes, such as condom self-efficacy and abstinence attitudes. Six studies increased knowledge of HIV, sexually transmitted infections, or pregnancy.	Harm reduction services can be delivered through digital media.
Krieger et al,[6] 2018	*N* = 93 young adults aged 18–35 who reported injecting drugs or using illicit substances in the past 30 d	Rhode Island	May 2017 to September 2017	Nonrandomized pilot study of fentanyl test strips	Use of rapid fentanyl test strips (binary yes or no), No. test strips with positive results	Of 81 participants who returned for follow-up, 77% reported using at least 1 test strip, 98% reported confidence in their ability to use the test strips, and 95% wanted to use them in the future.	Use of rapid fentanyl test strips is feasible and acceptable to young adults.
Platt et al,[18] 2017	*N* = ~1817 incident HCV infections	28 studies from around the world	Studies published until November 2015	Systematic review of association of OST and NSPs and HCV infection	Acquisition of HCV among people who inject drugs	OST is associated with a reduction in the risk of HCV acquisition, which is strengthened in studies that assess the combination of OST and NSPs. High NSP coverage was associated with a reduction in the risk of HCV acquisition in studies in Europe.	OST when paired with NSPs reduces the risk of HCV acquisition.
Potier et al,[15] 2014	Studies on benefits and harms of SIS	75 studies (85% originated from Vancouver, British Columbia, Canada, or Sydney, Australia)	Studies published until January 2014	Systematic review of SIS use benefits and harms	Synthesized evidence for SIS-induced benefits and harms	SIS promoted safer injection conditions, enhanced access to primary health care, and reduced overdose frequency while decreasing public drug injections. SIS were not found to increase drug injecting, drug trafficking, or crime.	SIS reduce multiple harms from injection drug use without increasing injection drug use or crime.
		Peer-reviewed reviews					

TABLE 1 Continued

Author, y	Sample	Setting	Study Period	Design	Outcome	Main Findings	Contribution to Summit Principles
Stockings et al,[4] 2016	Studies on effectiveness of various intervention programs for young people		Studies published until April 2015	Systematic review of reviews of substance use interventions for young people	Summarize the evidence for effectiveness of prevention, early intervention, harm reduction, and treatment of problem use	There is limited available research on interventions for problematic substance use in young people. Interventions that are effective with adults should be tested with young people.	Interventions have been designed and studied in adults; further efforts are needed to study and tailor interventions for young people.
Walley et al,[5] 2013	Individuals who use opioids at risk for overdose and individuals in their social network	19 communities in Massachusetts with at least 5 fatal opioid overdoses in each of the years 2004–2006, with and without OEND programs	2002–2009	Interrupted time series analysis comparing overdose in communities with and without OEND programs	ARR for annual deaths related to opioid overdose and use of acute care hospitals	Community-year strata had significantly reduced ARRs compared with communities with no implementation (ARR 0.73 [95% CI 0.57–0.91 for <100 enrollments per 100 000]; ARR 0.54 [95% CI 0.39–0.76 for >100 enrollments per 100 000]).	Increased access to naloxone for people who use drugs is associated with reduced overdose death in those communities.

Studies are listed alphabetically. ARR, adjusted rate ratio; CI, confidence interval; IRB, injecting risk behavior; MOUD, medication for opioid use disorder; NSP, needle and syringe program; OST, opioid substitution therapy; PWID, people who inject drugs; SIS, supervised injection services.

Hepatitis C infections can also be dramatically decreased when distribution of sterile syringes is paired with ready access to medication to treat opioid use disorder.[18] When syringe service programs close or are not scaled up in the setting of outbreaks, behaviors associated with increased risk for HIV and subsequent HIV infections increase.[19,20] Additionally, community-based programs that distribute naloxone dramatically reduce fatal opioid overdose.[5] A strong body of evidence from outside the United States reveals that supervised consumption facilities are acceptable to marginalized and structurally vulnerable individuals, promote safer injection practices, reduce overdose mortality and public injecting, and increase access to treatment without increasing overall drug use or crime in a neighborhood.[13,15,21,22] Growing evidence suggests that drug checking, in which the contents of a drug is confirmed before consuming, may promote harm reduction behaviors.[23] Although most harm reduction programs are located outside the hospital setting, emerging evidence suggests many of these interventions, including syringe distribution[24] and hospital-based supervised consumption, are of interest to people who use drugs and can be integrated into traditional clinical settings, including clinics and hospitals.[25]

Abstinence-only approaches and stigma associated with drug use drive individuals at high risk for drug-related complications away from services and care.[26–31] Nearly half of individuals who died of opioid overdose in Massachusetts in 2014 did not have an encounter in the health care system related to opioid use disorder.[32] Harm reduction programs and approaches offer an opportunity to engage these individuals and, if and when they are able, ultimately offer subsequent opportunities for treatment and

services. Additionally, harm reduction programs can provide valuable infrastructure for broader public health interventions, such as HIV and hepatitis C testing and immunizations.[33]

Practice Considerations

Harm reduction programs and approaches are needed to reduce the negative consequences from substance use for all young people. Existing interventions with strong evidence need expansion to better reach young adults who use drugs, and additional studies are needed to evaluate novel harm reduction interventions for these populations. However, harm reduction programs require additional financial and human resource investments. Additionally, in many states, syringe distribution is illegal[34]; as of late 2019, the country still does not have a legally sanctioned supervised consumption facility.[35]

Past experiences with stigma, pain, trauma, and restrictions in the traditional health care and addiction treatment system often prevent individuals from seeking care.[28,29,31] Harm reduction programs offer important opportunities to engage these individuals who may not otherwise seek care. Integrating clinical services to address the needs of individuals who access service in syringe service programs may be desirable in some facilities. For example, some syringe service programs would benefit from integrating primary care and infectious disease care (eg, pre- and postexposure prophylaxis, abscess care, HIV and hepatitis C virus [HCV] treatment), as well as low barrier buprenorphine prescribing, into these settings. Clinicians should be mindful that such integration of clinical services should be driven by syringe service program staff and participants, who have expertise about their programs and service needs, respectively.[36] New funding streams may be needed to support the expansion of these clinical services.

