Program Manager Meeting

Children, Youth and Families | Behavioral Health Services
September 12, 2024| Zoom | 9:30 – 11:30 a.m.

Agenda

- **Welcome** – BHPC Eileen Quinn-O'Malley — 5 minutes
- **Presentation** – Fentanyl, Opioids, and Naloxone (Narcan) / William Perno — 30 minutes
- **Introduction of New Staff** – Autumn Gabin — 5 minutes
- **QA Updates** (SOC) – Elaine Mills (MH), Noelle Vitor/Glenda Baez (SUD) — 10 minutes
- **System Collaboration Updates** - Shaun Goff, Cynthia Roman — 15 minutes
  - Pathway to Well-Being Website and Training Updates
  - 04-29 for CFT Meeting Form (Release of Information Form)
  - Integrated 2024 Integrated Core Practice Model Update
  - CFWB Mandated Reporter Application | County of San Diego (sandiegocounty.gov)
- **Presentation** - Kickstart Program / Michael Garrett, Gene Vivo, Mary Ellen Baraceros — 15 minutes
- **Networking with colleagues** – (If time permits)
- **Announcements** (SOC)
  - SchooLink- Emily Gaines
    - Annual SchooLink Meetings
    - SchooLink Threshold Guidelines CYF Memo #01-19/20
    - Communication amongst providers on school sites- delineating roles BHS Websites
  - Behavioral Health Support Services (sandiegocounty.gov), Drop-in Centers (sandiegocounty.gov)
  - Love Over Loneliness 2024 Suicide Prevention Week - Digital Toolkit - Dropbox
  - CalAIM Outpatient Budget-Invoice Template (optumsandiego.com) Invoice video tutorial
  - We Can't Wait Conference 15th Annual Early Childhood Mental Health Conference – We Can't Wait! - Choose Registration (eventscloud.com), September 26-27, 2024 – A Hybrid Event
  - Live Well Advance and School Summit Live Well Advance Conference & Schools Summit | Live Well San Diego (livewellsd.org), November 21, 2024, 8:00 am – 5:00 pm
  - BHS Information Notice, September 3, 2024. Outcomes Measures - CASRC Discontinuation of the PESQ and PSC-Y Live Well San Diego Two-Column Info Sheet Template (optumsandiego.com)
  - BHS Information Notice, September 3, 2024. Utilization Management Update Live Well San Diego Two-Column Info Sheet Template (optumsandiego.com)
  - October 21-25th – Treatment Perception Survey (TPS) period (BHIN Attached) Client Treatment Perceptions Survey (TPS) (uclaisap.org)
  - Substance Use Disorder Perinatal Practice Guidelines - Perinatal Services (ca.gov), Perinatal Practice Guidelines (ca.gov)
  - Recommendation from DMC-ODS COR Workgroup - Foundations in Care Coordination (FCC) has been removed from training list DMC-ODS Required Trainings (sandiegocounty.gov) Effective 7/1/24, training will not be monitored in SSR
  - FY 24-25 Site Visits
- **Next Meeting: November 14, 2024** | 9:30 - 11:30 a.m.

Fentanyl, Opioids & Naloxone/Narcan Training

What You Learn Can Save A Life!

William Perno
Senior Prevention Specialist
Retired, San Diego County Deputy Sheriff

(Some Slides Courtesy of A New Path and James Fontaine, San Diego District Attorney's Office)

https://www.saysandiego.org

Funded by the County of San Diego Health and Human Services Agency, Behavioral Health Services and in Partnership with the San Diego Harm Reduction Coalition

1

Funding Provided By

- This PowerPoint presentation was developed, in part, with funding from the County of San Diego, Health and Human Services Agency (HHSA), Behavioral Health Services (BHS).
- The views, opinions, and content of this publication are those of the authors and contributors, and do not necessarily reflect the views, opinions, or polices of HHSA, BHS, and should not be construed as such.

2

Disclosures

- The information contained in the following presentation is for educational purposes only. Check consistency with local laws policies and procedures before using this presentation for training. No responsibility is assumed for use of this material by other entities.
- FAIR USE NOTICE: This document may contain copyrighted material whose use has not been specifically authorized by the copyright owner. These materials are being made available to learners and recipients for the purpose of research, education, and teaching purposes with the belief that this constitutes a 'fair use' of the copyrighted material as provided for in section 107 of the U.S. Copyright Law. If you wish to use this copyrighted material for purposes of your own that go beyond 'fair use,' you must obtain permission from the copyright owner.

3

Fentanyl Warning San Diego County

Source: https://tinyurl.com/u6aj4dwx

4

National Fentanyl Awareness Day Message From DEA Administrator Anne Milgram (May 2024)

Source: https://www.youtube.com/watch?v=TMnzjh8yiD4

5

What are Opioids?

The group of drugs called opioids includes:

- ❖ Heroin
- ❖ Morphine
- ❖ Codeine
- ❖ Oxycodone
- ❖ Other prescription pain killers ie.) Vicodin or Percocet
- ❖ Fentanyl (synthetic)
- ❖ Carfentanil (synthetic)

(Not benzodiazepines)

7

What is Fentanyl?

- Extremely powerful narcotic / pain medication
- Pharmacy and Hospital Use
  - Used in surgical procedures to induce anesthesia
- Opioid that is 100 times stronger than morphine
- 30 to 50 times stronger than heroin
- Used for Severe Pain – Schedule II Narcotic
- High Risk for Dependency / Addiction
- **Increasingly found in illicit drug supply**
  - **Odorless and tasteless**
  - **Many do not know it has been added to the illicit drug(s) they are using**

8

Sources of Fentanyl

Legitimate Use by Pharmaceutical Industry

- Pharmacy and Hospital Use

Illicit Manufacturing and Use by Mexican transnational criminal organizations

- Foreign Countries supply pre-cursor Chemicals
- China and India
- Criminal organizations Manufacture Fentanyl and smuggle it into USA
- Majority of Fentanyl smuggled through California, then moved throughout the USA

9

Forms of Fentanyl




10

Fentanyl: It doesn't take much

- As little as **2mg** of fentanyl can cause an overdose and death in an otherwise healthy adult.
- A recent DEA laboratory study found that of the **counterfeit pills** that contained fentanyl, **7 out of 10 contained a potentially fatal dose.**
- Over **50 million** counterfeit pills were seized in the U.S. in 2022.

11

Fatal Doses Heroin, Fentanyl & Carfentanil

12

As little as 2 Milligrams of Fentanyl Can Cause An Overdose and Death in an Otherwise Healthy Adult

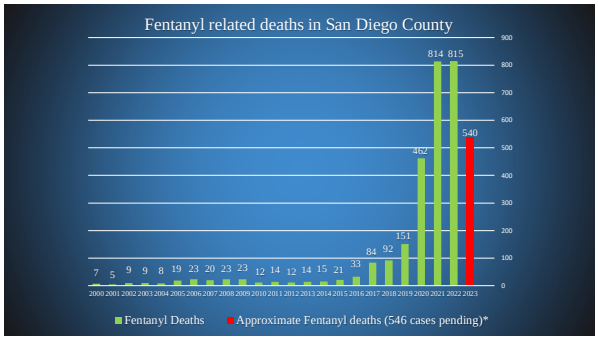
- 2.83 Grams = 2,830 Milligrams (mg) in one sugar packet.
- 2.83 Grams of Fentanyl, could be enough to cause an overdose and death for **1,415 Adults**!
- Less than 2mg for an overdose and death in Children, Toddlers, and Babies…

13

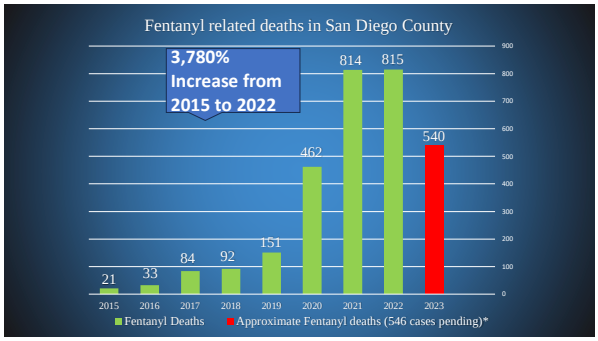
Fentanyl Deaths in San Diego County

Ray Gary & Audra L. Brown – Toxicologists
San Diego County Medical Examiner's Office

15



16



17

Fentanyl Consumption Pattern SDCA

	Trying to Consume Fentanyl?	Types of Fentanyl	Method of Ingestion by Prevalence
Kids (0-17)	No	Counterfeit Pills	Oral, Some Snorting
Recreational	No	Counterfeit Pills, Adulterated Powder	Oral, Some Snorting
Iatrogenic (Pharmaceutical Basis for Dependency)	Usually No	Counterfeit Pills	Oral, Some Snorting/Smoking
Depth of Addiction	Yes	Usually Powder (often with Meth Co-Use), Some Counterfeit Pills	Smoking, Some Oral

18

ODMAP

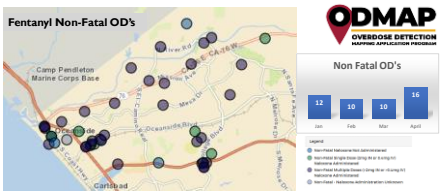
Source: https://www.odmap.org:4443/

19

ODMAP

- ODMAP provides near real-time suspected overdose data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike, in overdose events.
- ODMAP links first responders and relevant record management systems to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions.

20

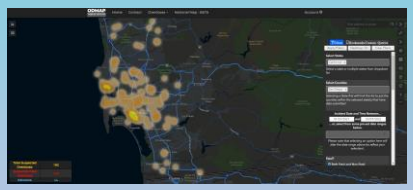


01/16/23 – 37 yr. old male OD'd on fentanyl. Needed 3 doses of Narcan and CPR.
02/03/23 – 20 yr. old male OD'd on fentanyl. Needed 3 doses of Narcan.
02/11/23 – 39 yr. old male OD'd on fentanyl at Jack in the Box. Needed 8 doses of Narcan.
02/13/23 – 28 yr. old male Staying at an Oceanside Motel. He stopped breathing and turned purple. Fentanyl OD. CPR and 5 doses of Narcan.
02/26/23 – Male, early 20's, OD'd on fentanyl behind Hobby Lobby. Needed 3 doses of Narcan.
030/4/23 – 40 yr. old male OD'd on fentanyl behind the movie theater. Needed 4 doses of Narcan and CPR.
03/09/23 – 28 yr. old male OD'd on fentanyl. Needed 7 doses of Narcan.
03/14/23 – 42 yr. old male OD'd on fentanyl at home. Needed 7 doses of Narcan and CPR.
04/04/23 – 26 yr. old female overdosing on fentanyl, and turning purple, while sitting in her car. 3 doses of Narcan needed.
04/06/23 – 28 yr. old male staying at an Oceanside Motel. He stopped breathing, Fentanyl OD. CPR and 4 doses of Narcan.
04/07/23 – 48 yr. old male was overdosing on fentanyl at a bus stop. 8 doses of Narcan needed.

Source: Oceanside Police Department

21

ODMAP Heat Map of San Diego Overdose Death Responses by NTF Team 10 (01/01/21 to 03/07/22)



Downtown – Gaslamp – Bars, Nightclubs, Nightlife and Unsheltered Population
Pacific Beach – Bars, Nightlife, Beach, Unsheltered Population
Interstate 8 – Hotel Circle and Responses to Hotel Overdoses

Slides Courtesy of NTF Team 10

22

Fentanyl = Leading Cause Of Death 18-45 In The United States

- Fentanyl is the leading cause of death for people between the ages of 18 and 45. Nothing else comes close. Not car accidents, not COVID, not heart disease; nothing. In San Diego, overdose deaths from fentanyl start at around age 14.
- **12 teens died from Fentanyl related deaths in 2021 in San Diego County. The youngest was just 13 years old.**
- **80% of overdose deaths in children 17 and under in San Diego County were caused by fentanyl poisonings (YR 2021)**
- Children much younger than 14 are routinely coming in contact with fentanyl in the home and overdosing. Immediate medical attention has saved their lives … so far.

23

What's Hiding in Illegal Opioids?

- Source: https://www.sandiegoopioidproject.org/

25

Counterfeit Pills with Fentanyl from Overdose Death Scenes

Source: San Diego Medical Examiner's Office

26

2023 DEA

2023 Fentanyl Seizures
78.4 Million Fentanyl-Laced Pills
Nearly 12,000 Pounds of Fentanyl Powder
388.8 Million Lethal Doses of Fentanyl

Source
DEA.gov

27

Prevention – One Pill Can Kill!

- **Avoid taking prescription medications, unless prescribed for you and you know the source is from an actual pharmacy.**
- You need to be pick up the prescription, so you know the medication is from a legitimate, licensed pharmacy.
- Be careful with online pharmacies – make sure they are legitimate, licensed pharmacies.
- **Do not take pills from anyone else!** You don't know the true source of the pills. Did they come from a drug dealer? There is no way to tell!
- **Take medication only as prescribed!**

28

Prescription Drug Abuse Prevention

- Monitor
- Secure
- **Don't Share with others**
- Safe Disposal of Unused and/or Expired Medications
- **DEA Take Back Days**
- Don't Flush Medications Down The Toilet or Throw Into Trash
  - This avoids contamination of water and soil

29

Indicators Of Drug Use

Slides Courtesy of NTF Team 10

30

"Chasing The Dragon"

31

Fentanyl Overdose Trends

2018-2020: Majority M-30s

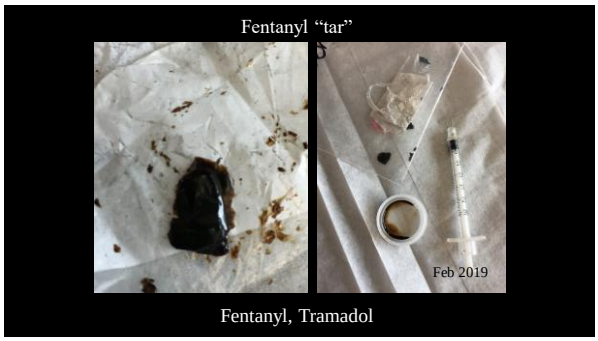
2021- Present: Majority powders

Slides Courtesy of NTF Team 10

32

Cocaine / Fentanyl powder

33



34

Mixing Alcohol with Opioids DRAMATICALLY INCREASES THE RISK OF OVERDOSE

- Source: https://www.sandiegoopioidproject.org/

35

Polysubstance Use – Overdose Risks with Opioids

- Central Nervous System (CNS) depressants are medicines that include sedatives, tranquilizers, and hypnotics.
- Benzodiazepines (such as Xanax or Valium)
- Muscle Relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription or illicit opioids
- Alcohol

36

Overdoses and Deaths

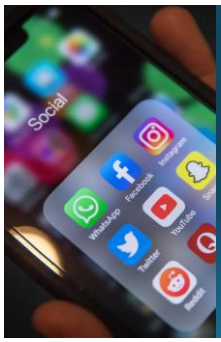
"It Can Happen To Anyone"

37

The drug dealer doesn't look like one

- Oftentimes, the person supplying the fentanyl is known to your son or daughter. They go to the same school, they're involved in the same activities, they may even be good friends. Your son or daughter trusts them, and they have no desire to harm your son or daughter. In many cases, the dealer has no idea the substance they are providing contains fentanyl.
- Gone are the days when people needed to travel to "scary" parts of town to buy drugs from potentially dangerous, unknown drug dealers.

