



Board of Supervisors Family & Social Services Cluster Agenda Review Meeting

DATE: October 23, 2024

TIME: 1:30PM – 3:30PM

MEETING CHAIRS: Susan Kim & Lizzie Shuster, 3rd Supervisorial District

CEO MEETING FACILITATOR: Claudia Alarcon

THIS MEETING IS HELD UNDER THE GUIDELINES OF BOARD POLICY 3.055.

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012
Room 140

To participate in the meeting virtually, please call teleconference number 1 (323) 776-6996 and enter the following 995 916 944# or

[Click here to join the meeting](#)

For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to: ClusterAccommodationRequest@bos.lacounty.gov

Members of the Public may address the Family & Social Services Cluster on any agenda item during General Public Comment.

The meeting chair will determine the amount of time allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

- I. **Call to Order**
- II. **Consent Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
 - None -
- III. **Presentation/Discussion Items:**
 - a. **Department of Public Health- Substance Abuse Prevention and Control/ Department of Mental Health/ Department of Health Services/ Department of Children and Family Services/ Probation Department/ Office of Child Protection: Substance Use.**
- IV. **Public Comment**
- V. Standing item(s) and those continued from a previous meeting of the Board of Supervisors or from a previous FSS Agenda Review meeting.
- VI. Adjournment



DPH-SAPC's Youth Substance Use Disorder (SUD) Services and Initiatives

Gary Tsai, MD

Director

Bureau of Substance Abuse Prevention and Control

Los Angeles County Department of Public Health





Outline

- **Data: At a Glance**
- **SAPC's Multi-Pronged Strategy to Address the Youth Substance Use Crisis**
- **Gaps / Opportunities**