Additionally, clinicians should integrate harm reduction principles into their routine clinical work in every setting, especially for young adults who use drugs. The adoption of harm reduction approaches may counter the fear of medical care and addiction treatment and begin to confront the stigma that keeps many people who use drugs from accessing needed clinical care.[28,37] Clinicians must develop the skills, approaches, and referral capacity to successfully engage and treat people who use drugs to improve their overall health. Clinicians and clinical programs should learn to provide harm reduction–centered, pragmatic, humanistic care without abstinence as a precondition for engagement. Additional trainings may be necessary not only to teach about harm reduction principles but also to increase capacity to counsel directly with patients about injection practices and overdose risk.

Principle 2: All Evidence-Based Harm Reduction Strategies Available to Older Adults Should Be Available to Young Adults

Guidance

The workgroup recommended that whenever possible, harm reduction programs should be tailored to young adults and developmentally appropriate. The group identified several developmental issues that make engaging young adults in harm reduction services especially challenging: problematic relationships with authority, reluctance to engage in adult-led interventions, high degree of self-reliance, protection of autonomy, cynicism toward personnel in helper roles, and distrust of all but close peers. Efforts are needed to address these challenges and ensure that interventions are youth-friendly. The summit workgroup advised that young people who use drugs be meaningfully involved in all aspects of harm reduction program design, implementation, service delivery, and evaluation. Although youth participation in the design and implementation of harm reduction programs is rare,[38] successful models of youth-driven (and entirely youth-led) harm reduction interventions exist. Young people who use drugs have been engaged as peer educators, mentors, program designers, and evaluators, all of which increase relevance of the intervention for the target population, foster prosocial relationships with peers, and may improve program outcomes. The workgroup concluded that this involvement can also promote harm reduction programs offering services and resources in locations where youth congregate and through accessible media that are most relevant to young people.

Evidence

Just as young adults are less likely to receive evidence-based medications for treatment of opioid use disorder,[39–42] they are less likely to use evidence-based harm reduction interventions than older adults.[14,16,43–45] Existing harm reduction services were largely developed, studied, and funded to focus on older individuals who use drugs. Thus, many of these services are likely to need significant adaptation to reach young adults. Youth access harm reduction resources less frequently than older people who use drugs, despite riskier injection practices, including reuse or sharing of syringes and higher rates of concurrent sexual risk factors. As a result, young people bear disproportionate risk for HIV and HCV infection compared with older people who use drugs.[46–48] Rather than access existing community services, young people often employ harm reduction approaches within their social networks. For example, youth may attempt to minimize risk

by using with other people around or using intranasally rather than by injection to reduce risk for harm.[49,50] Barriers to engaging with existing services include distance from services, desire to avoid neighborhoods where an individual may have previous substance-related experiences, and homelessness.[49] As a result, the youth who do use harm reduction services are particularly vulnerable. For example, they are more likely to experience homelessness, incarceration, and psychological distress than older participants.[51] Fear of law enforcement, presence of older people who use drugs, and age restriction are other identified barriers.[52] Youth also frequently report that programs focus too narrowly on the harm from drug use rather than on their broader social and psychological needs.[49] Notably, girls and young women may be even less likely to be engaged in harm reduction services and more concerned about having their substance use exposed and having their service use tied to male partners.[52] Finally, youth may lack information or may believe that services are not needed, despite higher overdose risk, or may prefer to access services from friends or pharmacies.[51,52]

Several youth-centered harm reduction models have emerged to address disparities and ensure that youth have access to resources that can improve their health. Peer-led naloxone trainings improve attitudes, altruism, and perceptions of programming among youth at risk for overdose.[53] In addition to ensuring that peers are involved, establishing harm reduction programming in locations and venues that are easily and safely accessed by young adults can also improve treatment acceptance. For example, including harm reduction services in community pharmacies, in mobile units, and at venues where young people are likely to use drugs (eg, festivals, universities, and colleges) may improve service uptake.[54] Incorporating harm reduction education into health curriculum and services in schools has also been attempted and requires further study.[55]

Although young adults use social networking sites at high rates, and social media venues have been used effectively to recruit study participants, further studies are needed to understand whether these sites can serve as effective mediums for engaging young people who use drugs in harm reduction education and services.[56–58] Internet-based sexual health and risk reduction education has been used effectively to reach diverse young populations.[59] The Internet and social media may provide an opportunity to deliver overdose prevention and safe injection practice education to a broader group of young people who use drugs.

Despite barriers and obstacles, when harm reduction services are available and youth focused, young adults will access them.[14] In one study, high-risk youth who lived or spent time near a supervised consumption facility were more likely to use the services than young people using drugs who lived farther away.[60] Additionally, in other studies, young adults accessed naloxone[53] and fentanyl test strips if they were available at sites they used.[6] In addition to reducing harm from drug use, these programs also engage young people with the highest risk of drug-related harms.[61]

To ensure that programs for youth achieve the greatest public health impact, young people who use drugs must be involved at every level of harm reduction programming, including in planning, staffing, implementation, and evaluation, in all harm reduction programs designed for young adults.[62]

Practice Considerations

To ensure equitable access to harm reduction interventions for young adults, new harm reduction models, designs, and implementation are needed. Although existing harm reduction programs may make changes to improve access for young people, the evidence suggests that targeted programming will also be necessary. To achieve these goals, young adults will need to be trained as harm reduction peers and will need to develop the capacity to engage at every level of programming, including evaluation and dissemination. Additionally, there may be opportunities to integrate harm reduction–oriented peers into existing clinical settings, with the goal of improving clinical engagement. To effectively care for young adults who use drugs, clinicians will also need to establish relationships with community programs.

Young adults who use drugs face a wide array of sociopolitical, organizational, and structural barriers to accessing harm reduction services, including stigma and social condemnation associated with substance use, fear of law enforcement, and, in some settings, policies that restrict access on the basis of age. In a Joint United Nations Programme on HIV and AIDS technical report, it was found that many countries place age restrictions or requirements for parental consent on harm reduction services, which makes them effectively inaccessible for adolescents <18 years of age.[38] In addition, many harm reduction interventions are not youth centered and may be perceived as targeting an older population, which increases youth's reluctance to use these services.[38]

In the United States, federal and state laws prohibiting harm reduction programs and/or restricting access to funding have long impeded the implementation of such interventions, particularly in jurisdictions hardest hit by the opioid crisis. For example, expansion of harm reduction education in school health curriculum, nurse distribution of

harm reduction materials, and naloxone access in schools may require changes to local laws. Good Samaritan laws, which encourage individuals to call for help when witnessing an overdose, can encourage help-seeking and engagement by protecting witnesses from drug-related arrests. In locations where syringes are criminalized, fear of arrest may be even more pronounced, and individuals may avoid seeking out services. Supervised consumption spaces remain criminalized in the United States as well, although legal challenges are underway.[63] Many such laws are founded on the unsubstantiated belief that harm reduction programs promote substance use among young people. In these cases, program development must be paired with legal and political efforts to ensure that harm reduction interventions reach young people most at risk, including minors.