38



Social Media Drug Dealers

- With increasing frequency, drugs, including fentanyl, are being sold via social media apps such as Snapchat, Instagram, and Facebook.
- Some dealers are overt in their efforts to sell. Others are more nuanced, using coded language and emojis to represent the drugs being sold.
- Disappearing messages and heightened privacy policies encourage and facilitate drug dealing via social media.
- Drugs are being dropped off at or near a buyer's home. Often, that buyer is a kid between the ages of 12 and 18.

39

Source: Alexander Neville Foundation https://anfhelp.org/

40

41

Next PowerPoint

42

SAY San Diego
Social Advocates for Youth

Naloxone/Narcan Training

What You Learn Can Save A Life!

William Perno
Senior Prevention Specialist

(Some Slides Courtesy of A New Path and James Fontaine, San Diego District Attorney's Office)

https://www.saysandiego.org

Funded by the County of San Diego Health and Human Services Agency, Behavioral Health Services and in Partnership with the San Diego Harm Reduction Coalition

43

Good Samaritan Law
California Health and Safety Code 1799.102

- …No person who in good faith, and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency shall be liable for civil damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered…

Source: https://tinyurl.com/me27k7ap

44

Fentanyl Safety Tips

- If you touch fentanyl, it can be removed from skin with soap and water
  - Alcohol-based products, such as hand sanitizer or wipes, may increase fentanyl absorption
  - Wash your hands soon, but not necessarily immediately
  - Powdered fentanyl does not penetrate the skin very easily but avoid touching lips, eyes, and mouth
- There is no need for special gear or double gloving - one pair of nitrile gloves is enough
- Carry naloxone and be familiar with how to use it.

45

Risks for First Responders & Persons Not Using Substances – Accidental Exposure

- **Mucous Membranes (Eyes, Nose, Mouth)**
  - Accidental transfer from fingers/gloves to Eyes, Nose, Mouth
- **Lungs**
  - Accidental inhalation of airborne powder
- ***Transdermal* through the skin**
  - **Intact skin is a good barrier!**
  - Decontamination with soap and water.
  - Don't use Alcohol Based Hand Sanitizers or Bleach.

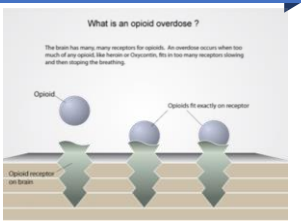
46

Opioid Overdoses

47

What is an Opioid Overdose?

- **The brain has many receptors for opioids**
- **Too much of an opioid fitting in too many receptors slow and stop breathing**



48

RECOGNIZING A FENTANYL OVERDOSE

- With a fentanyl (opioid) overdose, the **body** becomes **limp**, and the person is **unresponsive**. It may appear that the person is in a **deep sleep**. You may hear an **exaggerated, rough snore**. This is the **body struggling to get oxygen**. Fentanyl is a **respiratory depressant**. **Breathing may be slow, erratic, or non-existent**. The **pupils** in the eyes **constrict** to **pinpoints**. **Lips and fingertips may turn blue if light-skinned, grey if dark-skinned**. This is another sign of a **lack of oxygen**.

49

Opioid Overdose Signs

Source: https://foundrybc.ca/articles/how-to-respond-to-an-opioid-overdose/

50

If no response after two minutes, administer a second dose of Naloxone in their other nostril. Continue giving additional doses of naloxone every two minutes if no response.

Source: https://www.sandiegoopioidproject.com/instant-death

51

How to Use Naloxone – Sheriff's Department

Source: https://www.youtube.com/watch?v=ZJCBNgAJOIM

52

Narcan – Naloxone Can Reverse an Opioid Overdose

Narcan will not harm anyone that doesn't need it!

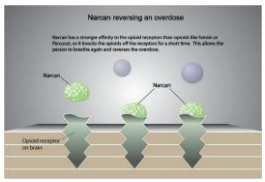
You can get free Narcan training and a box of Narcan!

Purchase at Retail Stores "Over-The-Counter" Sales

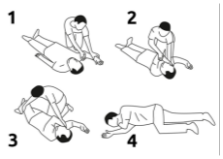
Call 911	Use Naloxone (If you have it)
CPR	Rescue Breathing
AED Machine	Police, Firefighters, and Paramedics carry Narcan!

53

Naloxone reversing an Overdose



54



Responding: Recovery Position

If you have to leave, put person in **recovery position:**

- ❖On their side
- ❖Place bottom arm under the head
- ❖Place top leg crossed over the body
- ❖Knee should be bent for stability

55

Naloxone Can Be Used On

- Pregnant Women
- Babies over 28 days of age
- Children, Teens, Adults
- Person's experiencing an opioid overdose
  - Intentional drug use
  - Accidental exposure
    - **Prescription Opioid Pain Medications**
    - Toddlers, Babies, Infants
    - Elderly adults who may forget they have already taken their pain medication
- Naloxone Expiration Date (Bottom of the Box)
- Temperature for storing (Below 77 degrees)
  - Excursions permitted up to 104 degrees
  - Do not freeze or expose to excessive heat above 104 degrees
  - Protect from light
- OK to Travel with Narcan (FDA Approved Medication)
- **In Mexico, Narcan is considered a psychoactive drug. A prescription is needed to have Narcan/Naloxone in Mexico.**

56

Administering Naloxone

California Department of Public Health

Source: https://www.youtube.com/watch?v=nurz9qPGKws&ab_channel=CAPublicHealth

57

Narcan - Naloxone

- Fire Extinguisher and Smoke Alarm
- Have them and hope you never need them.
- Same with Narcan – Naloxone…
- Business, Home, Person, Vehicle…

58

Barriers to calling 911:

- Youth - Getting in Trouble from:
  - Parents/Caregivers
  - Police
  - School
- Fear of legal risk (outstanding warrants, CPS/DSS involvement, Deportation, loss of public housing)
- Zero Tolerance - Admin Separation (Military)
- Fear of judgment from family/community
- Personal embarrassment/shame
- Other punitive measures (students lose federal financial aid)

59

California 911 "Good Samaritan Law"

"Overdose Protection Law"

- **California Health and Safety Code Section 11376.5**
- It shall not be a crime for a person to be under the influence of, or to possess for personal use, a controlled substance, or drug paraphernalia, **IF that person, in good faith, seeks medical assistance for another person experiencing a drug-related overdose that is related to the possession of a controlled substance.**
- **Includes the person experiencing the overdose or one or more other persons at the scene of the overdose, who in good faith, seek medical assistance for the person experiencing the overdose.**
- **Law Effective on January 01, 2013**
- Source: https://tinyurl.com/2k36za5v

60

Fentanyl Overdose Emergency Response - Good Samaritan Law

Source: https://www.youtube.com/watch?v=mmEX3HIpoCM&ab_channel=SDPrescriptionDrugAbuseTaskForce

61

Amendment to 11376.5 H.S.

- (d) For the purposes of this section, the following definitions shall apply:
- (1) "**Drug-related overdose**" means an acute medical condition that is the result of the ingestion or use by an individual of one or more controlled substances or one or more controlled substances in combination with alcohol, in quantities that are excessive for that individual that may result in death, disability, or serious injury. An individual's condition shall be deemed to be a "drug-related overdose" if a reasonable person of ordinary knowledge would believe the condition to be a drug-related overdose that may result in death, disability, or serious injury.
- (2) "**Seeks medical assistance**" or "**seek medical assistance**" includes **any communication made verbally, in writing, or in the form of data from a health-monitoring device, including, but not limited to, smart watches, for the purpose of obtaining medical assistance.**

62

Amendment to 11376.5 H.S.

- SEC. 2. Section **11376.6** is added to the Health and Safety Code, to read:
- 11376.6. (a) (1) Notwithstanding any other law, it shall not be a crime for a person to possess for personal use a controlled substance, controlled substance analog, or drug paraphernalia if the person delivers the controlled substance or controlled substance analog to the local public health department or law enforcement and notifies them of the likelihood that other batches of the controlled substance may have been adulterated with other substances, if known.
- (2) (A) The identity of the person described in paragraph (1) shall remain confidential.
- (B) The person described in paragraph (1) may, but shall not be required to, reveal the identity of the individual from whom the person obtained the controlled substance or controlled substance analog.
- (b) No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred.

63

01	02	03	04
Never assume this can't happen to you.	Talk early and talk often with your kids.	Formulate an "escape plan" for your son or daughter.	Have naloxone/Narcan available at home.

What can you do?

64

"Where There Is Life, There Is Hope"

Recovery Is Possible!

65

Resources

66

If You Need To Talk To Someone For Any Reason - YOU ARE NOT ALONE!

- **San Diego Access & Crisis Line - 24 hours a day/ 7 days a week**
- **Phone: (888) 724-7240** It's free and confidential and the lines are answered by licensed clinicians 7 days/week, 24 hours/day.
- **Dial 211 From Any Telephone for many resources including** Treatment Providers, Social Workers, Therapists
- **Dial 988 for Suicide and Crisis Lifeline -Available 24 hours**
- **For help with Substance Use Disorders in San Diego County**
- https://www.sandiegocounty.gov/hhsa/programs/bhs/alcohol_drug_services/

67

FREE Narcan - County of San Diego Regional Public Health Centers

- **Central Region**
  - 5202 University Avenue, San Diego, CA 92105
  - Phone: 619-229-5400
- **North Central Region**
  - 5055 Ruffin Road, San Diego, CA 92123
  - Phone: 858-573-7300
- **South Region**
  - 690 Oxford Street, Chula Vista, CA 91911
  - Phone: 619-409-3110
- **North Coastal Region**
  - 3609 Ocean Ranch Blvd., Suite 104, Oceanside, CA 92056
  - Phone: 760-967-4401
- **North Inland Region**
  - 649 West Mission Ave., Suite 2, Escondido, CA 92025
  - Phone: 760-740-3000
- **East Region**
  - 367 North Magnolia Ave, El Cajon, CA 92020
  - Phone: 619-441-6500

More Locations and Info at https://tinyurl.com/3ypb5ndx

68

Medication Assistance Treatment (MAT) and Naloxone Resource Interactive Map

This map allows you to search the following sites nearest you:

CA Bridge Hospitals (red icons)
MAT Resources (green icons)
FREE Naloxone Access Sites (blue icons)
FREE Naloxone Vending Machines (orange icons)

Source: https://tinyurl.com/vrus68sn

69

WHERE TO GET NALOXONE & MORE RESOURCES

- **SAY San Diego at email atod@saysandiego.org or (858) 336-4746. Free fentanyl and opioid awareness education presentations. Free naloxone training and distribution.**
- Harm Reduction Coalition of San Diego at (888)-NARCAN-0, 8am-9pm, Mon-Sat. Free harm reduction supplies, including naloxone training and distribution. Mobile delivery available.
- Live & Let Live Alano Club at (619) 298-8008. Free, sober clubhouse, offering non-traditional AA/NA meetings for LGBTQ+ community (everyone is welcome). Naloxone distribution.
- A New Path at (619) 670-1184. Free, online naloxone training and distribution.
- The National Alliance on Mental Illness in San Diego (NAMI San Diego) https://namisandiego.org/
- Family Health Centers of San Diego at (619) 906-4686 for Medication Assisted Treatment.
- SDDA Victim Services at (619) 531-4041. Resource referrals for surviving family members who have lost a loved one to a drug overdose.

70

San Diego Opioid Project

Source: www.SanDiegoOpioidProject.com

71

Treatment & Counseling Services

La Maestra Youth Opioid Response (YOR) Program
https://work.cibhs.org/sites/main/files/file-attachments/lamaestra_project.pdf?1606753332
(619) 510-4644
(619) 285-7097

Union of Pan Asian Communities (UPAC)
https://www.upacsd.com/

McAlister Institute
https://www.mcalisterinc.org/

VISTA HILL
Phone: 858.514.5100
info@vistahill.org

Open Heart Leaders (Counseling Services)
https://www.openheartleaders.org/
Life@openheartleaders.org
(858) 256-6736

72

San Diego County Substance Use and Overdose Prevention Taskforce (SUOPT)

Source: https://www.suopt.org/community-resources

73

Presentations

FREE RESOURCES, NO COST FOR TRAINING!

- **Free Naloxone/Narcan Nasal Spray and Training!**
- **Students, Staff, Parents & Community**
- **In Person and/or Virtual Trainings Available**
- Presentations can be tailored to fit your needs and time constraints

74

Questions and Answers

75

Contact Information

- William Perno, SAY San Diego Senior Prevention Specialist
- E-Mail: WPERNO@SAYSANDIEGO.ORG
- *https://www.saysandiego.org*

Funded by the County of San Diego Health and Human Services Agency, Behavioral Health Services and in Partnership with the San Diego Harm Reduction Coalition

76

Substance use resources

Recursos para el uso de sustancias

If you or anyone you know needs resources or help, please visit saysandiego.org to find a list of substance use services or scan below:

Si usted o alguien que conoce necesita recursos o ayuda, visite saysandiego.org para encontrar una lista de servicios de uso de sustancias o escanee a continuación:

For emergencies, please call 911

Para emergencias, llame al 911

To request Narcan kits or presentations please call or text:
(858) 336-4746

For screening, referrals or more information about substance use disorders treatment services, call the Access and Crisis Line at
(888) 724-7240

Para pedir y presentaciones sobre Narcan marquen al
(858) 336-4746

Para exámenes de detección, referencias o más información sobre los servicios de tratamiento de trastornos por uso de sustancias, llame a la Línea de Acceso y Crisis al
(888) 724-7240

Funded by the County of San Diego Health and Human Services Agency, DFC and SAMHSA.

Financiado por el Condado de San Diego Health and Human Servlices, DFC y SAMHSA.

NARCAN 101

A quick guide for using Narcan

Un guia rapido en administrar Narcan

Everything you need to know about how to manage Narcan Nasal spray 4mg.

Todo lo que necesitas saber acerca de como administrar Narcan Nasal de 4mg.

Important!

¡Importante!

If you suspect somone is overdosing:
Si sospecha una sobredosis:

Call 911 and inform the operator that someone is not responsive and/or not breathing. Have the exact address where the unresponsive person is at.

Llama al 911 *y dígale al operador que alguien no está respondiendo y/o no respirando. Ten la dirección exacta de donde se encuentra la persona.*

Steps to follow when administering Narcan:

Pasos que seguir cuando administrando Narcan:

1. **Peel** back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle.