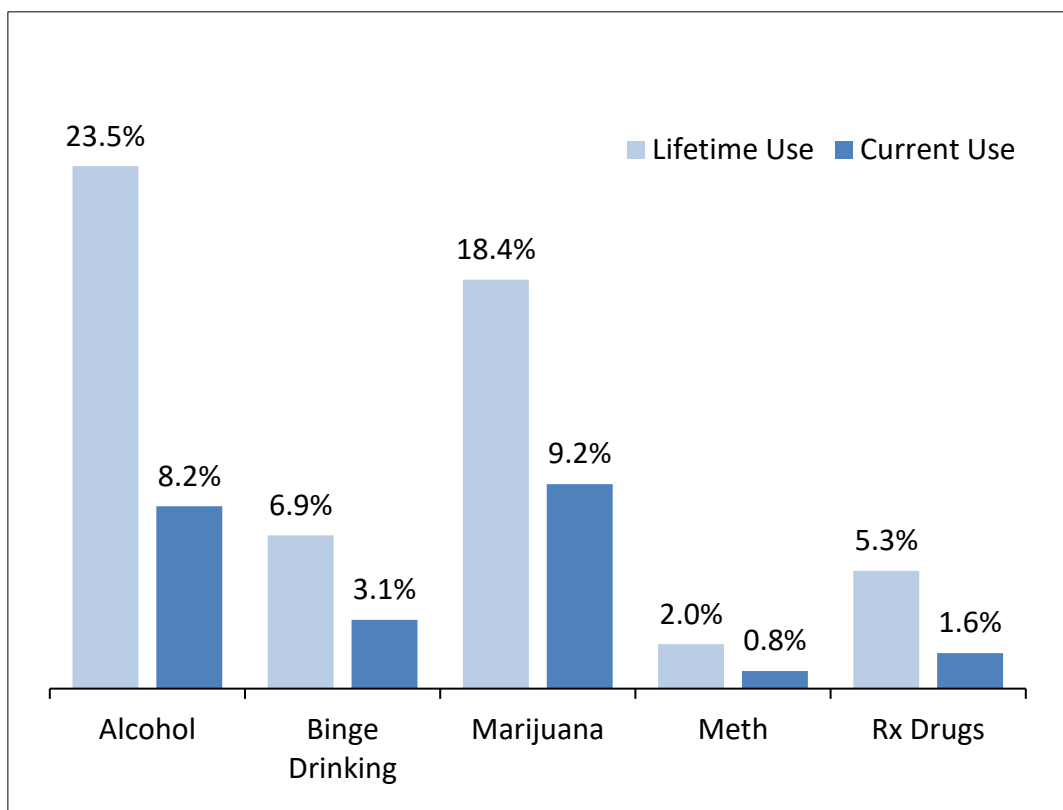


Data: At a Glance



Estimated Population-Level Prevalence of Youth Substance Use

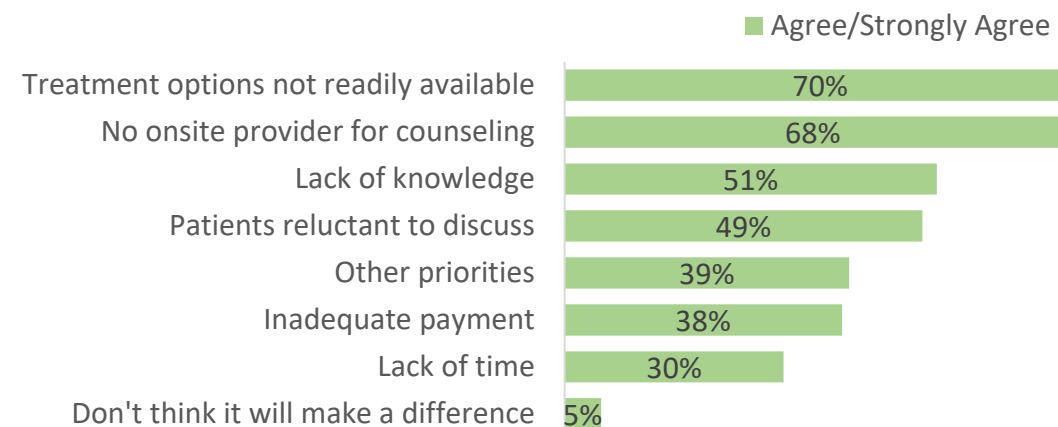
Prevalence of Substance Use Among Youth in Los Angeles County



Substance Use Screening in Primary Care Settings

- Rates of **positive screenings** for substance use in primary care ranges from **6.0% to 11.4%**²⁻⁵
- **60%** of US primary care pediatricians report they always screen for substance use⁶

Barriers to screening in primary care, US pediatricians, 2021⁶





Substance Abuse
Prevention and Control

Program Home

FAQ

Comment

Contact

SAPC

About ▾

Prevention ▾

Treatment ▾

Recovery

Harm Reduction

Providers ▾



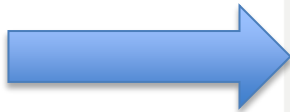
Data Reports and Briefs

SAPC Home / Public / Data Reports and Briefs

Surveillance Data Reports & Dashboards

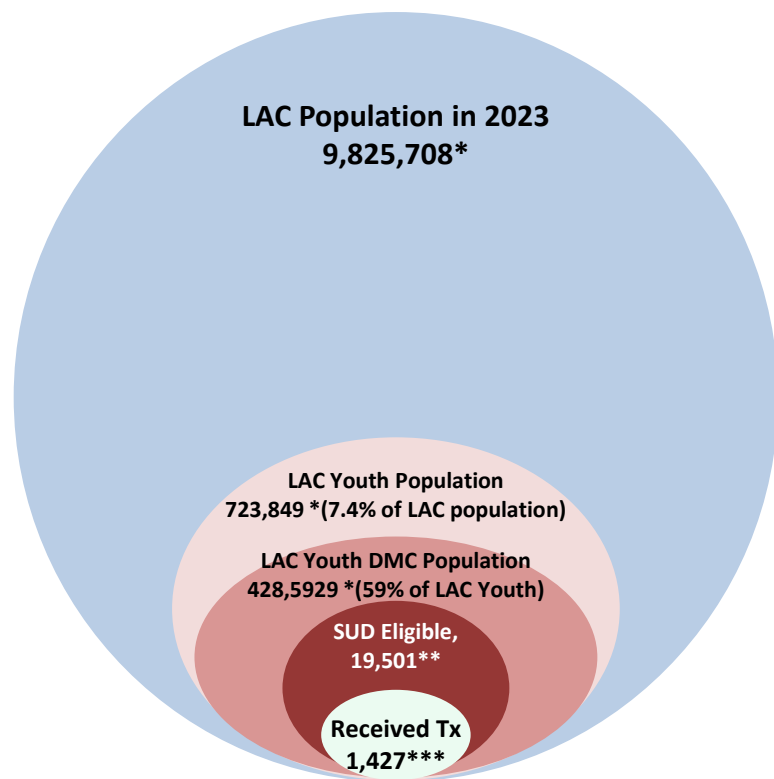
Provides at-a-glance data and trends of alcohol and other drugs (AOD) use/abuse in a printer-friendly 2-page format and full-length data stories from prevalence to various consequences of AOD use/abuse with demographic and geographic breakdowns where available.