CONCLUSIONS

Given the scale and scope of the opioid crisis in the United States, it is past time for policy makers, public health professionals, and clinicians to support harm reduction programs commonplace in other countries, including syringe access, supervised consumption facilities, and drug-checking programs. Moreover, to reach a broader population of young people at risk, expansion of harm reduction approaches into nontraditional venues, such as pharmacies, schools, drop-in centers, clubs, social service agencies (including shelters), and online environments, should be considered.

Such interventions will often require strong community and institutional support and, in some cases, may necessitate changes to local or state laws. Pediatricians, family physicians, addiction medicine providers, and other clinicians who work with young adults will need to join these efforts. As screening and treatment of SUDs are increasingly integrated into medical settings, youth-focused clinicians will inevitably work with young adults who would benefit from harm reduction services. Although physicians are often not taught the principles of harm reduction in traditional medical training, they are nonetheless familiar with the pathophysiologic considerations underlying overdose and transmission of blood-borne diseases. They also routinely counsel young adults on other harm reduction approaches, such as using condoms during sexual intercourse. Thus, they are well poised to integrate harm reduction services for people who use substances into their medical practices. Given their clinical understanding of adolescent and early adult development, clinicians can also support community-based harm reduction programs in designing developmentally appropriate and youth-friendly services.

Ultimately, because young adults are among those most heavily impacted by the national addiction and overdose epidemics, organizers of both established and emerging harm reduction programs should identify ways to ensure that their programming is youth-friendly and, if possible, youth centered. Because youth are active agents in their own health promotion and in the broader community, the meaningful inclusion of young adults who use drugs in harm reduction planning, service delivery, and evaluation is paramount to the effectiveness and success of these programs.

ABBREVIATIONS

HCV: hepatitis C virus
OEND: overdose education and naloxone distribution
SUD: substance use disorder

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Principles of Harm Reduction for Young People Who Use Drugs

Simeon D. Kimmel, Jessie M. Gaeta, Scott E. Hadland, Eliza Hallett and Brandon D.L. Marshall

Pediatrics 2021;147;S240
DOI: 10.1542/peds.2020-023523G

PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

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Implementing Harm Reduction
Webinar

Trainer: Terri Hagmann-Garcia, BS, CADC III-CA, SUDCC III-CS

Course Code:

Course Description

The County of San Diego and the SD provider community have adopted a harm reduction philosophy of treatment. Harm reduction is an actualization of Continuous Comprehensive System of Care (CCISC) philosophy and is a set of practical strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at", and addressing conditions of use along with the use itself (National Harm Reduction Coalition). In this webinar, we will discuss harm reduction and the course of treatment, explain the role and purpose of a treatment provider, the positive and challenging consequences correlated with Harm Reduction, discuss differences between harm reduction for youth and adult populations, and the implementation of Harm Reduction in programs in our SUD System of Care.

This webinar will help providers across Behavioral Health Services learn strategies for implementation of harm reduction practices and approaches, that support person-first and trauma-informed treatment philosophies.

See Page 2 for outline.

Date/Time:

November 17, 2021
1:00 pm to 2:00 pm

Audience

Counselors, case managers, therapists, supervisors and other direct service providers working in the SUD System of Care from residential to outpatient providers.

Learning Objectives

Upon completion of this training participants will be able to:

- Explain the concepts and principles of Harm Reduction
- Discuss the impact of harm reduction on everyone in the SUD System of Care from residential to outpatient providers.
- Describe the barriers and benefits of harm reduction in Behavioral Health
- Explain how Motivational Interviewing and Stages of Change can be utilized as a therapeutic style using a harm reduction perspective

Click Here to log into the LMS and Register

Registration: If you already have an account, you may search for the course by name or course code. If you do not have an account in the LMS you will need to open one by clicking here. Email RIHS@sdsu.edu if you have any questions. This training is FREE of charge to BHS County employees and contractors.

Continuing Education: This course meets the qualifications for **1** hours of continuing education credit for LMFTs, LCSWs, LPPCs and/or LEPs as required by the California Board of Behavioral Sciences. The Academy for Professional Excellence is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs and LEPs, Provider #91928. The Academy for Professional Excellence is approved by the California Board of Registered Nursing, Provider # BRN CEP10014; CCAPP-EI, Provider # 1S-98-38 -98-0822, and CAADE Provider # CP40 906 CH 0323 for **1** contact hours/CEHs. The Academy for Professional Excellence is approved by the American Psychological Association to sponsor continuing education for psychologists. The Academy for Professional Excellence maintains responsibility for this program and its content. CE certificates will be available for download 5 business days after course completion. Click here for information on how to obtain CE Certificates. Click here for the CE Grievance Procedure.

Implementing Harm Reduction
Webinar

Terri Hagmann-Garcia, B.S., CADC III-CA, SUDC-CS

Educational Goal: *To gain a deeper understanding of Harm Reduction in Behavioral Health Services.*

Learning objects: *Upon completion of this training, participants will be able to:*

1. *Explain the concepts and principles of Harm Reduction*
2. *Discuss the impact of harm reduction on everyone in the SUD System of Care from residential to outpatient.*
3. *Describe the barriers and benefits of harm reduction in Behavioral Health*
4. *Explain how Motivational Interviewing and Stages of Change can be utilized as a therapeutic style using a harm reduction perspective*

Time	*Activity*
1:00pm – 1:15 pm	Explain the concepts and principles of Harm Reduction and the impact of harm reduction
1:15 pm – 1:30 pm	Discuss the impact of harm reduction on everyone in the SUD System of Care from residential to outpatient
1:30 pm – 1:45 pm	Describe the barriers and benefits of harm reduction in Behavioral Health
1:45 pm – 2:00 pm	Explain how Motivational Interviewing and Stages of Change can be utilized as a therapeutic style using a harm reduction prespective

*Please note: in order to receive completion and credit/ CE's, you must have your video camera on for the duration of training.

View Full Report HERE

LITTLE HOOVER COMMISSION

COVID-19 and Children's Mental Health: Addressing the Impact

Report #262 | August 2021

Milton Marks Commission on California State Government Organization and Economy

www.lhc.ca.gov

Table of Contents

Executive Summary

COVID and Children's Mental Well-Being

COVID confronts California with two pandemics of public health: the viral pandemic and a pandemic of mental health that has fallen most heavily on children and youth.