Abre *el paquete y sostiene el aplicador con el pulgar en la parte inferior del "plunger." Pon los dedos a los lados de la boquilla.*

2. **Place** and hold the tip of the nozzle in either nostril until *your fingers touch the bottom of the patient's nose.*

Coloque *y mantenga la punta de la boquilla en cualquiera de las fosas nasales hasta que sus dedos toquen la parte inferior de la nariz del paciente.*

3. **Press** the plunger firmly to release the dose into the patient's nose.

Presiona *el plunger del aplicador firmemente para aplicar la dosis.*

4. **Repeat:** If no response after 2 minutes, give an additional dose of Narcan every 2 minutes.

Repetir: *Si no responde después de 2 minutos, administre una dosis adicional de Narcan cada 2 minutos.*

Perform rescue breathing, if needed, and you feel comfortable.

Realice la respiración de rescate, si es necesario, y se sentirá cómodo.

Stay with the person until emergency medical services arrives.

Quédese con la persona hasta que lleguen los servicios médicos de emergencia.

DID YOU KNOW?

THE TRUTH ABOUT FENTANYL

How strong is fentanyl?

Fentanyl is a very powerful opioid that is **30-50 times stronger than heroin** and just a very small amount of this drug can cause an overdose or poisoning death.

What are fake pills or tablets?

Drug dealers and cartels are manufacturing counterfeit prescription pills and tablets. The counterfeit drugs look like a medication from a pharmacy, but **they are fake pills/tablets containing Fentanyl.**

How many Fentanyl related deaths occurred in 2022?

San Diego County Fentanyl-related deaths **increased from 22 deaths in 2015 to 815 deaths in 2022, a 3,750% increase. Teens as young as 13 years old have died** from fentanyl poisonings in San Diego County.

Can fentanyl be mixed with other drugs?

Yes, **Illegal fentanyl is being mixed with other drugs, such as cocaine, heroin, methamphetamine, marijuana, and MDMA**. Illegal fentanyl can be found in powders, pills, tablets, liquids & vapes, blotter paper, and sprays.

One pill can kill!?

Learn what you can do to help prevent a fentanyl overdose death and safely dispose of unused or expired medications.

To request free presentations or receive Narcan, please contact:
William Perno, wperno@saysandiego.org or
Claudia Ciarmoli, cciarmoli@saysandiego.org

SAY San Diego
Social Advocates for Youth

Funded by the Harm Reduction Coalition and the County of San Diego, Health and Human Services Agency, DFC and SAMHSA.

¿SABÍAS?

LA VERDAD SOBRE EL FENTANILO

¿Qué tan fuerte es el fentanilo?

El fentanilo es un opioide muy poderoso que es **30–50 veces mas fuerte que la heroína** y una cantidad muy pequeña de este medicamento puede causar la muerte por sobredosis o envenenamiento.

¿Qué son las pastillas o tabletas falsas?

Los narcotraficantes y los cárteles fabrican pastillas y tabletas con receta falsificados. Los medicamentos falsificados parecen medicamentos de una farmacia, pero **son pastillas / tabletas falsas que contienen fentanilo.**

¿Cuántas muertes a causa de fentanilo ocurrieron en 2022?

Las muertes relacionadas con el fentanilo en el condado de San Diego **aumentaron de 22 muertes en 2015 a 815 muertes en 2022, un aumento del 3,750%**. Adolescentes de **tan solo 13 años han muerto** por envenenamiento por fentanilo en el condado de San Diego.

¿Mezclan el fentalino con otras drogas?

Si, el **fentanilo ilegal puede ser mezclado con otras drogas tales como la cocaina, heroina, metanfetamina, marihuana y MDMA**. El fentanilo se puede encontrar en forma de polvo, pastillas, tabletas, liquidos & vapes, papel y aerosoles.

¿Una pastilla puede matar?

Aprenda lo que puede hacer para ayudar a prevenir la muerte por sobredosis de fentanilo y deseche de manera segura los medicamentos no utilizados o vencidos.

Para solicitar presentaciones gratuitas o para recibir Narcan, comuníquese con:

William Perno, wperno@saysandiego.org or
Claudia Ciarmoli, cciarmoli@saysandiego.org (Hablo Español)

SAY San Diego
Social Advocates for Youth

Financiado por Harm Reduction Coalition y la Agencia de Servicios Sociales y de Salud del Condado de San Diego, DFC and SAMHSA.

FREE Narcan - County of San Diego
Regional Public Health Centers and Sheriff's Stations

- **Central Region**
- 5202 University Avenue, San Diego, CA 92105
- Phone: 619-229-5400

- **North Central Region**
- 5055 Ruffin Road, San Diego, CA 92123
- Phone: 858-573-7300

- **South Region**
- 690 Oxford Street, Chula Vista, CA 91911
- Phone: 619-409-3110

- **North Coastal Region**
- 3609 Ocean Ranch Blvd., Suite 104, Oceanside, CA 92056
- Phone: 760-967-4401

- **North Inland Region**
- 649 West Mission Ave., Suite 2, Escondido, CA 92025
- Phone: 760-740-3000

- **East Region**
- 367 North Magnolia Ave, El Cajon, CA 92020
- Phone: 619-441-6500

More Locations and Info at https://tinyurl.com/3ypb5ndx

Bill Text: CA SB250 | 2023-2024 | Regular Session | Chaptered California Senate Bill 250

Bill Title: Controlled substances: punishment.

Spectrum: Partisan Bill (Democrat 1-0)

Status: *(Passed)* 2023-07-21 - Chaptered by Secretary of State. Chapter 106, Statutes of 2023. [SB250 Detail]

Download: California-2023-SB250-Chaptered.html

Senate Bill No. 250

CHAPTER 106

An act to amend Section 11376.5 of, and to add Section 11376.6 to, the Health and Safety Code, relating to controlled substances.

[Approved by Governor July 21, 2023. Filed with Secretary of State July 21, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

SB 250, Umberg. Controlled substances: punishment.

Existing law makes it a crime to possess specified controlled substances, a controlled substance analog, or drug paraphernalia. Existing law provides that it is not a crime for a person who experiences a drug-related overdose and who, in good faith, seeks medical assistance, or any other person who, in good faith, seeks medical assistance for the person experiencing a drug-related overdose, to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, under certain circumstances related to a drug-related overdose that prompted seeking medical assistance if that person does not obstruct medical or law enforcement personnel.

This bill would define "seeking medical assistance" for the purposes of the above-described exemption. The bill would also provide that it is not a crime for a person to possess for personal use a controlled substance, controlled substance analog, or drug paraphernalia, if the person delivers the controlled substance or controlled substance analog to the local public health department or law enforcement and notifies them of the likelihood that other batches of the controlled substance may have been adulterated with other substances, if known. The bill would make the person's identity confidential.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make a legislative finding to that effect.

Digest Key

Vote: majority Appropriation: no Fiscal Committee: no Local Program: no

Bill Text

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 11376.5 of the Health and Safety Code is amended to read:

11376.5. (a) (1) Notwithstanding any other law, it shall not be a crime for a person to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if that person, in good faith, seeks medical assistance for another person experiencing a drug-related overdose that is related to the possession of a controlled substance, controlled substance analog, or drug paraphernalia of the person seeking medical assistance, and that person does not obstruct

medical or law enforcement personnel. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred.

(2) Notwithstanding any other law, it shall not be a crime for a person who experiences a drug-related overdose and who is in need of medical assistance to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if the person or one or more other persons at the scene of the overdose, in good faith, seek medical assistance for the person experiencing the overdose. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred.

(b) This section shall not affect laws prohibiting the selling, providing, giving, or exchanging of drugs, or laws prohibiting the forcible administration of drugs against a person's will.

(c) Nothing in this section shall affect liability for any offense that involves activities made dangerous by the consumption of a controlled substance or controlled substance analog, including, but not limited to, violations of Section 23103 of the Vehicle Code as specified in Section 23103.5 of the Vehicle Code, or violations of Section 23152 or 23153 of the Vehicle Code.

(d) For the purposes of this section, the following definitions shall apply:

(1) "Drug-related overdose" means an acute medical condition that is the result of the ingestion or use by an individual of one or more controlled substances or one or more controlled substances in combination with alcohol, in quantities that are excessive for that individual that may result in death, disability, or serious injury. An individual's condition shall be deemed to be a "drug-related overdose" if a reasonable person of ordinary knowledge would believe the condition to be a drug-related overdose that may result in death, disability, or serious injury.

(2) "Seeks medical assistance" or "seek medical assistance" includes any communication made verbally, in writing, or in the form of data from a health-monitoring device, including, but not limited to, smart watches, for the purpose of obtaining medical assistance.

SEC. 2. Section 11376.6 is added to the Health and Safety Code, to read:

11376.6. (a) (1) Notwithstanding any other law, it shall not be a crime for a person to possess for personal use a controlled substance, controlled substance analog, or drug paraphernalia if the person delivers the controlled substance or controlled substance analog to the local public health department or law enforcement and notifies them of the likelihood that other batches of the controlled substance may have been adulterated with other substances, if known.

(2) (A) The identity of the person described in paragraph (1) shall remain confidential.

(B) The person described in paragraph (1) may, but shall not be required to, reveal the identity of the individual from whom the person obtained the controlled substance or controlled substance analog.

(b) No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred.

SEC. 3. The Legislature finds and declares that Section 2 of this act, which adds Section 11376.6 of the Health and Safety Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following finding to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to encourage persons to relinquish controlled substances or controlled substance analogs they suspect may have been adulterated to local public health departments or law enforcement, it is necessary for the identity of these persons to remain confidential.

ADDICTION

Drug addiction, also called substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of legal or illegal drugs or medication.

Substances can include: alcohol, marijuana, fentanyl, cocaine, nicotine, and other illicit drugs.

Recognizing unhealthy drug use:

- Problems at School or Work - low attendance, sudden disinterest in activities, and low performance
- Physical Health Issues - lack of energy and motivation, weighloss or gain
- Neglected Appearance - lack of interest in clothing, grooming, or looks
- Changes in Behavior - exaggerated efforts to allow family members from entering their room or being secretive
- Money Issues - sudden request for money without a reasonable explanation; or the discovery that money is missing or has been stolen or items have disappeared from your home.

Source: MayoClinic

NARCAN

Naloxone is a medication designed to rapidly reverse opioid overdose, it is commonly known as Narcan and Evzio.

You can get Naloxone through Medical, your doctor, or through Naloxone Distribution Projects.

WHY IT MATTERS?

Illegal markets are mixing fentanyl with other drugs such as heroin, cocaine, meth, MDMA, and now more recently, Marijuana. Fentanyl is odorless and tasteless. A small dose can put you at harm of overdosing.

A **small** amount can be fatal and lead to overdosing. It becomes especially fatal when overdosing leads to hypoxia, breathing slows down or stops, which can lead to a coma, permanent brain damage, or death.

SAY San Diego
Social Advocates for Youth

SAY SAN DIEGO

GOOD SAMARITAN

What is addiction and what you can do if someone is overdosing?

A project of SAY San Diego funded by the Harm Reduction Coalition, the County of San Diego Health and Human Services Agency, DFC and SAMHSA.

IN CASE OF AN OVERDOSE:

1. **Evaluate** for signs of opioid overdose (review the symptoms)
2. **Call** 911 for help
3. Administer **naloxone**
4. Support the person's **breathing** (check the airway, place one hand on the chin, tilt the head back, and pinch the nose, perform CPR)
5. **Monitor** the person's response - overdose symptoms can return when the Naloxone wears off.

CALLING FOR HELP

When performing CPR or administering Naloxone to someone during an overdose, they may resuscitate. Regardless if they respond or not, please call 911 to seek medical assistance, as it may save a life.

GOOD SAMARITAN

Good Samaritan Laws provide legal protection for individuals who call for emergency assistance or are under the influence in the event of a drug overdose.

11376.5 California Health and Safety Code. **Good Samaritan law, states:**

"It shall not be a crime for any person who experiences a drug-related overdose, as defined, who, in good faith, seeks medical assistance, or any other person who, in good faith, seeks medical assistance for the person experiencing a drug-related overdose, to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, under certain circumstances related to a drug-related overdose that prompted seeking medical assistance if that person does not obstruct medical or law enforcement personnel."

The law does not affect laws prohibiting the selling, providing, giving or exchanging of drugs, or laws prohibiting the forcible administration of drugs against a person's will. The law also does not offer specific protections from arrest for related charges, such as violation of parole or probation.

Source: Drug Policy Alliance

CPR

1. CHECK the scene for safety, form an initial impression and use personal protective equipment (PPE)
2. If the person appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions
3. If the person does not respond and is not breathing or only gasping, CALL 9-1-1
4. Place the person on their back on a firm, flat surface
5. Give 30 chest compressions
   - Hand position: Two hands centered on the chest
   - Body position: Shoulders directly over hands; elbows locked
   - Depth: At least 2 inches
   - Rate: 100 to 120 per minute
   - Allow chest to return to normal position after each compression
6. Give 2 breaths
   - Open the airway to a past-neutral position using the head-tilt/chin-lift technique
   - Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath
7. Continue giving sets of 30 chest compressions and 2 breaths. Use an AED as soon as one is available!

For emergencies, please call 911

Source: American Red Cross

A project of SAY San Diego funded by the Harm Reduction Coalition, the County of San Diego Health and Human Services Agency, DFC and SAMHSA.

ADICCIÓN

La adicción a las drogas, también conocida como trastorno por consumo de sustancias, es una enfermedad que afecta el cerebro y el comportamiento de una persona y conduce a una incapacidad para controlar el uso de drogas legales o ilegales o medicamentos.
Las sustancias pueden incluir: alcohol, marihuana, fentanilo, cocaína, nicotina y otras drogas ilícitas.

Reconociendo el abuso de drogas:

- **Problemas en la escuela o el trabajo-** baja asistencia, repentina falta de interés en actividades y bajo rendimiento
- **Problemas de salud física-** alta de energía y motivación, pérdida o aumento de peso.
- **Descuido en la apariencia-** falta de interés en la ropa, el aseo o el aspecto personal.
- **Cambios en el comportamiento-** esfuerzos exagerados para evitar que los miembros de la familia entren a su habitación o comportamiento secreto.
- **Problemas económicos-** solicitud repentina de dinero sin una explicación razonable; o el descubrimiento de que falta dinero o que se ha robado dinero o desaparecido objetos de su hogar.

Fuente: MayoClinic

NARCAN

La naloxona es un medicamento diseñado para revertir rápidamente una sobredosis de opioides,
comúnmente conocido como Narcan y Evzio.

Puedes obtener naloxona a través de servicios médicos, tu médico o a través de proyectos de distribución de naloxona.

¿POR QUÉ ES IMPORTANTE?

En los mercados ilegales se está mezclando fentanilo con otras drogas como heroína, cocaína, metanfetaminas, MDMA y, más recientemente, marihuana. El fentanilo es inodoro e insípido. Una pequeña dosis puede poner en peligro de sufrir una sobredosis

Una pequeña cantidad puede ser fatal y llevar a una sobredosis. Se vuelve especialmente mortal cuando la sobredosis conduce a la hipoxia, la respiración se vuelve lenta o se detiene, lo que puede provocar un coma, daño cerebral permanente o la muerte.

