AGN. NO.

MOTION BY SUPERVISORS HILDA L. SOLIS November 6, 2024

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Preventing Overdoses for Youth Engaging the Child Welfare System

Since 2014, Los Angeles County has experienced its worst substance abuse crisis in local history, with drug-related overdose and poisoning deaths increasing each year from 2014 to 2022. In 2022, sadly 3,220 residents across all ages passed away due to drug-related overdoses and poisoning. Fortunately, for the first time in 10 years, these deaths plateaued in 2023, with 3,092 reported deaths, the first reduction since 2013. Although this trend is promising, the overall number remains unconscionably high. Fentanyl continues to be the primary contributor, followed closely by methamphetamine. This disproportionately impacts Black residents, while Latino/a and White residents represent the highest total deaths Countywide. The County has committed to reversing this crisis, scaling up investments in substance use prevention, treatment, and harm reduction services. Prevention is critical, and identifying early signs of serious substance use issues can play a pivotal role in preventing overdoses and deaths down the road – including children engaging the child welfare system.

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The Los Angeles County Department of Children and Family Services (DCFS) plays a critical role in identifying risks associated with these vulnerable youth. DCFS children's social workers (CSW) are often the first line of outreach and prevention for vulnerable families that interact with the DCFS system. CSWs work with families receiving services from DCFS, including birth families, the court, Foster Family Agencies, outside agencies, the child's out-of-home caregiver, and others to ensure the holistic needs of the child are addressed and they are placed in settings that facilitate their safety and wellbeing. This includes investigating allegations of neglect and abuse, while advocating for the safety of children. If substance use disorder (SUD) is suspected, the CSW explores the issue and can refer youth or their family members for a comprehensive SUD assessment. They additionally coordinate with the Child and Family Team (CFT) to discuss the needs of the youth and collaborative case planning. CSWs can and do play a pivotal role in identifying behavioral health issues that may endanger a child's wellbeing, including serious mental health or substance use issues in the home.

To empower this critical workforce, DCFS and the Los Angeles County Department of Public Health (DPH) launched a partnership, the Opioid Overdose and Naloxone Administration training, in 2023, to begin training DCFS' workforce and their contracted partners on best practices to reverse overdoses. This training was also shared with caregivers through Foster Family Agencies, Out-of-Home Care, and the Short Term Residential Treatment Program. Through this program, 160 staff were trained in 2023, and 341 more have been trained thus far in 2024. Though this represents progress, due to the ongoing substance use and overdose crisis already

resulting in the death of youth due to exposure to harmful and illicit substances like fentanyl in the household, additional urgency must be given to this partnership to ensure this critical training reaches the entire workforce as soon as possible. Additionally, this opportunity should be leveraged to bring in expertise from the Los Angeles County Department of Health Services (DHS) and Los Angeles County Department of Mental Health (DMH), including the DMH Car Relax Alone Forget Friends Trouble (CRAFFT) screening tool, to develop an accessible and standardized screening process that is informed by best practices from the subject matter experts from the health departments that can be utilized by non-medical staff to help identify any potential risks for vulnerable children and their families.

WE, THEREFORE, MOVE that the Board of Supervisors instruct the Department of Children and Families Services, in partnership with the Department of Public Health, the Department of Health Services, the Department of Mental Health, and the Office of Child Protection, and other relevant departments; and in collaboration with contracted partners, labor partners, and community stakeholders, to:

1. Develop a plan of action, including timelines to completion, for DPH, DHS, and DMH to assess the current array of trainings and make recommendations to DCFS regarding any gaps in knowledge on SUD and treatment for their social workers and resourcing parents and on best practices to identify signs of substance abuse issues and to mitigate overdoses; this should include offering training on using naloxone and fentanyl test strips;
2. Assess the utility and utilization of assessment and screening tools such as the Child and Adolescent Strengths and Needs (CANS), the CRAFFT, and Home

Education Activities/Employment, Drugs, Suicidality, and Sex (HEADS) screening tool; and collaborate with health departments on proposed improvements to screening tools to help develop standardized processes that better assess and screen for behavioral health risk factors;

3. Collaborate with DCFS to ensure DCFS social workers and resource parents continue to be supplied with appropriate tools, including but not limited to naloxone and fentanyl test strips;
4. Review existing referral pathways and explore the feasibility of creating additional streamlined pathways for ease and efficacy for DCFS social workers and resource parents to refer to service providers within or contracted by DPH, DMH, or DHS, including the Hub network, to provide the necessary interventions, including connecting patients to medical homes, to assist with families that are identified with behavioral health needs;
5. Ensure DCFS social workers and resource parents are trained on protocol to engage field teams from the Departments of Public Health, Health Services, and Mental Health, including DMH alternative crisis response teams, psychiatric mobile response teams, and mobile crisis outreach teams; and
6. Report back in writing on progress on the above directives in 60 days, with quarterly written updates thereafter until the workforce has been fully trained, including funding streams that can support this initiative, including opioid settlement dollars and funding available through managed care plans.

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