COVID created a perfect storm of stress, anxiety, and trauma, exacerbating a preexisting crisis in children's mental health. Many young people experienced social isolation and disconnection; some endured economic dislocation and the illness or loss of loved ones. There have been notable increases in anxiety, depression, and mental health-related emergency room visits. Experts further warn of a looming "tsunami" of unmet mental health needs among young people and suggest that some children and adolescents will need time, support, and investment to bounce back.

The pandemic's effect on children's mental well-being is likely to be uneven. It is probable that the pandemic will disproportionately impact the mental and emotional well-being of children from communities of color and low-income communities, which have borne the brunt of the pandemic's economic and physical health effects. Unless California responds robustly, trauma and sustained stress may also have long-term psychological and physiological impacts on some children.

Barriers to Addressing Children's Mental Health Needs

Early intervention and treatment can help to address COVID's impact on young people's mental well-being, but California has long struggled to meet the mental health needs of young people. Too few children receive care, and when they do, it often is too late. Children of color and children from low-income families, moreover, access mental health services at lower rates than their peers.

Systemic and structural barriers can prevent children from accessing mental health services. More than half of children and adolescents in California are on Medi-Cal and thus receive care through the state's public mental health system. That system is, however, decentralized and fragmented. It contends with capacity and workforce shortages, complicated and administratively burdensome funding mechanisms, and challenges around providing preventive and timely care. There is also considerable variation in school districts' focus on student mental well-being and in the availability of school-based services.

Addressing the Crisis

To address COVID's impact on children's mental health, California needs to build a larger, more diverse mental health workforce, establish a genuine continuum of care for children, emphasize prevention and early intervention, and center schools as hubs of mental well-being.

California is poised to facilitate access to mental health services through two major initiatives that have potential to transform children's mental health care:

CalAIM. The California Advancing and Innovating Medi-Cal (CalAIM) proposal reforms Medi-Cal service delivery and financing, reducing administrative burdens and removing diagnostic requirements that can prevent children from accessing timely mental health services.

Children and Youth Behavioral Health Initiative. The Behavioral Health Initiative provides more than $4 billion over the next five years to develop a comprehensive system of mental health for children and youth. It will create a statewide virtual platform for behavioral health services and invest in expanding school-linked mental health services, developing a larger, more diverse mental health workforce, building a continuum of care, and promoting public awareness.

Steps Forward

California also needs strong structures to administer the Behavioral Health Initiative and achieve lasting improvement in children's mental health care. The Commission finds that there are three key elements for coordinating California's response to COVID's impact:

- California needs stronger, more coherent, and more cohesive state leadership around children's mental health, including common outcome goals and a single point of overall leadership.
- California must build capacity for statewide approaches to children's mental health, especially by expanding the ability of state government to provide support and technical assistance to health plans and local providers.
- Centering schools as hubs of mental wellness means bringing together systems of health and education and forging partnerships among entities that may have little experience working together. To foster effective partnerships, state government must support careful planning around intersystem collaboration, coordination of services, and use of data.

Recommendations

To improve the state's system for supporting child mental health, California needs leadership that promotes sustained and sustainable coordination, collaboration, and accountability around mental health.

Recommendation 1: The state of California should identify a central point of leadership for children's mental health. The Governor and Legislature should also initiate a review process to examine the creation of a new and robust Department of Behavioral and Mental Health, with coequal focus on child and adult mental health, which could exercise statewide leadership over mental health care and services.

Recommendation 2: In consultation with stakeholders, the Secretary of the Health and Human Services Agency should set statewide goals for child mental health based on key metrics related to overall mental well-being, access to care, and quality of services.

Recommendation 3: The Governor and Legislature should reserve a portion of Behavioral Health Initiative funding to provide a future tranche of additional funding to be competitively awarded to counties and health plans that effectively and efficiently implement successful reforms/programs and reach identified benchmarks.

Recommendation 4: The Department of Health Care Services should work with stakeholders to identify ways to increase the support and technical assistance it provides to counties, health plans, and other mental health providers.

Recommendation 5: The Governor and Legislature should leverage the Behavioral Health Initiative to encourage local educational agencies and their partners to develop comprehensive approaches to student mental wellness, including requiring grantees to establish actionable plans for coordinating services, for using and sharing data, and for integrating funding to create sustainable programs.

Recommendation 6: The Governor should establish a clear timeline for the development, testing, and piloting of the behavioral health services virtual platform, with vigorous oversight at every stage of development.

Link: https://ajph.aphapublications.org/doi/10.2105/AJPH.2021.306394

Depression, Anxiety, and Alcohol Use Among LGBTQ+ People During the COVID-19 Pandemic

Ellesse-Roselee Akré PhD, **Andrew Anderson** PhD, **Kristefer Stojanovski** PhD, **Kara W. Chung** MS, **Nicole A. VanKim** PhD, and **David H. Chae** ScD

[+] Author affiliations, information, and correspondence details

Accepted: May 12, 2021 Published Online: September 22, 2021

Objectives. To describe disparities in depression, anxiety, and problem drinking by sexual orientation, sexual behavior, and gender identity during the COVID-19 pandemic.

Methods. Data were collected May 21 to July 15, 2020, from 3245 adults living in 5 major US metropolitan areas (Atlanta, Georgia; Chicago, Illinois; New Orleans, Louisiana; New York, New York; and Los Angeles, California). Participants were characterized as cisgender straight or LGBTQ+ (i.e., lesbian, gay, bisexual, and transgender people, and men who have sex with men, and women who have sex with women not identifying as lesbian, gay, bisexual, or transgender).

Results. Cisgender straight participants had the lowest levels of depression, anxiety, and problem drinking compared with all other sexual orientation, sexual behavior, and gender identity groups, and, in general, LGBTQ+ participants were more likely to report that these health problems were "more than usual" during the COVID-19 pandemic.

Conclusions. LGBTQ+ communities experienced worse mental health and problem drinking than their cisgender straight counterparts during the COVID-19 pandemic. Future research should assess the impact of the pandemic on health inequities. Policymakers should consider resources to support LGBTQ+ mental health and substance use prevention in COVID-19 recovery efforts.

Back to School Tips for 2021

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Show Students You Care

Building **strong relationships** build connectivity and healing. When students know you care about them, they are more likely to be engaged in learning. Schools can institute strategies to ensure every student has at least one caring adult in their life.