SAY San Diego
Social Advocates for Youth

SAY SAN DIEGO

BUEN SAMRITANO

¿Qué es la adicción y qué puedes hacer si alguien está sufriendo una sobredosis?

Un proyecto de SAY San Diego financiado por Harm Reducton Coalition, la Agencia de Salud y Servicios Humanos del Condado de San Diego, DFC y SAMHSA.

EN CASO DE UNA SOBREDOSIS

1. Evaluar los signos de sobredosis de opioides (revisar los síntomas)
2. Llamar al 911 para pedir ayuda
3. Administrar naloxona
4. Apoyar la respiración de la persona (verificar las vías respiratorias, colocar una mano en el mentón, inclinar la cabeza hacia atrás y pellizcar la nariz, realizar RCP)
5. Monitorear la respuesta de la persona: los síntomas de la sobredosis pueden volver cuando la naloxona pierde efecto.

LLAMAR A AYUDA

Cuando se realiza RCP o se administra naloxona a alguien durante una sobredosis, es posible que se pueda reanimar. Sin importar si responden o no, **por favor llama al 911** para buscar asistencia médica, ya que podría salvar una vida.

BUEN SAMRITANO

Las leyes del Buen Samaritano dan protección legal a las personas que solicitan asistencia de emergencia o están bajo la influencia en caso de una sobredosis de drogas.

La Sección 11376.5 del Código de Salud y Seguridad de California establece **la ley del Buen Samaritano, la cual establece lo siguiente:**

""No será considerado un delito para ninguna persona que experimente una sobredosis relacionada con drogas, según se define, y que, de buena fe, busque asistencia médica, o para cualquier otra persona que, de buena fe, busque asistencia médica para la persona que experimenta una sobredosis relacionada con drogas, estar bajo la influencia de, o poseer para uso personal, una sustancia controlada, análogo de sustancia controlada o parafernalia de drogas, en ciertas circunstancias relacionadas con una sobredosis relacionada con drogas que motive la búsqueda de asistencia médica, siempre y cuando dicha persona no obstruya al personal médico o a las autoridades encargadas de hacer cumplir la ley".

La ley no afecta las leyes que prohíben la venta, provisión, entrega o intercambio de drogas, ni las leyes que prohíben la administración forzada de drogas en contra de la voluntad de una persona. La ley tampoco ofrece protecciones específicas contra el arresto por cargos relacionados, como violación de libertad condicional o probatoria.

Fuente: Alianza Política de Drogas

RCP

1. EVALÚA la escena para verificar la seguridad, forma una impresión inicial y utiliza equipo de protección personal (EPP).
2. Si la persona parece estar inconsciente, REVISA su capacidad de respuesta, la respiración y cualquier sangrado que represente un riesgo para la vida u otras condiciones que amenacen la vida.
3. Si la persona no responde y no está respirando o solo jadea, LLAMA al 9-1-1.
4. Pon a la persona boca arriba en una superficie firme y plana
5. Da 30 compresiones en el pecho.
   - Posición de las manos: dos manos centradas en el pecho.
   - Posición del cuerpo: los hombros directamente sobre las manos; los codos bloqueados.
   - Profundidad: al menos 2 pulgadas
   - Ritmo: de 100 a 120 por minuto.
   - Permite que el pecho regrese a su posición normal después de cada compresión.
6. Da 2 respiraciones
   - Abre las vías respiratorias en una posición neutral usando la técnica de inclinación de cabeza y elevación de mentón.
   - Asegúrate de que cada respiración dure aproximadamente 1 segundo y haga que el pecho se eleve; permite que el aire salga antes de dar la siguiente respiración
7. Continúa dando series de 30 compresiones en el pecho y 2 respiraciones. ¡Usa un AED tan pronto como esté disponible!

Para emergencias, por favor llama al 911.

Fuente: Cruz Roja Americana

Un proyecto de SAY San Diego financiado por Harm Reducton Coalition, la Agencia de Salud y Servicios Humanos del Condado de San Diego, DFC y SAMHSA.

DID YOU KNOW?

Fentanyl works by binding to the body's opioid receptors, which are found in the areas of the brain that control **pain** and **emotions**.

Fentanyl can make you less sensitive to it, making it hard to find pleasure which leads to **addiction**.

Effects include: drowsiness, nausea, confusion, constipation, sedation, problems breathing, pinpoint pupils, unconsciousness, comas, or death.

Fentanyl when smoked can smell like buttery popcorn.

Two milligrams of pure fentanyl - about the size of **four grains of salt** - is enough to kill an average adult - now imagine that four grains mixed into a marijuana vape.

Crushing pills and then snorting, smoking, or injecting can significantly increase your risk of overdose and death.

San Diego County Fentanyl-related deaths increased from 461 deaths in 2020 to more than 800 deaths in 2021.

SYNTHETIC?

Synthetic: a substance made by chemical synthesis, especially made to copy a natural product.

OPIOIDS?

Opioids: A class of drugs that are made by scientists in labs using the same chemical structures as **opiates** (found in poppy plants).

Opioids include: heroin, synthetic opioids (Fentanyl) and pain relievers such as oxycodone, hydrocodone (Vicodin), codeine, morphine, and many others.

WHY IT MATTERS?

Illegal markets are mixing fentanyl with other drugs such as heroin, cocaine, meth, MDMA, and now more recently, Marijuana. But why? It takes very little to produce a high with fentanyl, making it cheaper for drug dealers.

A **small** amount can be fatal and lead to overdosing. It becomes especially fatal when overdosing leads to hypoxia, breathing slows down or stops, which can lead to a coma, permanent brain damage, or death.

SAY SAN DIEGO

FENTANYL

What is it? Let's break it down!

Fentanyl is a strong synthetic opioid that is similar to morphine but is **50 to 100 times stronger**.

Opioids are prescription drugs that treat pain and are prescribed by your doctor.

It's typically found as a powder, pill, patch, or liquid.

Fentanyl is odorless and tasteless. A small dose can put you at harm of overdosing.

STREET NAMES

Apache, Dance Fever, Friend, Goodfellas, Jackpot, Murder 8, and Tango & Cash.

Funded by the County of San Diego Health and Human Services Agency and City Heights Clean and Safe Coalition

IN CASE OF AN OVERDOSE:

1. **Evaluate** for signs of opioid overdose (review the symptoms)
2. **Call** 911 for help
3. Administer **naloxone**
4. Support the person's **breathing** (check the airway, place one hand on the chin, tilt the head back, and pinch the nose, perform CPR)
5. **Monitor** the person's response - overdose symptoms can return when the Naloxone wears off.

GOOD SAMARITAN

Good Samaritan Laws provide legal protection for individuals who call for emergency assistance or are under the influence in the event of a drug overdose.

According to the Good Samaritan Law, an individual may be protected from arrest and/or prosecution for crimes related to drug possession, paraphernalia possession, when saving someone's life during an overdose.

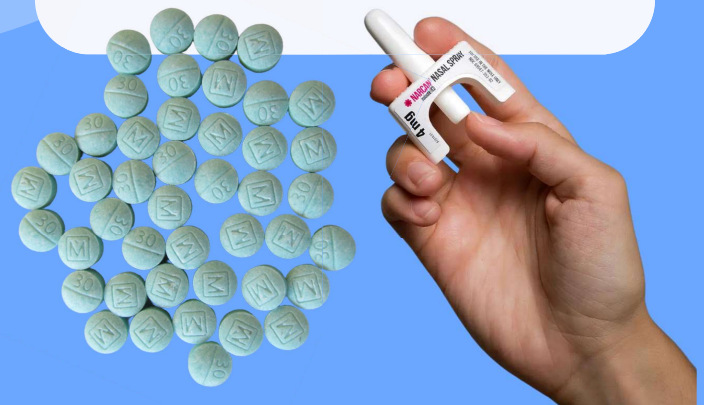
Keep in mind, there are certain limitations to the Good Samaritan Law.

NALOXONE

Naloxone: a medication designed to rapidly reverse opioid overdose, it is commonly known as Narcan and Evzio.

- **Medi-Cal beneficiaries**: naloxone is available with a prescription from a doctor or can be obtained by participating pharmacies without a prescription

- **Naloxone Distribution Project** - eligible entities and organizations can administer or distribute naloxone through a California Public Health standing order, and to individuals with a valid prescription including, but not limited to;
  - First responders, emergency medical services, fire authorities, law enforcement, veterans, homeless programs, schools/universities, libraries, religious entities, and community organizations
    - To apply please visit **www.dhcs.ca.gov**



HOW TO HELP?

- Learn about how fentanyl and other opioids work in the brain.
- Learn how to use and carry. naloxone in case of an emergency
- Locate drop boxes for safe disposal of drugs.
- Start talking to your children about the dangers of drugs at an early age.
- Ask your doctor or dentist for non-opioid pain medication.
- Be a Good Samaritan if you see someone overdosing. Call 911.

SUBSTANCE USE RESOURCES

If you or anyone you know needs resources or help, please visit saysandiego.org to find a list of substance use services or scan below:

For emergencies, please call 911

Funded by the County of San Diego Health and Human Services Agency and City Heights Clean and Safe Coalition

¿SABÍAS QUE?

El fentanilo funciona al unirse a los receptores opioides del cuerpo
que se encuentran en las áreas del cerebro que controlan el dolor y las emociones

El fentanilo puede hacerte menos sensible a él por lo que es difícil encontrar placer que conduce a la adicción

Efectos incluyed: somnolencia, náuseas, confusión, estreñimiento, sedación problemas para respirar, pupilas precisas, inconsciencia, comas, o muerte

El fentanilo cuando se fuma puede oler a palomitas de maíz mantecosas.

dos miligramos de fentanilo puro - aproximadamente del tamaño de cuatro granos de sal - es suficiente para matar a un adulto promedio- imagina cuatro granos se mezclan en un vaporizador de marihuana.

triturar pastillas y luego inhalar fumar o inyectarse puede aumentar significativamente su riesgo de sobredosis y muerte

Aumentan las muertes relacionadas con el fentanilo en el condado de San Diego de 461 en 2020 a mas de 800 en 2021.

¿SINTÉTICO?

una sustancia hecha por síntesis química especialmente hecha para copiar un producto natural

¿OPIÁCEOS?

Clase de medicamentos que son fabricados por científicos en laboratorios que usan las mismas estructuras químicas que los opiáceos (encontrado en plantas de amapola).
Opiáceos incluye: opioides sintéticos de heroína (Fentanilo) y analgésicos como oxicodona hidrocodona (Vicodina), codeína morfina y muchos otros

POR QUÉ ES IMPORTANTE

Los mercados ilegales están mezclando fentanilo con otras drogas como la heroína, cocaína metanfetamina MDMA y ahora más recientemente marihuana Pero, ¿por qué? Toma muy poco para producir un alro con fentanilo, hacinedolo mas barato para traficantes de droga.

Una pequeña cantidad puede ser fatal y conducir a una sobredosis. Se vuelve especialmente fatal cuando la sobredosis conduce a hipoxia la respiración se ralentiza o se detiene que puede conducir a un coma, daño cerebral permanente, o muerte

SAY SAN DIEGO

FENTANILO

¿Qué es?

El fentanilo es un opioide sintético que es hasta 50 veces más fuerte que la heroína y 100 veces más fuerte que la morfina.

Opioide son son medicamentos recetados que tratan el dolor y son recetados por su médico.
Por lo general, se encuentra como un parche de píldora de polvo o líquido

Fentanilo no tiene olor or sabor. Una dosis pequeña puede ponerlo en peligro de sobredosis.

NOMBRES CALLEJEROS

Apache, Dance Fever, Friend, Goodfellas, Jackpot, Murder 8, and Tango & Cash.

Financiado por el Condado de San Diego Health and Human Services y Coalición Limpia y Segura de City Heights

EN CASO DE SOBREDOSIS O ENVENENAMIENTO :

1. Evaluar si hay signos de sobredosis de opioides (revisar los síntomas)
2. Llame al 911 para obtener ayuda
3. Administrar naloxona
4. Apoyar la respiración de la persona (revisar las vías respiratorias, colocar una mano en la barbilla, inclinar la cabeza hacia atrás y pellizcar la nariz, realizar RCP)
5. Controle la respuesta de la persona: los síntomas de sobredosis pueden regresar cuando la naloxona desaparece.

BUEN SAMARITANO

Las Leyes del Buen Samaritano brindan protección legal a las personas que solicitan asistencia de emergencia o están bajo la influencia en caso de una sobredosis de drogas.

De acuerdo con la Ley del Buen Samaritano, un individuo puede estar protegido de arresto y / o enjuiciamiento por delitos relacionados con la posesión de drogas, posesión de parafernalia, al salvar la vida de alguien durante una sobredosis.

*** Tenga en cuenta que hay ciertas limitaciones a la Ley del Buen Samaritano. ***

NALOXONA

Naloxona: un medicamento diseñado para revertir rápidamente la sobredosis o envenenamiento de opioides, se conoce comúnmente como Narcan y Evzio.

- **Beneficiarios de Medi-Cal:** la naloxona está disponible con receta médica o puede obtenerse en las farmacias participantes sin receta

- **Proyecto de distribución de naloxona:** las entidades y organizaciones elegibles pueden administrar o distribuir naloxona a través de una orden permanente de salud pública de California y a personas con una receta válida, que incluye, entre otras;
  - Socorristas, servicios médicos de emergencia, autoridades de bomberos, agentes del orden público, veteranos, programas para personas sin hogar, escuelas / universidades, bibliotecas, entidades religiosas y organizaciones comunitarias
    - Para aplicar por favor visite www.dhcs.ca.gov

¿CÓMO AYUDAR?

- Aprenda cómo funcionan el fentanilo y otros opioides en el cerebro.
- Aprende a usar y transportar. naloxona en caso de emergencia
- Localice buzones para la eliminación segura de medicamentos.
- Comience a hablar con sus hijos sobre los peligros de las drogas a una edad temprana.
- Pregúntele a su médico o dentista por analgésicos no opioides.
- Sea un buen samaritano si ve a alguien con una sobredosis. Llame al 911.

RECURSOS PARA EL USO DE SUSTANCIAS

Si usted o alguien que conoce necesita recursos o ayuda, visite saysandiego.org para encontrar una lista de servicios de uso de sustancias o escanee a continuación:

Para emergencias, llame al 911

Financiado por el Condado de San Diego Health and Human Services y Coalición Limpia y Segura de City Heights

State of California

EDUCATION CODE

Section 32282

32282. (a) The comprehensive school safety plan shall include, but not be limited to, both of the following:

(1) Assessing the current status of school crime committed on school campuses and at school-related functions.

(2) Identifying appropriate strategies and programs that will provide or maintain a high level of school safety and address the school's procedures for complying with existing laws related to school safety, which shall include the development of all of the following:

(A) Child abuse reporting procedures consistent with Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code.