Conduct Frequent Check-Ins

Prioritizing **check-ins** with students is a great way to keep a pulse on how students are doing and build relationships. It can be a **virtual check-in** or gentle eye contact, a Post it note, a personalized signal or hosting morning meetings.

Establish Daily Rhythms

Schools can be intentional in creating **daily rhythms**, routines and schedules that are predictable and cultivate a sense of safety. When students know what to expect it will alleviate their stress.

Normalize Mental Health

Encourage open communication. Remind students its ok to not be ok and ask for help. Share information and resources such as the **Teen Guide to Mental Health & Wellness**. Create spaces that prioritize well-being such calming rooms.

Supporting Student Mental Health & Well-Being

Put in place the structures, practices, and time for **protecting mental health** among staff and leadership. Establish clear social support systems such as **"tap-in/tap-out"**. Consistently ask staff what they need to be well.

Focus on Staff Well-Being

Support students by teaching them ways to effectively manage and reduce stress. Engage in **CASEL's 3-signature practices**, welcoming and inclusive activities, engaging strategies, providing brain breaks and optimistic closures.

Prioritize SEL

Modeling healthy behavior is a powerful teaching tool. A well-regulated adult can help a student regulate. Starting and ending the day in a regulated state by using the same SEL skills we teach students is **co-regulation.**

Co-Regulate

Recent data shows students are experiencing high levels of stress and anxiety. Consider allowing them to turn in assignments late, retake a test, or take breaks throughout the day and **give everyone some grace**

Give Grace

Link to Student Wellness & School Culture Department

TEEN GUIDE to Mental Health and Wellness

Taking Care of YOU and Your Friends' Mental Health

Blackline
1-800-604-5841 (24/7)
Open to anyone, but designed for Black, Black LGBTQIA+, Brown, American Indian, and Muslim communities

California Warmline
1-855-845-7415 (24/7)
A non-emergency resource for anyone seeking emotional support

Child Abuse Hotline
1-800-344-6000 (24/7)
If you or a friend is being hurt or neglected

Crisis Text Line
Text TALK to 741741 to text with a trained counselor for free

National Domestic Violence Hotline
1-800-799-7233 ▪ Text LOVEIS to 22522
Resources for teen dating abuse

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

The Trevor Project
TrevorLifeline: 1-866-488-7386
Text TREVOR to 1-202-304-1200
TrevorChat: Via thetrevorproject.org

Trans Lifeline
1-877-565-8860 (8 a.m. to 2 a.m. every day)
Staffed by transgender people for transgender people in a crisis

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5 Wellness Tips for Teens

1. **Find the calm in the chaos.** Connect to your senses through a grounding activity.
2. **Maintain a daily routine** with consistent sleep, nutrition, study patterns, and joyful activities.
3. **Practice digital well-being** by setting boundaries, taking a break when needed, and maintaining a healthy screen/life balance.
4. **Balance time for yourself** while staying connected with others. Reflect on how you are spending your time.
5. **Treat yourself** with the same compassion you would a friend. Practice Being Kinder to Yourself.

PERSONALIZED Mental Health SUPPORTS

Mental Health Questionnaire

Wondering how to talk with someone you trust about mental health and wellness? A mental health questionnaire can be a first step. Visit Mental Health America to check your symptoms. It's free, confidential, and anonymous.

Personalized Resources

Design your own self-care toolkit. This is about you. Your experiences. Your challenges. Your tools to meet them.

APPS FOR TEEN WELLNESS

A FRIEND ASKS

Help a friend or yourself who may be struggling with suicide

SELFSEA

Take a short questionnaire to connect you with personalized support

VIRTUAL HOPE BOX

Store and view things that give you hope and support

STOP, BREATHE & THINK

Build emotional strength to tackle life's ups and downs

MINDSHIFT

Strategies to help cope with stress and anxiety

GUIA para ADOLESCENTES de SALUD y BIENESTAR MENTAL

Hay que Cuidar Tu Salud Mental y la de tus Amigos

Blackline
1-800-604-5841 (24/7)
Abierto para todos, pero diseñado para las comunidades afrodescendiente, afrodescendiente LGBTQIA+, hispana, indígena americana, y musulmana

California Warmline
1-855-845-7415 (24/7)
Un recurso (no de emergencia) para personas buscando apoyo emocional

Línea para el Abuso de Niños
1-800-344-6000 (24/7)
Si tu o un amigo(a) sufren abuso o descuido

Línea de Crisis Para Textos
Textea "TALK" al 741741 para textear gratis con un consejero capacitado

Línea Nacional de Violencia Domestica
1-800-799-7233 ▪ Textea "LOVEIS" al 22522
Recursos para el abuso entre parejas adolescentes

Línea Nacional de Prevención del Suicidio
1-800-273-TALK (8255)

The Trevor Project
Línea de Asistencia: 1-866-488-7386
Textea "TREVOR" al 1-202-304-1200
Chat: por medio de thetrevorproject.org

Trans Lifeline
1-877-565-8860 (8 a.m. a 2 a.m. todos los días) Atendida por personas trans para personas trans en crisis

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BIENESTAR
5 Estrategias para Adolescentes

1. **Encuentra la calma entre el caos.** Conecta con tus sentidos haciendo una actividad que te cimienta.
2. **Mantén una rutina diaria** con hábitos constantes de sueño, nutrición, y estudio, y actividades que gozas.
3. **Practica el bienestar digital.** Establece límites, toma un descanso cuando sea necesario, y mantén un balance saludable entre las pantallas/vida real.
4. **Encuentra un balance de tiempo para ti** mientras permaneces conectado(a) con los demás. Reflexiona sobre cómo estás pasando tu tiempo.
5. **Trátate a ti mismo(a)** con la misma compasión que tratarías a una amistad. Practica cómo ser más gentil contigo mismo(a).

Salud Mental PERSONALIZADA APOYOS

Cuestionario de Salud Mental

¿Sabes cómo hablar con alguien de confianza sobre la salud y el bienestar mental? Puedes empezar completando un cuestionario de salud mental. Visita Mental Health America para revisar tus síntomas. Es gratis, confidencial, y anónimo.

Una Comunidad Innovadora que Afirma la Cultura

Brother Be Well es una plataforma única para niños (13+) y hombres de todos orígenes que combina conciencia, innovación, educación y vías de curación para reducir las disparidades, romper el sufrimiento prolongado y mejorar la salud y el bienestar mental.

Recursos Personalizados

Diseña tu propio kit para el autocuidado. Esto se trata de ti. Tus experiencias. Tus retos. Tus herramientas para enfrentarlos.

APPS DE BIENESTAR PARA ADOLESCENTES

A FRIEND ASKS
Ayuda a un amigo(a) o a ti mismo(a) si están luchando con el suicidio

SELFSEA
Toma un breve cuestionario para conectar con apoyo personalizado

VIRTUAL HOPE BOX
Almacena y ve imágenes que te brindan esperanza y apoyo

STOP, BREATHE & THINK
Desarrolla fuerza emocional para enfrentar los altibajos de la vida

My3
Define tu red y plan para mantenerte a salvo en momentos de crisis

MINDSHIFT
Estrategias para ayudarte a lidiar con el estrés y la ansiedad

County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES
3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531
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LUKE BERGMANN, Ph.D.
DIRECTOR, BEHAVIORAL HEALTH SERVICES

October 28, 2021

TO: Behavioral Health Advisory Board (BHAB)

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

BEHAVIORAL HEALTH SERVICES DIRECTOR'S REPORT – NOVEMBER 2021

ACTION ITEM: AUTHORIZATION OF TELECONFERENCING MEETING OPTION PURSUANT TO GOVERNMENT CODE SECTION 54953(e).

1) Find that there is a proclaimed State of Emergency.
2) Find that State and local officials have recommended measures to promote social distancing.

Action Item: Vote to approve the two findings authorizing the continuance of BHAB teleconferencing meetings.

ACTION ITEM: ELECTION OF THE 2022 BEHAVIORAL HEALTH ADVISORY BOARD EXECUTIVE OFFICERS

The Behavioral Health Advisory Board (BHAB) bylaws provide for establishing a Nominating Committee in September of each year. The following BHAB members were appointed to serve on the Nominating Committee: Bill Stewart, John Sturm, and Phillip Deming.

The Nominating Committee presented the following recommended slate of 2022 Executive Officers at the BHAB meeting on October 7th, 2021.

Chairperson	Bill Stewart
1st Vice-Chairperson	John Sturm
2nd Vice-Chairperson	Phillip Deming
Member at Large *Representing the alcohol and substance use community*	Che Hernandez
Member at Large *Representing the mental health community*	Judith Yates

Action Item: Vote to approve the slate of 2022 Behavioral Health Advisory Board Executive Committee Officers.

ACTION ITEM: PROCUREMENTS AND CONTRACT EXTENSIONS

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

Approval of today's recommended actions authorizes competitive solicitations, single source procurements, and amendments to extend existing contracts, to support critical behavioral health services.

- Competitive solicitations for:
    a. Adult Drug Court Services
    b. Bio-Psychosocial Rehabilitation Services
    c. Crisis Residential Treatment Services
    d. Integrated Mental Health and Substance Use Disorder Services
    e. Opioid Treatment Program
    f. Psychotropic Medication Clinic
    g. Re-entry Court Services
    h. Strength-Based Case Management Services
    i. 24-Hour Transitional Residential Mental Health Treatment Services

- Single source negotiations with Sharp Mesa Vista Hospital and University of California, San Diego for Outpatient and Inpatient Electro-Convulsive Therapy.

- Contract extensions for:
    a. Community Research Foundation (Contract #556368)
    b. Telecare Corp (Contract #551670)
    c. New Alternatives, Inc. (Contract #555955)
    d. Community Research Foundation (Contract #547132)
    e. Food Management Associates (Contract #556128)
    f. Mental Health Systems, Inc. (Contract #556419)
    g. Telecare Corp (Contract #554707)
    h. Mental Health Systems, Inc. (Contract #556420)
    i. Mental Health Systems, Inc. (Contract #556358)
    j. Community Research Foundation (Contract #556936)
    k. San Ysidro Health Center, Inc. (Contract #553070)
    l. New Alternatives, Inc. (Contract #555513)
    m. McAlister Institute for Treatment and Education (Contract #554896)
    n. McAlister Institute for Treatment and Education (Contract #554895)
    o. McAlister Institute for Treatment and Education (Contract #554897)
    p. Episcopal Community Services (Contract #554898)
    q. McAlister Institute for Treatment and Education (Contract #556354)
    r. Vistal Hill Foundation (Contract #556355)
    s. Mental Health Systems, Inc. (Contract #554929)
    t. Neighborhood House Association (Contract #548930)
    u. Family Health Centers of San Diego, Inc. (Contract #554899)
    v. Union of Pan Asian Communities (Contract #551401)
    w. Pathway Community Services, LLC (Contract #552662)
    x. McAlister Institute for Treatment and Education (Contract #556177)
    y. Rady Children's Hospital of San Diego (Contract #556103)

- Single source contract extensions for:
    a. Sharp Healthcare (Contract #555088)
    b. Sharp Healthcare (Contract #555089)
    c. KF Community Care (Contract #536297)
    d. Alpine Special Treatment Center (Contract #43206)
    e. Regents of the University of California, UCSD (Contract #520867)
    f. Changing Options, Inc. (Contract #532799)
    g. Regents of the University of California, UCSD (Contract #555817)

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

ACTION ITEM: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY BOARD LETTER

To address the unprecedented crisis in substance use harms, including alarming trends in accidental drug overdose deaths, the San Diego County Board of Supervisors (Board) has taken a number of actions to advance existing efforts and aggressively address this issue and the associated stigma which is frequently associated with people who struggle to overcome substance use. Recent actions include, but are not limited to:

- Implementing the Drug Medi-Cal Organized Delivery System (DMC-ODS) in 2018 which provided an unprecedented opportunity to accelerate the integration of substance use disorder (SUD) specialty care with mainstream healthcare;
- Finding prior Board direction opposing harm reduction programs including the "Resolution to Oppose Needle Exchange Programs" to be no longer in effect;
- Directing creation of an Action Plan to realize a Syringe Services Program to meet the needs of San Diego County and;
- Directing the creation of a comprehensive County Substance Use Harm Reduction Strategy (Harm Reduction Strategy).

Today's update includes a report on the Harm Reduction Strategy presented June 8, 2021 (04), the Drug Medi-Cal Organized Delivery System, and other related bodies of work from the County's Health and Human Services Agency (HHSA) including efforts to provide housing resources for those with chronic substance use conditions.