(B) (i) Disaster procedures, routine and emergency, including adaptations for pupils with disabilities in accordance with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), and Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794(a)). The disaster procedures shall also include, but not be limited to, both of the following:

(I) Establishing an earthquake emergency procedure system in every public school building having an occupant capacity of 50 or more pupils or more than one classroom. A school district or county office of education may work with the Office of Emergency Services and the Alfred E. Alquist Seismic Safety Commission to develop and establish the earthquake emergency procedure system. The system shall include, but not be limited to, all of the following:

(ia) A school building disaster plan, ready for implementation at any time, for maintaining the safety and care of pupils and staff. The department shall provide general direction to school districts and county offices of education on what to include in the school building disaster plan.

(ib) A drop procedure whereby each pupil and staff member takes cover under a table or desk, dropping to their knees, with the head protected by the arms, and the back to the windows. A drop procedure practice shall be held at least once a school quarter in elementary schools and at least once a semester in secondary schools.

(ic) Protective measures to be taken before, during, and following an earthquake.

(id) A program to ensure that pupils and both the certificated and classified staff are aware of, and properly trained in, the earthquake emergency procedure system.

(II) Establishing a procedure to allow a public agency, including the American Red Cross, to use school buildings, grounds, and equipment for mass care and welfare shelters during disasters or other emergencies affecting the public health and welfare.

The school district or county office of education shall cooperate with the public agency in furnishing and maintaining the services as the school district or county office of education may deem necessary to meet the needs of the community.

(ii) The evaluation of a comprehensive school safety plan pursuant to subdivision (d) and the review of a school safety plan pursuant to clause (iii) of subparagraph (F) of paragraph (5) of subdivision (c) of Section 47605 or clause (iii) of subparagraph (G) of paragraph (5) of subdivision (b) of Section 47605.6, as applicable, shall include ensuring that the plan includes appropriate adaptations for pupils with disabilities, as required pursuant to clause (i).

(iii) (I) After the first evaluation or review, as applicable, for purposes of subdivision (d) and clause (ii) is conducted, and after each annual evaluation or review thereafter, a school employee, a pupil's parent, guardian, or educational rights holder, or a pupil themselves may bring concerns about an individual pupil's ability to access disaster safety procedures described in the comprehensive school safety plan or the school safety plan to the school principal. If the school principal determines there is merit to a concern, the principal shall direct the schoolsite council, school safety planning committee, or charter school, as applicable, to make appropriate modifications to the comprehensive school safety plan or school safety plan, as applicable, during the evaluation of the comprehensive school safety plan pursuant to subdivision (d) or the review of the school safety plan pursuant to clause (iii) of subparagraph (F) of paragraph (5) of subdivision (c) of Section 47605 or clause (iii) of subparagraph (G) of paragraph (5) of subdivision (b) of Section 47605.6, as applicable. The school principal may direct the schoolsite council, the school safety planning committee, or the charter school, as applicable, to make such modifications before the evaluation of the comprehensive school safety plan pursuant to subdivision (d) or the review of the school safety plan pursuant to clause (iii) of subparagraph (F) of paragraph (5) of subdivision (c) of Section 47605 or clause (iii) of subparagraph (G) of paragraph (5) of subdivision (b) of Section 47605.6, as applicable.

(II) Subclause (I) does not prohibit a school employee, a pupil's parent, guardian, or educational rights holder, or a pupil themselves from bringing their concerns to the school principal before an evaluation or review, as applicable, for purposes of subdivision (d) and clause (ii) is conducted.

(iv) All deliberations of the schoolsite council, school safety planning committee, or charter school, as applicable, related to individual pupils with disabilities for purposes of the requirements of clauses (i) to (iii), inclusive, shall be subject to applicable state and federal laws regarding the privacy of pupil information.

(C) Policies pursuant to subdivision (d) of Section 48915 for pupils who committed an act listed in subdivision (c) of Section 48915 and other school-designated serious acts that would lead to suspension, expulsion, or mandatory expulsion recommendations pursuant to Article 1 (commencing with Section 48900) of Chapter 6 of Part 27 of Division 4 of Title 2.

(D) Procedures to notify teachers of dangerous pupils pursuant to Section 49079.

(E) A discrimination and harassment policy consistent with the prohibition against discrimination contained in Chapter 2 (commencing with Section 200) of Part 1.

(F) The provisions of any schoolwide dress code, pursuant to Section 35183, that prohibits pupils from wearing "gang-related apparel," if the school has adopted that type of a dress code. For those purposes, the comprehensive school safety plan shall define "gang-related apparel." The definition shall be limited to apparel that, if worn or displayed on a school campus, reasonably could be determined to threaten the health and safety of the school environment. A schoolwide dress code established pursuant to this section and Section 35183 shall be enforced on the school campus and at any school-sponsored activity by the principal of the school or the person designated by the principal. For purposes of this subparagraph, "gang-related apparel" shall not be considered a protected form of speech pursuant to Section 48950.

(G) Procedures for safe ingress and egress of pupils, parents, and school employees to and from school.

(H) A safe and orderly environment conducive to learning at the school.

(I) The rules and procedures on school discipline adopted pursuant to Sections 35291, 35291.5, 47605, and 47605.6.

(J) Procedures for conducting tactical responses to criminal incidents, including procedures related to individuals with guns on school campuses and at school-related functions. The procedures to prepare for active shooters or other armed assailants shall be based on the specific needs and context of each school and community.

(K) Procedures to assess and respond to reports of any dangerous, violent, or unlawful activity that is being conducted or threatened to be conducted at the school, at an activity sponsored by the school, or on a schoolbus serving the school.

(L) For schools that serve pupils in any of grades 7 to 12, inclusive, a protocol in the event a pupil is suffering or is reasonably believed to be suffering from an opioid overdose.

(b) It is the intent of the Legislature that schools develop comprehensive school safety plans using existing resources, including the materials and services of the partnership, pursuant to this chapter. It is also the intent of the Legislature that schools use the handbook developed and distributed in partnership by the State Department of Education's Safe Schools and Violence Prevention Center and the Attorney General's Crime and Violence Prevention Center entitled "Safe Schools: A Planning Guide for Action" in conjunction with developing their plan for school safety.

(c) Each schoolsite council or school safety planning committee, in developing and updating a comprehensive school safety plan, shall, where practical, consult, cooperate, and coordinate with other schoolsite councils or school safety planning committees.

(d) The comprehensive school safety plan may be evaluated and amended, as needed, by the school safety planning committee, but shall be evaluated at least once a year, to ensure that the comprehensive school safety plan is properly implemented. An updated file of all safety-related plans and materials shall be readily available for inspection by the public.

(e) As comprehensive school safety plans are reviewed and updated, the Legislature encourages all plans, to the extent that resources are available, to include policies and procedures aimed at the prevention of bullying.

(f) The comprehensive school safety plan, as written and updated by the schoolsite council or school safety planning committee, shall be submitted for approval pursuant to subdivision (a) of Section 32288.

(g) The department shall maintain and conspicuously post on its internet website a compliance checklist for developing a comprehensive school safety plan, and shall update the checklist when necessary.

(Amended by Stats. 2023, Ch. 856, Sec. 2.3. (SB 10) Effective January 1, 2024.)

County of San Diego Naloxone Distribution Form

Date: ___ ___ - ___ ___ - ___ ___ Data Collector's Name: W. Perno

Non-County
NDP Partner Name: SAY San Diego Zip code where distributed: _____

# of Nasal Kits provided: _____ # of Fentanyl Test Kits provided: _____

Unique identifier number: _____

Is the individual Hispanic, Latino, or Spanish?
- ☐ No, not Hispanic, Latino or Spanish
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Other
- ☐ Decline to state

What is the individual's race?
- ☐ White Only
- ☐ Black or African American only
- ☐ American Indian or Alaska Native only
- ☐ Asian only
- ☐ Other

Gender Identity:
- ☐ Male
- ☐ Female
- ☐ Trans Male
- ☐ Trans Female
- ☐ Genderqueer/Non-binary
- ☐ Decline to state
- ☐ Other

Age Group:
- ☐ 12-17
- ☐ 18-24
- ☐ 25-35
- ☐ 36-45
- ☐ 46-59
- ☐ 60+
- ☐ Decline to state

New Recipient or Refill?
- ☐ New recipient
- ☐ Refill

Reason for Refill?
- ☐ Naloxone used on self
- ☐ Used on someone other than self
- ☐ Gave it away
- ☐ Lost it
- ☐ Confiscated

Any Reversals in the past 2 weeks?
- ☐ Yes
- ☐ No

How many? _____

Was the reversal successful?
- ☐ Yes
- ☐ No
- ☐ N/A

How many kits used for reversal? _____

In what region did overdose occur?
- ☐ North Coastal
- ☐ North Inland
- ☐ North Central
- ☐ Central
- ☐ East
- ☐ South

Condado de San Diego Forma de Distribución

Fecha: ___ ___ - ___ ___ - ___ ___ Nombre de Distribuidor: _____

Nombre de Organización Socia: _____ Código Postal de Encuentro: _____

No. de Equipos de Naloxona: _____ No. de Pruebas de Fentanilo: _____

No. Identificación Único: _____

¿Es Hispano, Latino, o Español?
- ☐ No, no es Hispano, Latino o Español
- ☐ Mexicano, Mexicanoamericano, o Chicano
- ☐ Puertorriqueño
- ☐ Cubano
- ☐ Otro
- ☐ Negarse a declarar

¿Cuál es la raza de esta persona?
- ☐ Blanca
- ☐ Negra o Afroamericana
- ☐ Indígena de las Américas o Nativa de Alaska
- ☐ Asiática
- ☐ Otra raza

Identidad de género:
- ☐ Masculino
- ☐ Femenina
- ☐ Hombre Trans
- ☐ Mujer Trans
- ☐ Género Queer/No Binario
- ☐ Negarse a declarar
- ☐ Otro

Grupo de edad:
- ☐ 12-17
- ☐ 18-24
- ☐ 25-35
- ☐ 36-45
- ☐ 46-59
- ☐ 60+
- ☐ Negarse a declarar

¿Nuevo destinatario o recarga?
- ☐ Nuevo destinatario
- ☐ Recarga

Motivo de recarga:
- ☐ Naloxona usada en uno mismo
- ☐ Usada en otra persona
- ☐ Se lo dio a alguien
- ☐ Se perdió
- ☐ Fue confiscado

¿Cualquier reversión de sobredosis en las últimas dos semanas?
- ☐ Sí
- ☐ No

¿Cuántas reversiones? _____

¿Fue exitosa la reversión?
- ☐ Sí
- ☐ No
- ☐ No aplica

¿Cuántos equipos usados por la reversión? _____

¿En qué región fue la sobredosis?
- ☐ Costa Norte
- ☐ Norte Interior
- ☐ Norte Central
- ☐ Central
- ☐ Este
- ☐ Sur

System Collaboration Updates

1. **Pathways to Well-Being Website and Training Updates**
2. **04-29 CFT Meeting Form**
3. **Updated 2024 Integrated Core Practice Model and Training Guide**
4. **Online Mandated Reporting System**

1. Pathways to Well-Being Website Changes

Pathways (sandiegocounty.gov)

Per changes reflective of CalAim/Medi-Cal Transformation and in conjunction with the rollout of SmartCare, the following trainings have been retired/removed from the Pathways to Well-Being website:

Retired as of 8/31/24

- Child and Family Team Meeting Note Form Documentation Microlearning
- Eligibility for PWB and Enhanced Services Form Documentation Microlearning
- Intensive Care Coordination Note Documentation Microlearning
- Entering Pathways to Well-Being Eligibility in CCBH CCM Documentation Microlearning
- Pathways to Well-Being Portion of the BHA Documentation Microlearning

2. 04-29 CFT Meeting Release of Information form

The absence of a 04-29 CFT Meeting form does not disrupt a scheduled CFT meeting or participation of a BHS provider. If the 04-29 CFT Meeting form has not been signed prior to a CFT meeting, Behavioral Health providers may participate in the meeting without providing any Protected Health Information (PHI).

If a BHS Provider has a question about whether the 04-29 has been completed and signed, they may follow up with the PSW and/ or the CFT Meeting Facilitation Program to get this information prior to the meeting. For further questions or clarifications regarding the 04-29 for, please reach out to Shaun Goff, BH Program Manager at Shaun.Goff@sdcounty.ca.gov

System Collaboration Updates

3. California Integrated Core Practice Model for Children Youth, and Families (ICPM), Updated August 10, 2024

An Updated version of the Integrated Core Practice Model and the Integrated Training Guide were released in August of 2024 with an accompanying DHCS Behavioral Health Information Notice (BHIN 24-021) released in September outlining the changes to the ICPM:

1. **Race, Equity and Access to Care Focus**—Content has been enhanced to support the need for attention to disproportionality and over-representation, and how the System of Care and high collaborative services support social justice pursuits.
2. **Prevention Focus**—Content reflects the value and need to engage early, offer resources and supports that prevent entry into the system of care, including services based in empirically established programs such as "Family Strengthening."
3. **The Voice of Lived Expertise**—Content supports the role and inclusion of parents and foster youth.
4. **Tribal Emphasis**—With the help of high level input from tribes, many improvements are now present reflecting connections to the Indian Child Welfare Act (ICWA) and providing support for how public agencies should work with tribes in effective ICPM-based service delivery to ensure the protection of the rights of tribes and their children.
5. **Community-Based Organizations and/or Providers**—Content references the role of providers in teaming and service delivery.
6. **Developmental Connections**—Content provides context for the critical role for teaming and planning with regional centers and the Intellectual and Developmental Disabilities (I/DD) system, to support the coordination of person-centered services and supports.
7. **System of Care**—Content has been added to anchor the ICPM within the AB 2083 partnerships. As AB 2083 was not law in 2018, the need to frame the practice model as the shared practice of the system was necessary. This 2023 version establishes that it's a practice model intended for all System of Care partners.
8. **Practice Behaviors** —Content has been updated based on stakeholder input to more fully align to the five elements of care.
9. **New Practice Principles**—Two practice principles have been added based on national System of Care research and the stakeholder input. These are "equity based" and "trauma Informed."
10. **The Role of Neuroscience**—Based on cutting edge practice research and the impact of trauma and secondary trauma, content was added to support the relational and emotional intelligence demands of staff in the systems.

The 2024 Integrated Training Guide was issued alongside the updated ICPM

Purpose

This guide is intended for use by leaders in workforce development who are committed to producing coordinated, system-level changes in their respective organizations to reduce disparities in service access and quality, strengthen accountability, and increase transparency for the families who receive services.

In order to produce practice changes at the staff level, this training guide employs four strategies:

1. Grounding the context of training content in collaborative, team approaches among service providers, family members, tribal nations, and the family's circle of support
2. Reinforcing knowledge and values, and building practice skills through ongoing coaching and supervision
3. Establishing interdisciplinary, multisectoral audiences
4. Utilizing the expertise of tribal and other parent and youth leaders to develop and deliver training topics that reflect their histories and lived experiences.