All updates and actions align with County's strategic approach to strengthen service delivery and the *Live Well San Diego* vision by transforming treatment for addiction, while continuing to educate the larger community on effective care for people who misuse substances.

It is THEREFORE, staff's recommendation that BHAB vote to support approval of the recommendations and actions outlined in this Board Letter.

ACTION ITEM: APPROVAL OF 2021 DATA NOTEBOOK

Annually, local Behavioral Health Advisory Boards (BHAB) are asked by the California Behavioral Health Planning Council to complete a Data Notebook. This helps local boards fulfil their mandate to report on program goals, needs, and provide input to the legislature and the public. Participation informs advocacy decisions by the California Behavioral Health Planning Council.

The County of San Diego Behavioral Health Advisory Board has taken the following action:

Month	Action
October 9, 2021	• Staff emailed BHAB members the 2021 Data Notebook, which aids the California Behavioral Health Planning Council's advocacy for behavioral health services and requested their input to be provided by 10/14/21.
October 22, 2021	• Staff drafted responses to items requiring factual or quantitative responses. • BHAB Members were emailed the draft responses to the 2021 Data Notebook for their review and in anticipation of approving the Data Notebook at the BHAB meeting on 11/4.
November 4, 2021	• BHAB votes on submission of Data Notebook final draft, after discussion of any pending changes, as needed (Action Item).

It is THEREFORE, staff's recommendation that BHAB vote to approve the draft Data Notebook and authorize staff to submit it to the California Behavioral Health Planning Council ahead of the November 30th deadline.

LIVE WELL SAN DIEGO UPDATES / SPECIAL EVENTS

Upcoming Event

Virtual *Live Well* Advance- Recover, Renew, and Reconnect, November 17th and 18th

The 2021 *Live Well Advance Conference and Schools Summit* virtual event will be held on November 17th and 18th. The event connects community leaders and organizations working to advance a shared vision of a healthy, safe, and thriving San Diego region. This year, *Live Well San Diego* partners will have an opportunity to create an exhibitor profile page to be included in the virtual Connection Hub. Partners will be able to highlight their organization and help make connections with attendees and other partners.

The event is free and open to the public. For more information and to register, visit https://www.livewellsd.org/content/livewell/home/news-events/advance.html.

Event Recap

Prescription Drug Take Back Day, October 23, 2021

The Nationwide Community Prescription Drug Take Back Day was held on Saturday, October 23, 2021 from 10:00 a.m. to 2:00 p.m. This Drug Enforcement Agency (DEA) event made available numerous drive-thru locations across the county where the public could safely dispose of expired, unused, and unwanted medications, including animal medications - no questions asked. The locations did not accept sharps but did accept vape devices as long as batteries were removed prior to disposal.

The National Prescription Drug Take Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for misuse of medications.

The next Prescription Drug Take Back Day will be held on Wednesday, April 27, 2022. For more information and for past collection results, visit the Department of Justice DEA/ Diversion Control Division website at https://www.deadiversion.usdoj.gov/drug_disposal/takeback/.

UPDATE FROM THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL (SDCPH)

SDCPH Nominated for CSAC Challenge Award

SDCPH was nominated for a California State Association of Counties (CSAC) 2021 Challenge Award through Behavioral Health Services (BHS), which exemplifies programs that have developed innovated approaches to the delivery of patient care. SDCPH's proposal demonstrated an enhancement to integrated care within hospital emergency and inpatient settings as a response to a decrease in community-based services, staffing shortages, and an escalation in substance use related to the COVID-19 pandemic.

New Locum Tenens Contract Executed

In July 2021, SDCPH executed a new contract for locum tenens services with Interim Physicians, LLC. (Interim). Historically, the SDCPH had utilized three separate agencies, one being Interim to staff the hospital with both psychiatrists and medical consultants. Consolidating the services into one contract provides SDCPH the ability to streamline the management of the medical staff. Many of the medical staff associated with the other two agencies chose to stay with SDCPH services and were able to be absorbed by Interim. This has ensured seamless continuation of care for the patients we serve.

UPDATE FROM THE EDGEMOOR DISTINCT PART SKILLED NURSING FACILITY (Edgemoor)

Accomplishments

Edgemoor remains a five-star rated Center for Medicare & Medicaid Services facility. Achieving five out of five stars in all rating categories (Health Inspections, Staffing, and a Quality Measure rating—based on 15 different physical and clinical measures).

Newsweek announced its Best Nursing Homes for 2022 and rated Edgemoor number three in the state and number one in the county. Edgemoor was rated the Best Nursing Home in the state and county in 2020 and 2021.

COVID-19 Update

The COVID-19 pandemic continues to be at the forefront of operations at Edgemoor. Edgemoor continues to follow and implement the continually changing guidance of various local, state, and federal health organizations. Current precautions include restrictions on indoor visits (visitors must be vaccinated or show proof of a negative COVID-19 test performed within 72 hours of the visit), staff and contractor vaccine mandate, entrance screenings which include temperature checks, masking, on-going staff education, communication with resident and families/responsible representatives, and response and surveillance testing of residents, staff, and contractors.

At the beginning of the year Edgemoor partnered with CVS Pharmacies to administer COVID-19 vaccination clinics on-site as part of the Centers for Disease Control and Prevention Pharmacy Partnership Program for skilled nursing facilities. Now Edgemoor is exploring several options to provide the Pfizer vaccine booster shots to residents, staff, and contractors. Currently, staff and contractors on-site at the facility are subject to the vaccination requirements of the California Public Health Order of August 5, 2021.

Facility Improvements

The planning and development of a 12-bed acute psychiatric facility into the existing floor plan of Edgemoor continues. Design teams have done schematics and on-site inspections of the nursing unit that is planned to be renovated. The project is pending California Department of Public Health and California Department of Health Care Access and Information (formerly the California Office of Statewide Health Planning and Development) review and approval.

Resident Occupancy

In preparation for construction of the acute psychiatric unit a reduction in patient capacity will be necessary by the start of the construction phase, with potential of 12 patients remaining in the affected nursing unit during construction, should this be allowable, to maintain continuity of care. Finding alternate placement to discharge residents to is unlikely; therefore, admissions have been limited, allowing the census to naturally decline to the desired capacity. Average occupancy is still above 90% of capacity.

Recruitment and Hiring

Edgemoor continues to recruit and hire for open positions within the facility. Human Resources has put a focus on the hiring process for nursing staff. This has drastically decreased the open positions in this department.