System Collaboration Updates

Integrated Training Guide, Guiding Principles:

1 IMPLEMENTATION SCIENCE

Application of methods and principles derived from implementation science research to successfully enact training plans at the local and state levels and to sustain fidelity to the ICPM's System of Care approach in order to achieve measurable, positive outcomes for children, youth, and parents.

2 COLLABORATION

Advancement of collaborative processes in the development and adaptation of training materials by enlisting parents, youth, tribal nations, social service agencies, and the systems of child welfare, behavioral health, education, juvenile probation, and regional centers. Collaborative processes should also be engaged in the development and provision of technical assistance to service providers in the System of Care.

3 JOINT TRAINING AUDIENCES

Audiences comprised of participants from two or more groups from across the spectrum of systems, service providers, parents, youth, tribal nations, and support networks. Training environments that include individuals from multiple sectors are likely to inspire trusting relationships and enhance shared knowledge, values, and collaboration in the coordination of care.

4 MEANINGFUL LEADERSHIP OPPORTUNITIES FOR PARENTS, YOUTH, AND TRIBAL PARTNERS

Supporting parents, youth, and tribal partners through mentoring and other assistance, in meaningful leadership roles in the curriculum development process and in their work as co-trainers, including the sharing of their lived experiences in accessing and receiving services.

5 ENGAGEMENT OF RESOURCE FAMILIES

Inclusion of kin and non-related caregivers in the development of curriculum and the delivery of training for topics pertinent to caregiving; providing mentorship for such contributors.

6 ADVOCACY

Supporting parents, youth, and caregivers to access trainings to enhance their knowledge and skills, facilitate their self-empowerment, resiliency, and well-being, and to assist them in navigating the System of Care. Such training may include the issuance of training certifications.

7 TRAUMA-INFORMED SYSTEMS AND PRACTICE

Emphasis on the cultivation of skillful, individual, and systemic responses to the prevalent and pervasive influences of trauma on children's and adults' behavioral health and overall development, and the effects of secondary trauma on staff.

8 ANTI-RACISM

Attending to aspects of the training content and the integrated training infrastructure in one's organization and across collaborating systems to ensure that curriculum content and organizational or systemic policies do not disadvantage racial/ethnic groups, but instead foster an inclusive, equitable social environment in which bias can be openly identified and rectified.

9 EVIDENCE-BASED PRACTICE

Promotion of the use of available evidence-based and evidence-informed interventions appropriate to the target populations and their social and cultural contexts, with emphasis on values, principles, and practices. As the evidence base grows, training topics and content should be updated accordingly.

10 TEAMING

Promotion of content about team-based approaches with parents, youth, and families, the agency staff of child welfare, behavioral health, education, juvenile probation, and regional centers, and other involved organizations and supportive individuals. Teaming underlies the collaborative, coordinated, and transparent development of plans for integrated service delivery through the provision of consistent care management and quality services that address children's behavioral health and other needs to improve their outcomes for safety, permanence, and well-being. Teaming relationships are built on trust.

Links:

BHIN 24-021

Integrated Core Practice Model (ICPM) Guide

Integrated Training Guide (ITG)

System Collaboration Updates

4. **Online Mandated Reporting System**

   CFWB Online Mandated Reports

- Mandated reporters may submit a non-urgent report of suspected of child abuse/neglect through the online reporting system after completing a Mandated Reporter Application (MRA)
- No follow-up Suspected Child Abuse Report form is necessary for these online non-urgent submissions. Suspected child abuse Reports forms ARE STILL required when filing by phone through a screener.
- Once in the online portal, you will be asked to complete a safety questionnaire to ensure that the report is non-urgent
- When making a report via the phone (urgent or non-urgent), mandated reporters may request that the Hotline screener provide an electronic version of this form through their MRA account, and mandated reporters need only complete and submit back electronically within 36 hours after making the call.
- The application also does not currently allow printing/downloading of the completed form by the mandated reporter through the portal. Users can view the information after submitting to the Hotline and can take screenshots, if desired.

How to register via the Mandated Reporter System:

CFWB Mandated Reporting Application (MRA)

Mandated reporters can register themselves at any point, without having to contact the Hotline beforehand. Please note that users must have a work e-mail with an authorized domain (@sdcounty.ca.gov is one of those authorized domains).

CHILD AND FAMILY WELL-BEING

ONLINE MANDATED REPORTER SYSTEM

This system, expressly for mandated reporters, is designed to:

- Give mandated reporters the ability to file ***non-emergency*** reports* via a secure and encrypted website
- Reduce wait times on the Child Abuse Hotline for urgent reports
- Be available 24 hours a day, 7 days a week
- Screen reports submitted via the portal within 24 hours
- Satisfy all mandated reporter obligations—no follow-up written report required

The project began as an effort to improve operations and create a more efficient reporting process, particularly for non-urgent situations. To best manage the volume of Hotline calls and properly address reports of suspected child abuse or neglect, Child and Family Well-Being has developed this new mechanism to filter non-urgent calls and prioritize situations requiring immediate action.

For additional information, please contact Child Abuse Hotline Managers Martha Velazco, Martha.Velazco@sdcounty.ca.gov or Stefanie Rodriguez, Stefanie.Rodriguez@sdcounty.ca.gov.

*Non-emergency reports include incidents of suspected child abuse or neglect that do not require immediate attention, or the victim is not in immediate danger.

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Prevention and Early Intervention for Psychosis

KICKSTART Program

Prevention Today for a Better Tomorrow

Presenters

Michael Garrett, MA, LMFT, Clinical Supervisor/Lead FEP Clinician

Who We Are

- Community education to the general public
- We provided services to youth age 10-25 who are at risk of developing a serious mental illness related to psychosis.
- Funded through San Diego County and MHSA (Mental Health Services Act)

kickstart™

What is psychosis?

- A brain based illness with a number of symptoms that suggest a ***loss of contact with reality***
- Affects approximately 3 in 100 individuals.
- Starts in teens or early adulthood

Positive Symptoms of Psychosis

- Delusional beliefs such as, feeling disconnected, out of control, that things aren't real or quite right, or that things are happening to their thoughts.
- Hearing sounds or voices that others don't.
- Visual distortions: trails, ghosts shadows or wavy lines
- Heightened sensitivity to light, sound or touch; Decreased sense of smell.
- Difficulty speaking or understanding what others are saying
- Paranoia/extreme fear for no apparent reason.

Negative Symptoms of Psychosis

- ✓ Difficulty maintaining focus, concentration or memory
- ✓ Uncharacteristic, strange behaviors or ideas
- ✓ Anxious and depressed mood - isolation
- ✓ Change in sleep, appetite or hygiene (self care)
- ✓ Extreme withdrawal from friends and family
- ✓ Dramatic deterioration in school or work functioning: Reading, Speaking, Coordination (sports), Attendance or Grades

Why Early Intervention is Important

- Improved brain functioning
  - Better & faster recovery
  - Decreases need for more intensive treatment
- Improved coping skills
  - Self advocacy vs. inability to care for self
  - Avoids self medication through drugs
- Higher success in school & work
  - School success vs. failure & drop-out
  - Increased likelihood of keeping job & being successful adult
- Improved relationships with family & friends
  - Family understanding vs. conflict
- **Reduces suicide risk!**

The Referral Process

1. Phone screen
2. Intake in order to continue eligibility screening
3. SIPS assessment by certified professionals
4. If eligible, individualized treatment planning and continued care

Services at Kickstart

- EARLY & EVIDENCE-BASED TREATMENT
  - Multidisciplinary team
    - Multi-family groups
    - Psycho-education Workshop
    - Individual/Family psychotherapy
  - Optional Services
    - Psychiatric services/Medication options
    - Occupational Therapy
    - Education & Employment support
    - Substance abuse support
    - Nursing services
    - Peer support/mentoring
    - Office and home-based services

Resources

Phone - 619.481.3790

Hours - 8:30-5pm

6160 Mission George Rd suite 100

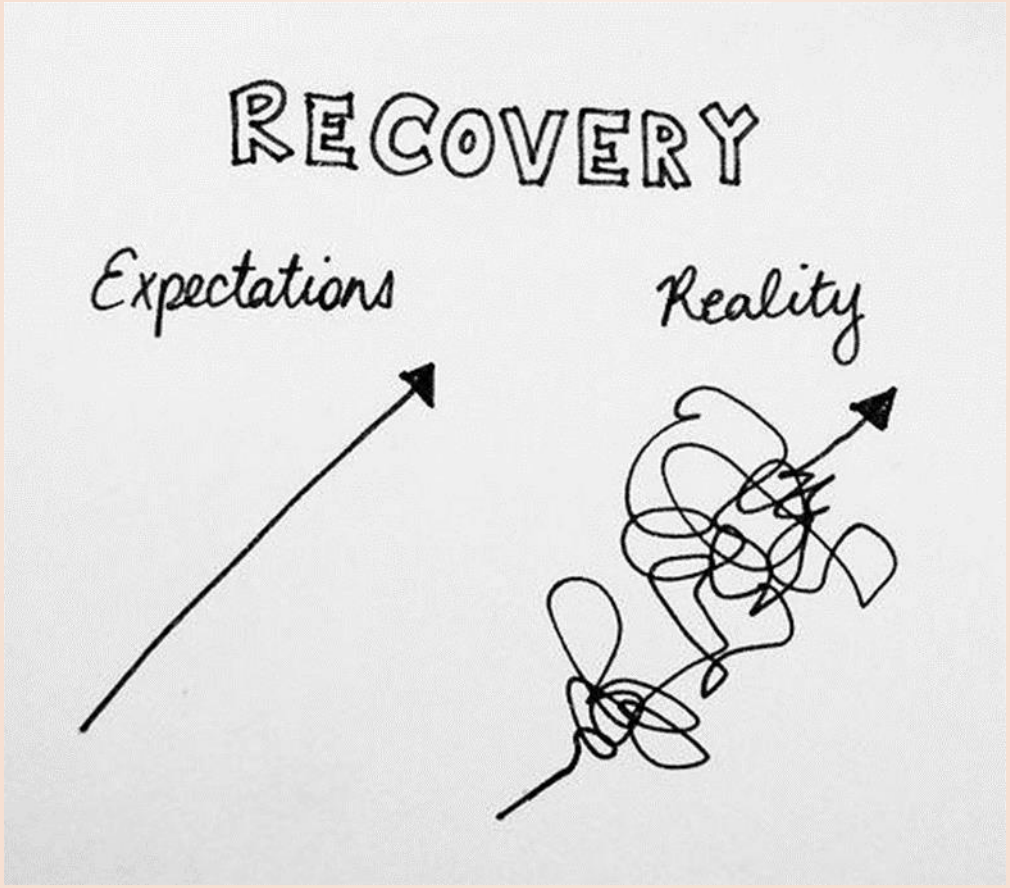
San Diego, Ca. 92120

Website: www.kickstartsd.org

Additional Resources:

- The First Episode of Psychosis: A Guide for Patients and Their Families
- CBT for Psychosis: A System-Based Approach
- Treating Psychosis: A Clinician's Guide to Integrating Acceptance and Commitment Therapy, Compassion-Focused Therapy, and Mindfulness Approaches within the Cognitive Behavioral Therapy Tradition

Questions?



Annual School Meeting

SchooLink™
to BEHAVIORAL HEALTH SERVICES | access • communicate • connect

The annual meeting lays the foundation for successful working relationships between school staff and behavioral health providers throughout the school year.

During the first month of every school year, behavioral health providers will initiate and coordinate the annual meeting.

Who Should Attend?

The following staff will attend the Annual meeting:

- Principal or designee
- School psychologist, counselor, and/or nurse
- Behavioral health provider
- District Liaison (optional)

Tools and Resources

The following resources have been developed to support your SchooLink partnership at the meeting and throughout the year. They can be found on the BHS SchooLink website.

- **SchooLink Annual Meeting Agenda** – a template agenda for the meeting
- **Annual SchooLink Plan** – a list of key contacts, decisions and processes that need to be decided and documented during the meeting
- **SchooLink Student Referral Form** – a template form all school staff must use to refer students for behavioral health services
- **SchooLink Monthly Communications Log** – a template excel sheet for providers to use to provide updated and information about referred students and school staff
- **SchooLink Service Structure** – a diagram detailing the organizational and funding structure of school-based behavioral health services

Key Meeting Outcomes

Outcomes and related questions must be answered during the meeting and documented in the annual plan.

Clarify roles and responsibilities

- Who is responsible for referring students?
- How should school staff submit referral forms?
- What will the provider do if they can't reach a referred student's parents?

Establish key contacts

- Who is the primary school contact?
- Who is the provider contact?
- How do I reach the provider when they are not on site?
- How do I escalate an issue to a supervisor if needed?

Formalize the communication and outreach plan

- How will teachers and parents learn about these services?
- What meetings can the provider attend to promote these services?
- What is the provider allowed and not allowed to share with school staff about the student's treatment?

Resolve any facility, process or procedure questions

- What office can the provider use?
- What is the best way to pull a student from class?
- What are the school site's emergency procedures?

Key Point

The Annual SchooLink Plan details how SchooLink services operate at a school. School leadership is encouraged to disseminate the plan to school staff and behavioral health providers.

Key Terms

Behavioral health services: A continuum of prevention, intervention, treatment and recovery support services for mental health and substance use.

County-funded: Services funded through the County of San Diego's Health & Human Services Agency's Behavioral Health Services Division.

Provider: Unless otherwise specified, a County-funded behavioral health provider.

Administrative Information

For administrative information or to provide feedback about the SchooLink training program, please email BHSContactUs.HHSA@sdcounty.ca.gov with subject line: SchooLink or call 619-563-2700 and ask to speak with the Deputy Director of Behavioral Health Services for Children, Youth, and Families.

Date: July 1, 2019

CYF Memo: #01-19/20

To: CYF SchooLink Providers

From: Yael Koenig, CYF Deputy Director

Re: **SchooLink Threshold Guidelines**

SchooLink to Behavioral Health Services (SchooLink) is a partnership between the County of San Diego with community-based organizations and local school districts to provide County-funded behavioral health services. This memo details the background and process for implementing SchooLink thresholds at SchooLink sites in FY 2019/20.

What is SchooLink: **https://theacademy.sdsu.edu/bheta-schoolink**

- Dating back to late 1990's, the Health and Human Services Agency-Behavioral Health Services (County) partnered with school districts and community-based organizations to offer outpatient specialty mental health and later substance use disorder (SUD) treatment on school campuses that serve Medi-Cal and unfunded students.
- In Fiscal Year 2018/2019, SchooLink was launched to implement standardized practices and increase collaboration between schools and providers for both mental health and SUD treatment programs.

Outcome Monitoring:

- In 2017, specialized Cerner Community Behavioral Health (CCBH) School Data Reports were created for mental health services delivered on school campuses.
- The School Data Reports allow SchooLink providers and the County to evaluate the number of clients served by providers at designated and non-designated schools.
- The data indicates that although over 400 schools are designated SchooLink sites, the majority have 3 or less students receiving SchooLink services. At 168 school sites, the program served only one student. This data, combined with school and provider input, informed the need to set minimum client thresholds to warrant the deployment of clinicians through SchooLink.
- The implementation of SchooLink thresholds is intended to be a collaborative process between schools/districts, SchooLink providers and the County.
- Ultimately, the goal of setting thresholds is to ensure resources are optimally deployed so that students receive the services they need in a timely and efficient manner.

SchooLink Threshold Guide:

As we work collectively to optimize SchooLink services, initial thresholds have been identified for FY 2019/2020. FY 2019/2020 is expected to be a transition year, recognizing that not all sites will immediately meet the thresholds. Achieving the thresholds will require commitment and collaboration between SchooLink providers and their designated schools. The thresholds were developed based on a 36-week school year.

- Minimum commitment by SchooLink Provider for Mental Health and SUD:

    - Clinician shall be deployed to each designated school at least weekly
    - Clinician shall be on campus for a minimum of four hours per visit
    - Clinician shall have the capacity to serve 5 clients per visit
    - On average, each client shall receive 10+ services on the school campus
    - On average, each client shall receive 10+ weeks of services
    - Provider shall review the threshold data quarterly for each designated school and communicate progress with their school partners

- Minimum commitment by School:

    - Identify a consistent designated place for clinician(s) on each of their assigned day(s) and time(s)
    - Make sufficient referrals that lead to a minimum of 5 active clients served by SchooLink provider
    - Make sufficient referrals that lead to a minimum of 10 annual clients served by SchooLink provider

- Medi-Cal and unfunded students who have mental health and/or SUD treatment needs who attend a school that does not offer SchooLink services, may still access services throughout the community-based county funded providers. The Access and Crisis Line number (888-724-7240) can provide referrals to applicable resources.

We appreciate all of the SchooLink feedback generated from the provider discussion at the May 9, 2019 Program Manager' meeting on the SchooLink forms and thresholds. The SchooLink training and standardized forms are being updated to reflect the suggested changes and will be available online by July 15, 2019. Please keep an eye out for the July SchooLink Spotlight which will highlight the changes for FY 2019/20.

If you have questions, please contact your Contracting Officer Representative (COR).

CC: County of San Diego Performance Improvement Team
County of San Diego Quality Management
County Office of Education
Price Philanthropies

Drop-in Centers

Our Safe Place offers five **Drop-in Centers** throughout the county that specialize in supporting the needs of LGBTQ+ youth and their families by *providing safe and affirming spaces through authentic connections, resources for equitable opportunity, and avenues for cultivating strengths.** Drop-in Centers provide supportive services, including case management, school and employment support, support with transitioning, mentorship opportunities, and more.

Our Safe Place also offers an outpatient, community-based mental health clinic in Hillcrest. The clinic requires an appointment to begin services and offers group therapy, medication support services, case management, and crisis intervention to LGBTQ+ youth up to age 21.

**excerpted from San Diego Youth Services Our Safe Place program description*

Learn More

To see if Drop-in Centers are right for you or a loved one, contact:

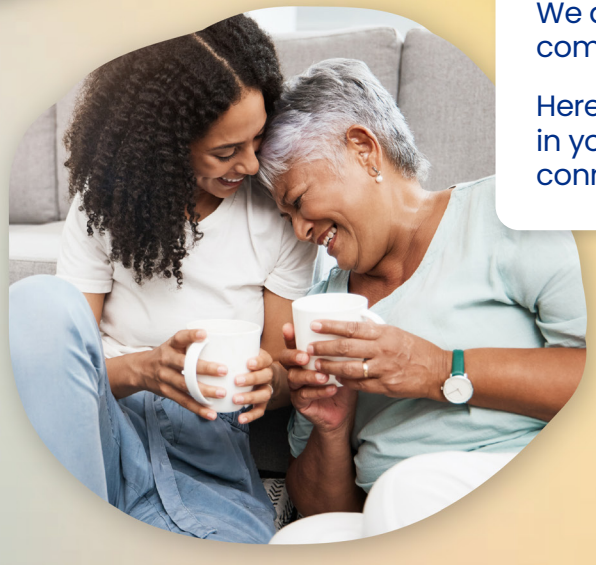
- The **Access and Crisis Line** at (888) 724-7240, or
- Any of the programs directly listed in the tables below.

Love Over Loneliness

FOR ALL AGES

TAKE ACTION

FOR MENTAL HEALTH



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

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

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

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

Early childhood (birth through age 5)*

Common causes:

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

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

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

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

Signs

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

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

Strategies for parents and caregivers

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

Strategies for early childcare providers

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

Strategies for communities

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

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

Children (Ages 6-12)*

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

Signs

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

Strategies for parents and caregivers:

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

Strategies for schools and teachers:

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

Strategies for communities:

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

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

Teens (Ages 13-17)*

Common causes:

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

Signs

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

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

Strategies for parents and caregivers:

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

Strategies for schools and teachers:

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

Strategies for communities:

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

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

Adults (Ages 18-64)

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

Signs

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

Strategies for individuals:

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

Strategies for workplaces:

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

Strategies for communities:

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

Seniors (Ages 65+)

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

Signs

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

Strategies for individuals:

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

Strategies for families:

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

Strategies for health care providers:

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

Strategies for communities:

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

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

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

TakeAction4MH.com

Take Action FOR MENTAL HEALTH | CalMHSA California Mental Health Services Authority

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

We Don't Wait – Nurturing and Healing in Action

Conference Schedule: Thursday, September 26, 2024

08/01/2024
SUBJECT TO CHANGE

All Times are PST

Application submitted for accreditation: Up to 16 Contact Hours CME/CE (depending upon which sessions you attend)

7:00 – 8:00 AM	**Live Registration Open** **Zoom Help Desk Open** – Sign in early if you have questions or need assistance!
8:00 – 8:30 AM	**{Live + Virtual} Opening Remarks and Memorial Address Honoring Deb Stolz** ***Pradeep Gidwani**, MD, MPH, FAAP*
8:30 – 8:45 AM	**Break**
8:45 – 10:15 AM	**{Live + Virtual} (CME) Bridging the Gap Between Families and Systems Designed to Serve Them** ***Rahil Briggs**, PsyD, National Director of Zero to Three's HealthySteps Pediatric Primary Care Program, and Clinical Professor of Pediatrics, Psychiatry, and Behavioral Sciences at Albert Einstein College of Medicine*
10:15 – 10:45 AM	**Break and Visit Exhibits and Bookstore**
10:45 – 12:15 PM	**{Live + Virtual} (CME) 15-Year Perspective: Where We Were and Where We Are Now** ***Pradeep Gidwani**, MD, MPH, FAAP, Medical Director, Healthy Development Services (HDS) and First Steps, American Academy of Pediatrics, California Chapter 3, and **Jeff Rowe**, MD, Child and Adolescent Psychiatrist, ECMH We Can't Wait Conference Co-Chair*
12:15 – 1:30 PM	**Lunch – Visit Exhibits and Bookstore**
12:30 PM	**Lunch and Learn: Continuing the Conversation About Bridging the Gap** ***Rahil Briggs**, PsyD, National Director of Zero to Three's HealthySteps Pediatric Primary Care Program, and Clinical Professor of Pediatrics, Psychiatry, and Behavioral Sciences at Albert Einstein College of Medicine*
1:30 – 3:00 PM	**Breakout Session A**
A-1	**{Live + Virtual} (CME) HOPE Informed Care Supporting Complex Pediatric Patients (Cultural Lens)** ***Natalie Elms**, MA, Manager, KidSTART, Rady Children's Hospital San Diego, and **Sarah Glass**, MSW, Deputy Director, County of San Diego Child and Family Well-Being Department, Office of Child and Family Strengthening*
A-2	**{Live + Virtual} (CME) Complex Cases** ***Charmi Patel Rao**, MD, Co-Medical Director, Vista Hill Foundation, and **Kelly Curtis-Hughes**, LMFT, RPT, Early Childhood Mental Health Therapist, Rady Children's Hospital San Diego*
A-3	**Reflective Practice Supervision** ***Kim Flowers**, LCSW, IF-ECMH RPF-II, Senior Director, Family Support Services, Neighborhood House Association, Rady Children's Hospital San Diego, and **Marilee Burgeson**, MA, CCC-SLP, Senior Clinical Advisor, Positive Development*
A-4	**Creating Spaces for Community Collaboration: Moving from Community Input to Community Action** ***Brandi Paniagua**, MAEd, Program Director, Partners in Prevention, Community Engagement and Well-Being, YMCA of San Diego County*
A-5	**(CME) Play Therapy with Small Children** ***Denise Von Rotz**, LMFT, RPT-S, IF-ECMHS, RPF II, Owner, Hope and Healing Child and Family Therapy, Inc.*
3:00 – 3:30 PM	**Break and Visit Exhibits and Bookstore**
3:30 – 5:00 PM	**Breakout Session B**
B-1	**{Live + Virtual} (CME) Amplifying All Voices: Augmentative and Alternative Communication (AAC)** ***Shannon Jeng-Lin Apel**, MA, CCC-SLP, Bilingual Mandarin-English Speech-Language Pathologist, Rady Children's Hospital San Diego*
B-2	**{Live + Virtual} (CME) Integration Matters: Interdisciplinary Clinical Care is Making a Difference** ***Lauren Gist**, MD, MPH, **Joy Brewster**, SLP, **Cinnamon Harper**, MSW, LCSW, and **Hannah Kenny**, ASW, Rady Children's Hospital KidSTART*
B-3	**TBD**
B-4	**(CME) Climate Change and the Impact on Our Children** ***Vi Thuy Nguyen**, MD, Fellow of Environmental Health, American Academy of Pediatrics, California Chapter 3, and **Aneesah Grayson**, MPA, Program Coordinator/Lead Facilitator, Tarzana Treatment Centers and Co-Chair, Public Health Advisory Council (OC/LA)*
B-5	**Somatic Practice: Incorporating the Body's Wisdom to Strengthen Community Engagement** ***Ariane Porras**, SEP, Program Director of Partner and Community Engagement, Child Resource Center, YMCA of San Diego County*
5:00 – 7:00 PM	**Networking Reception. Appetizers, No Host Bar** **Entertainment by The Resonators: Acoustic Classic Rock and Blues**

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

We Don't Wait – Nurturing and Healing in Action

Conference Schedule: Friday, September 27, 2024

All Times are PDT

08/01/2024
SUBJECT TO CHANGE

Application submitted for accreditation: up to 16 Contact Hours CME/CE (depending upon which sessions you attend)

7:00 – 8:00 AM	**Live Registration Open** **Zoom Help Desk Open** – Sign in early if you have questions or need assistance!
8:00 – 8:30 AM	{Live + Virtual} **Opening Remarks and Memorial Address Honoring Chris Muecke** ***Ali Freedman**, PsyD, MBA, ECMH We Can't Wait Conference Co-Chair*
8:30 – 8:45 AM	**Break**
8:45 – 10:15 AM	{Live + Virtual} (CME) **Wholeness, Oneness, and Early Childhood Well-Being** ***Richard Knecht**, MS, Managing Partner, Integrated Human Services Group, Inc. and Integrated Services Advisor, State of California*
10:15 – 10:45 AM	**Break and Visit Exhibits and Bookstore**
10:45 – 12:15 PM	{Live + Virtual} (CME) **Building Relationships Within and Between Systems in Support of ECMH Services** ***Lily Valmidiano**, MPH, CHES, Senior Project Specialist, American Academy of Pediatrics, California Chapter 3, **Aimee Zeitz**, LMFT, Executive Director, Community Well-Being, YMCA of San Diego County, **Miriah de Matos**, MPH, MA, Senior Project Specialist, American Academy of Pediatrics, California Chapter 3, and **Ariane Porras**, SEP, Program Director of Partner and Community Engagement, Child Resource Center, YMCA of San Diego County*
12:15 – 1:30 PM	**Lunch and Visit Exhibits and Bookstore**
1:30 – 3:00 PM	**Breakout Session C**
C-1	{Live + Virtual} (CME) **The Neurobiology of the Developing Child** ***Pradeep Gidwani**, MD, MPH, FAAP, Medical Director, Healthy Development Services (HDS) and First Steps, American Academy of Pediatrics, California Chapter 3*
C-2	{Live + Virtual} (CME) **Perinatal Mental Health – It Starts with You: Reproductive Psychiatrists' Perspective on Empowering Providers to Help Birthing Parents and Families to Health and Wellness** ***Simi Brar**, MD, and **Sree Reddy**, DO, Child and Adolescent Psychiatrists*
C-3	**TBD**
C-4	**Synergy Unleashed: Mastering Whole System Alignment and Integration** ***Lori Clarke,** MA, MFT, Co-Director, Social Policy Institute, San Diego State University, **Clorinda Merino**, MEd, Implementation Specialist, Social Policy Institute, San Diego State University, and **Richard Knecht**, MS, Managing Partner, Integrated Human Services Group, Inc. and Integrated Services Advisor, State of California*
C-5	**TBD**
3:00 – 3:30 PM	**Break and Visit Exhibits and Bookstore**
3:30 – 5:00 PM	**Breakout Session D**
D-1	{Live + Virtual} (CME) **Reimagining a Child and Family Well-Being System of Care** ***Alfredo Guardado**, Assistant Director, and **Sarah Glass**, MSW, Deputy Director, County of San Diego Child and Family Well-Being Department, Office of Child and Family Strengthening*
D-2	{Live + Virtual} (CME) **Complex Cases** ***Jeff Rowe**, MD, Child and Adolescent Psychiatrist, ECMH We Can't Wait Conference Co-Chair*
D-3	**CAAVE – Compassion, Acceptance, Awareness, Validation, and Empowerment: An Embodied Approach** ***Krysta Esquivel** and **Kristina Halmai**, Youth and Family Services, YMCA of San Diego County*
D-4	**The Spirit of Motivational Interviewing and The Path to MI Proficiency** ***Renee Sievert**, RN, LMFT, PCC, Member of the Motivational Interviewing Network of Trainers (MINT)*
D-5	**Art Therapy** **Limited to 25 participants* ***Melanie Morones**, LMFT, ATR, ECMHS, Clinical Social Service Program Director, YMCA of San Diego County, and **Liz Sizemore**, AMFT, AT, San Diego Center for Children*

To:	**BHS Contracted Mental Health Children & Youth Providers**
From:	**Behavioral Health Services**
Date:	**September 3, 2024**
Title	**Outcome Measures for Children and Youth**

With the transition to SmartCare, the CYF mHOMS will be discontinued effective September 1, 2024.
All user accounts specific to the child outcome measures detailed below will be deactivated after September 15, 2024.

Measures currently in CYF mHOMS migrating to SmartCare

- Pediatric Symptom Checklist (PSC) – starting September 1, discontinue entry of any PSC measures collected after August 31 into CYF mHOMS. Measures collected on or before August 31 may still be entered into CYF mHOMS through September 15. Effective September 1, only the Parent measure will be required. Parent measures collected on or after September 1 should only be entered into SmartCare.
- Child and Adolescent Needs and Strengths (CANS) - starting September 1, discontinue entry of any CANS measures collected after August 31 into CYF mHOMS. Measures collected on or before August 31 may still be entered into CYF mHOMS through September 15. Measures collected on or after September 1 should only be entered into SmartCare.