Respectfully submitted,

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

Cc Nick Macchione, Agency Director
Aurora Kiviat, Assistant Director and Chief Operations Officer
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer
Nadia Privara Brahms, Acting- Assistant Director, Chief Strategy and Finance Officer

Mobile Crisis Response Team (MCRT)

January 2021

OVERVIEW

Mobile Crisis Response Teams (MCRT) are designed to provide non-law enforcement, community-based crisis response. Services will be available 7 days per week and will work closely with law enforcement, crisis stabilization units (CSUs), existing behavioral health service providers, along with leveraging other existing community-based supports and services. MCRTs are designed to engage high-risk individuals in behavioral health services and reduce law enforcement interventions when clinically appropriate.

GOAL

The goal of the MCRTs is to respond to urgent and emergency calls in the community when deemed appropriate for a clinician response, to provide a non-law enforcement intervention for individuals experiencing a behavioral health crisis, and to connect them to the most appropriate level of behavioral healthcare.

SERVICE MODEL

The MCRT will have 24/7 capabilities (in-person or telehealth). The countywide MCRTs will respond to request for services initiated by the Access and Crisis Line (ACL), following a specific protocol for deployment. The MCRTs will also work in partnership with law enforcement jurisdictions for coordination of response, warm hand-offs, and may integrate with law enforcement dispatch. Training for law enforcement on MCRT deployment will be a priority as well as data sharing and outcomes tracking.

The MCRT will be staffed with clinicians, case managers, and peer support specialists. MCRTs provide clinician-only crisis intervention, triage for level of care need, linkage to appropriate behavioral health services and, if clinically indicated, transportation to a crisis stabilization unit (CSU) or walk-in assessment center (WIAC) for further assessment and medication management to stabilize individuals who will be provided time-limited care coordination to ongoing behavioral health and primary care services when applicable.

TARGET POPULATION

The MCRT contractor shall provide regional services to individuals of all ages experiencing a behavioral health crisis in the community when deemed an appropriate clinician only response. The MCRT will respond to calls for services pertaining to children, youth and families, transition age youth, and adults/older adults in the community.

OUTCOMES

- Response time
- Engagement
- Connections to Behavioral Health Services (CSU, crisis residential, outpatient services)
- Diversion from unnecessary acute care (hospitalization, jail)

HEALTH CENTER PARTNERS of Southern California

HEALTH QUALITY PARTNERS of Southern California

12TH Annual Primary Care & Behavioral Health

VIRTUAL INTEGRATION SUMMIT

November 3th

9:00–9:30AM
Welcome/Open Remarks
Marty Adelman, MA, CPRP
Luke Bergmann, PhD, CO-BHS

9:30–10:45AM
Opening Keynote Address:
The Power of Implicit Bias
Reverend Bryant T. Marks, PhD

11:00–12:15PM
The Gut Biome and
Physical and Behavioral Health
Lisa Goehler, PhD

4:30–6:00PM
How Can We
Address Provider Burnout?
Liselotte Dyrbye, MD

Register

November 5th

9:30–10:45AM
Medicine:
Taking It To The Streets
Meili Hau, FNP

11:00-12:15PM
Telehealth Best Practices
Steven Thorp, PhD

Register

November 9th

9:00–11:00AM
Learning Session:
Empathy Based De-escalation
Elizabeth Morrison, PhD

11:15-12:30PM
COVID: Where Are We Now?
Wendy Hileman, PhD

Register

Please note each day requires separate registration

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO LIVEWELLSD.ORG

2-1 SAN DIEGO INTEGRATION INSTITUTE

LIVE WELL ADVANCE PRESENTS

The 2021 ANNUAL SUMMIT

on Student Engagement and Attendance

LiveWellSD.org/Advance

LIVE WELL ADVANCE SCHOOL SUMMIT

NOV. 17, 2021
12:15 P.M. – 5:00 P.M.
&
NOV. 18, 2021
8:00 A.M. – 12:00 P.M.

Who Should Attend:
School Administrators and Staff including: Counselors, social workers, nurses, and other staff supporting students in schools; parents/caregivers; and youth are strongly encouraged to attend.

No Cost to Attend

Click Here to Register

SCHOOL BREAKOUT SESSIONS

- Attendance Supports
- Mental Health and Wellness
- Developing Health Literacy
- Youth Engagement in ATOD

Please Visit the School Summit Exhibitor Page in the Connection Hub!!!

LIVE WELL SAN DIEGO

san diego county office of EDUCATION
FUTURE WITHOUT BOUNDARIES

2021 Advancing Principles Awards

Nominate an Outstanding Leader for the Advancing Principles Awards

Each year the Children, Youth and Families System of Care (CYFSOC) Training Academy presents an "Advancing Principles" award to an individual and/or organization who are doing an exceptional job of demonstrating the Children, Youth and Families System of Care principles: **Collaborative, Integrated, Child, Youth and Family Driven, Individualized, Strength-Based, Community-Based, Outcome Driven, Culturally Competent, Trauma Informed** and **Persistent.**

Award recipients will be recognized at an upcoming County of San Diego Behavioral Health Services, Children, Youth and Families System of Care Council meeting.

Please submit your nomination(s) by Wednesday, November 24, 2021.

Children, Youth and Families System of Care Training Academy
The Children, Youth and Families System of Care Training Academy began as a grassroots effort and supports countywide cross-system reforms and initiatives. Initially created as the hub for the Children, Youth, and Families System of Care and wraparound training, the CYFSOC Training Academy has grown into a strong collaborative of families, educators, and public and private providers.

The Academy aligns training priorities, advances system reform and initiatives and promotes knowledge and skill development necessary for fidelity of core principles and practices. **Visit our Children, Youth and Families System of Care Training Academy webpage by clicking** here**.**

Nominate a Leader

Save the Date

Live Well San Diego Youth Sector Presents:

Amplifying Voices Series:

We need YOUTH to share their unique perspectives with mental & behavioral health

@livewell_sd

LIVE WELL SAN DIEGO

Wednesday December 1, 2021 on Zoom

From 5:00 - 6:30 pm

VIRTUAL CONFERENCE

A virtual conference challenging us to create racial equity for children, youth, and their families

SAVE THE DATE!

February. 24, 2022 | 8:30 AM – 4:30 PM

$80 | TICKETS AVAILABLE DEC. 1

For more information, contact Aisha Pope:

apope@centerforchildren.org

Conference supported by the San Diego Early Childhood Mental Health Leaders Collaborative, San Diego Youth Services and the San Diego Center for Children