Measures currently in CYF mHOMS that are being sunset

- CANS-Early Childhood (EC) - starting September 1, discontinue entry of any CANS-EC measures collected after August 31 into CYF mHOMS. Measures collected on or before August 31 may still be entered into CYF mHOMS through September 15. Measures collected on or after September 1 should only be entered into SmartCare with a dedicated EC module versus a standalone tool.
- PSC-Youth (Y) – starting September 1, the PSC-Y measure will no longer be required and will not be supported by CYF mHOMS or SmartCare. Youth PSC will shift to an optional measure and programs who wish to retain it may download the measure from the CASRC website and score it in house. QSR objectives related to the PSC-Y will be removed from the QSR.
- Personal Experience Screening Questionnaire (PESQ) – starting September 1, the PESQ will no longer be required, and will not be supported by CYF mHOMS or SmartCare. QSR objectives related to the PESQ will be removed from the QSR.
- CYF mHOMS Administrative Forms – starting September 1, CYF mHOMS administrative forms will no longer be utilized:
    - CYF mHOMS Client Information Sheet
    - AD Discharge Supplemental Questionnaire
    - PESQ Cover Sheet

Quarterly Status Report (QSR) & Monthly Status Report (MSR) impacts

- As the county learns more about report functionality in SmartCare, the CANS and PSC QSR objectives will be aligned
- PSC-Y and PESQ objectives will be removed for FY2425
- QSR/MSR reports from CYF mHOMS will be unavailable after September 15, 2024

For More Information:

- Contact your Contracting Officer's Representative (COR)

To:	**BHS Contracted Mental Health Children & Youth Providers**
From:	**Behavioral Health Services**
Date:	**September 3, 2024**
Title	**Outcome Measures for Children and Youth**

CANS and PSC-P Timelines in SmartCare

SmartCare is designed to collect CANS and PSC based on the client timelines. Therefore, when intaking a client who has another open enrollment/episode, all programs will follow the client outcome timelines. The client outcome intervals start at intake, 6-month reassessment intervals, and discharge. Entries outside of those intervals will be identified as 'urgent' versus a 'reassessment' which is acceptable to utilize as appropriate and expected when program design is set with 3-month reassessments (i.e. STRTPs). When a reassessment and discharge is due for a client with multiple serving providers, coordination is required for one submission for the client. SmartCare issues an error message stating that outcome cannot be completed any sooner than 4 months or any later than 8 months from the most recently completed measure which is addressed through the 'urgent' notation.

As the system transitions to SmartCare, the intent is to have the last CANS completion date pulled from CYF mHOMS to SmartCare for existing clients so the system can accept reassessment and discharge outcomes. This is a tentative plan and contingent on timelines, programs may receive SmartCare error alerts.

Outcome Websites

Both outcome websites are available and will be updated during the transition to SmartCare:

- https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/workforce/cyf_outcomes.html
- https://psychiatry.ucsd.edu/research/programs-centers/casrc/soce/index.html

For More Information:

- Contact your Contracting Officer's Representative (COR)

To:	**BHS Children, Youth and Families (CYF) Outpatient Mental Health Contracted Service Providers**
From:	**Behavioral Health Services**
Date:	**September 3, 2024**
Title	**Utilization Management (UM) Update: Alignment with SmartCare Workflows**

Effective September 3, 2024, the Utilization Management (UM) Request Form for Children and Youth Outpatient Treatment has been updated to align with SmartCare workflows.

The following sections of the UM Request Form have been updated to align with new SmartCare workflows.

- Section C - Removal of Assessment Summary reference
- Section D - Removal of PSC-Y completion date and scores
- Section E - Update of language to Care Plan vs. Client Plan

With the transition of CANS/PSC into SmartCare, completion intervals are now aligned with the client's enrollment date with a system of care (SOC) program which may not align with the UM interval. In these circumstances, providers are expected to review CANS/PSC at the UM interval and determine if any updates are needed.

All current and new mental health program admissions continue to adhere to a time-based UM cycle and reviews will occur within the program level Utilization Management Committee at each program's identified time-based interval of a 6-month UM cycle.

As outlined in the Organizational Provider Operations Handbook (OPOH), the UM Committee operates at the program level and must include at least one licensed clinician. The UM Committee bases its decisions on whether medical necessity is still present and works with the treating clinician to ensure that the proposed services are set to promote meeting the client's goals. To assist in its determination, the UM Committee receives a UM Request Authorization form which covers the interval for which authorization is requested. Medication only clients are not included in the Utilization Management process as they are subject to medication monitoring. The UM cycle continues to be the timepoint to review the Care Plan and Outcomes measures, CANS/PSC.

Attachments:

- UM Request Form Rv. 09.03.24
- UM Request Form Explanation Sheet Rv. 09.03.24

For More Information:

- Review the updated Organizational Provider Operations Handbook (OPOH)
- Contact your Contracting Officer's Representative (COR)

2024

County of San Diego Mental Health Plan
UTILIZATION MANAGEMENT (UM) REQUEST
Children's Mental Health Outpatient Treatment Programs

REQUEST COMPLETED BY:

- Licensed/Waivered Psychologist
- Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
- Licensed/Registered Professional Clinical Counselor
- Physician (MD or DO)
- Nurse Practitioner

APPROVAL COMPLETED BY:

- Program Manager/Program UM Committee

COMPLIANCE REQUIREMENTS:

- Clinicians are expected to clearly explain the short-term treatment model and UM process for additional services based on need to client/families upon intake.
- Prior to expiration of the current UM Cycle, programs are expected to complete a UM Request to receive approval for providing additional outpatient and case management services to clients.
- UM Request Form must have all required elements (listed below) completed within the form.
- In addition to completing the UM form, the following tasks are required prior to submitting the request:
  - Updated CANS in SmartCare
  - Updated PSC entered in SmartCare
  - Care Plan and/ or Problem List must be reviewed

DOCUMENTATION STANDARDS:

A. Current Services: Identify current services, admission date, diagnosis, Pathways status, current symptoms and if youth/family is requesting additional services.

B. Psychiatric Hospitalizations: Provide information pertaining to recent hospitalizations; including most recent date(s) and other services client is receiving when applicable.

C. Child and Adolescent Needs and Strengths: Provide completion date of CANS for current UM request. Utilize information from CANS to identify the number of needs rated at a '2' (Help is Needed) and '3' (High Need). List the number of Strengths from the CANS that could be leveraged to meet treatment goals and reduce symptomology.

D. Pediatric Symptom Checklist: Provide completion date of PSC for current UM request. Utilize information from the PSC to identify the total score for the Parent PSC. If subscale scores are not available, enter n/a. If the Parent PSC was not completed for the current UM request, indicate on form.

E. Updated Care Plan and/ or Problem List: Update the care plan and/ or Problem List in SmartCare prior to initiating the UM request. The updated care plan/ Problem List must be reviewed by Program UM Committee and presented to the youth/family for inputand signatures.

F. Eligibility Criteria: Outline how Medical Necessity is met and describe how services will be sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished (42 CFR 438.210).

G. Proposed Treatment Modalities: Select the proposed treatment modalities to mitigate current risk factors.

H. Expected Outcome and Prognosis: Select the projected functioning level from providing the additional services.

County of San Diego Mental Health Plan
UTILIZATION MANAGEMENT (UM) REQUEST
Children's Mental Health Outpatient Treatment Programs

I. **Requested Number of Months:** Identify the number of months needed to achieveexpected outcome.
J. **Requestor Name and Credential:** Type in requestor's name and date.
K. **UM Determination/Approval:** Program UM Committee selects the approval status, indicates time approved, UM Committee Member's name and date.

NOTES:

- All retroactive approvals must be documented by the UM Committee in Section K in the comments section under UM Determination/ Approval.
- UM is a non-billable activity. Therefore, there is no billing for preparation of theUM form or for the UM review time spent on the case. UM is an administrative function.
- UM request that is denied or authorized for a reduced/modified amount, duration, or scope other than requested will require issuing a Notice of Adverse Benefit Determination (NOABD) to beneficiary/family/clinician within stipulated timelines.

UTILIZATION MANAGEMENT (UM) REQUEST
Children and Youth - OUTPATIENT TREATMENT

UM Reviews occur within the program level Utilization Management Committee at a 6-month interval

A. ADMISSION DATE: _____

DIAGNOSIS: _____

- ☐ Experience of Trauma
  - ☐ History of Trauma Per Screener
  - ☐ CWS Involved
  - ☐ Justice Involved
  - ☐ Homeless

CURRENT SERVICES:

☐Therapy ☐CM/ICC ☐Rehab/IHBS ☐Meds

Youth/family requesting additional services?

☐ YES ☐ NO ☐ Other

Comments as applicable: _____

DESCRIPTION OF SYMPTOMS: _____

B. Psychiatric Hospitalizations: ☐ YES ☐ NO

Provide most recent dates of hospitalization and relevant history when applicable:

Other Behavioral Health Services Client is Receiving *when applicable*:

C. Child and Adolescent Needs and Strengths (CANS)

Date of most current CANS (*Required at UM Cycle)*: _____

Number of CANS 'High Need' (items rated a '3'): _____

Number of CANS 'Help is Needed' (items rated a '2'): _____

List the CANS 'Strengths to Leverage' items: _____

CANS is available for UM reviewer

D. Pediatric Symptom Checklist (PSC): (*Required at UM Cycle)*

Date of most current Parent PSC: _____

☐ Parent did not complete

	Parent PSC Score	Clinical Cutoff Score
Attention Problems Subscale (0-10)		At-Risk if score is 7 or higher
Internalizing Problems Subscale (0-10)		At-Risk if score is 5 or higher
Externalizing Problems Subscale (0-14)		At-Risk if score is 7 or higher
***Total Scale Score**		

***Parent:** *Total score of 28 or higher for ages 6-18 or scale score of 24 or higher for ages 3-5 indicates impairment*

PSC is available for UM reviewer

E. ☐ **Updated Care Plan and/ or Problem List completed prior to UM request** (reviewed by Program UM Committee)

F. ELIGIBILITY CRITERIA:

Child meets Medical Necessity (BHIN No. 21-073) in the following manner: _____

Specify how services will be sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished (42 CFR 438.210): _____

G. Proposed Treatment Modalities:

- ☐ Family Therapy
- ☐ Individual Therapy
- ☐ Case Management/ICC
- ☐ Medication Services
- ☐ Group Therapy
- ☐ Collateral Services
- ☐ Rehab/IHBS
- ☐ Other

H. Expected Outcome and Prognosis:

- ☐ Return to full functioning
- ☐ Expect improvement but less than full functioning
- ☐ Relieve acute symptoms, return to baseline functioning
- ☐ Maintain current status/prevent deterioration

UTILIZATION MANAGEMENT (UM) REQUEST
Children and Youth - OUTPATIENT TREATMENT

UM Reviews occur within the program level Utilization Management Committee at a 6-month interval

I. REQUESTED NUMBER OF MONTHS: _____
Up to 6 months per UM cycle

J. Requestor's Name, Credential: _____ Date: _____

K. UM DETERMINATION / APPROVAL

☐ UM Approved ☐ Modified UM Request ☐ UM Not Approved **Time Approved**: _____

UM Committee Members (UM Committee must consist of at least 1 licensed member and may not include the requesting clinician):

Member's Name, Credential: _____ Date: _____
Member's Name, Credential: _____ Date: _____
Member's Name, Credential: _____ Date: _____
Member's Name, Credential: _____ Date: _____
Comments when applicable: _____

Note: UM request that is denied or authorized for a reduced/modified amount, duration, or scope other than requested will require issuing a Notice of Adverse Benefit Determination (NOABD) to Medi-Cal member/family/clinician within stipulated timelines.

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Michelle Baass | Director

DATE: July 8, 2024

Behavioral Health Information Notice (BHIN) 24-026
Supersedes BHIN 23-024

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Program
California Association of Mental Health Peer Run Organizations
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professional
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Drug Medi-Cal Organized Delivery System (DMC-ODS) Treatment Perception Survey (TPS)

PURPOSE: Guidance to DMC-ODS counties and the Partnership Health Plan of California Regional Model Plans for the submission of client satisfaction survey data.

REFERENCE: The California DMC-ODS Waiver

BACKGROUND:
The Department of Health Care Services (DHCS) must maintain a plan to oversee and monitor DMC-ODS counties to ensure compliance with standards, access, and delivery of quality care and services. At least once per year, DHCS shall monitor the plans through a third-party organization designated as the External Quality Review Organization (EQRO) for DHCS. The EQRO in coordination with the University of California, Los Angeles (UCLA) shall review client satisfaction surveys conducted by the counties participating in the DMC-ODS Waiver.

Each DMC-ODS county shall survey clients receiving services from each of the providers within the network annually using a valid client satisfaction survey. The EQRO will validate the findings during its annual reviews of the county. The administration of this survey by the county addresses data collection needs for DMC-ODS evaluation required by the Centers for Medicare and Medicaid Services. The information gathered from the surveys will support DMC-ODS quality improvement efforts and will provide key information on the impacts of the new continuum of care.

The TPS for adults was developed by UCLA based on a validated survey from the San Francisco County Department of Public Health, Behavioral Health Services, and through consultation with DHCS, counties, the Substance Abuse Prevention and Treatment Committee of the County Behavioral Health Directors Association of California, the DMC-ODS EQRO Clinical Committee, Behavioral Health Concepts Inc., and other stakeholder input. The TPS for youth was based on a youth survey developed by the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control.

POLICY:
DMC-ODS counties shall administer the TPS, with UCLA oversight, to both adults and youth once annually, following the instructions provided below. Plans may independently conduct more frequent client satisfaction surveys and/or include additional survey questions as long as the standard TPS items are utilized.

The survey for DMC-ODS plans will be collected from **October 21 through October 25, 2024**. The survey is available for adults (ages 18 and older) and youth (ages 12 to 17) in 13 languages, including English, Chinese, Spanish, Tagalog, Vietnamese, Russian, Arabic, Korean, Eastern and Western Armenian, Cambodian, Hmong, and Farsi.

Plans will have the option of using paper forms (one-page and large print) and secure online survey links. Paper survey forms must be submitted to UCLA no later than **Friday, November 15, 2024**. Detailed instructions, as well as data collection materials, are posted on the TPS website.

UCLA will scan the paper survey forms and aggregate all survey data received online by the plans. UCLA will analyze the data, and prepare county-level summaries, provider-level summaries, and a statewide report. UCLA will strive to provide these reports to the plans within three months of the survey period. In addition, through the annual EQR review, the EQRO will assess client satisfaction by reviewing the TPS data along with any other client survey data provided by the plan.

If you have questions or feedback about the survey or collection procedures, please contact Marylou Gilbert with UCLA at MarylouGilbert@mednet.ucla.edu.

Sincerely,

Original Signed by

Michele Wong, Chief
Medi-Cal Behavioral Health – Oversight and Monitoring Division