Subject	Date
Data Briefs	
- Excessive Drinking and Consequences	07/07/22
- Opioid Misuse/Abuse and Consequences	04/12/24
- Heroin Misuse/Abuse and Consequences	04/12/24
- Impact of Cannabis Use <i>(Updated - September 2024)</i>	09/03/24
- Substance Use in the Primary Care Setting	07/07/22
- Costs of Alcohol and Other Drug Misuse/Abuse	04/12/24
- Methamphetamine Misuse/Abuse and Consequences	04/12/24



<http://publichealth.lacounty.gov/sapc/public/data-reports-and-briefs.htm>

SUD Prevalence and Penetration Rates among Youth in Los Angeles County



**SUD prevalence rate among the youth DMC population:
4.55%

Penetration rate of SUD treatment among youth DMC
SUD eligible in 2023: **7.3%** (1,427/19,501)

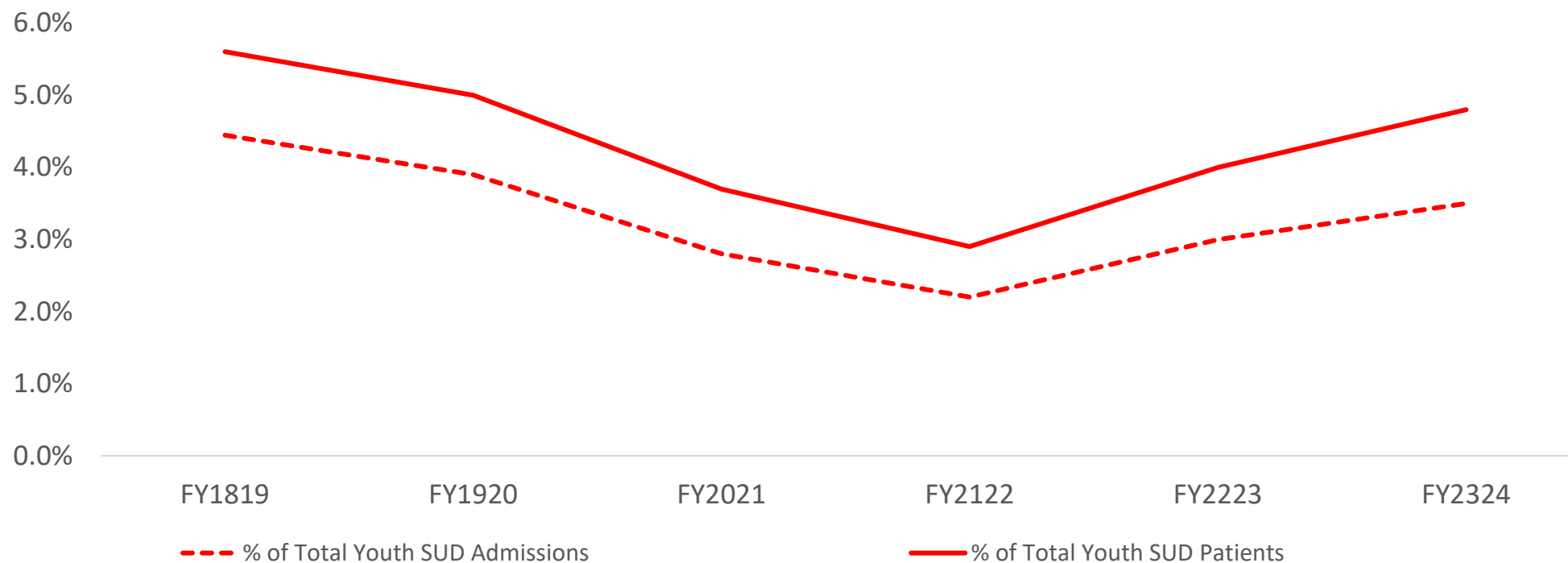
* County of Los Angeles, Internal Services Department, Information Technology Service, Urban Research-GIS Section, Population and Poverty Estimates of Los Angeles County Tract-City Splits by Age, Sex and Race-Ethnicity for July 1, 2023, Los Angeles, CA, April 2024.

** Provided by the State.

*** California Outcome Measurement System (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health; Medi-Cal Eligible Data System data

✓ Analyzed and prepared by Health Outcomes and Data Analytics (HODA Division)

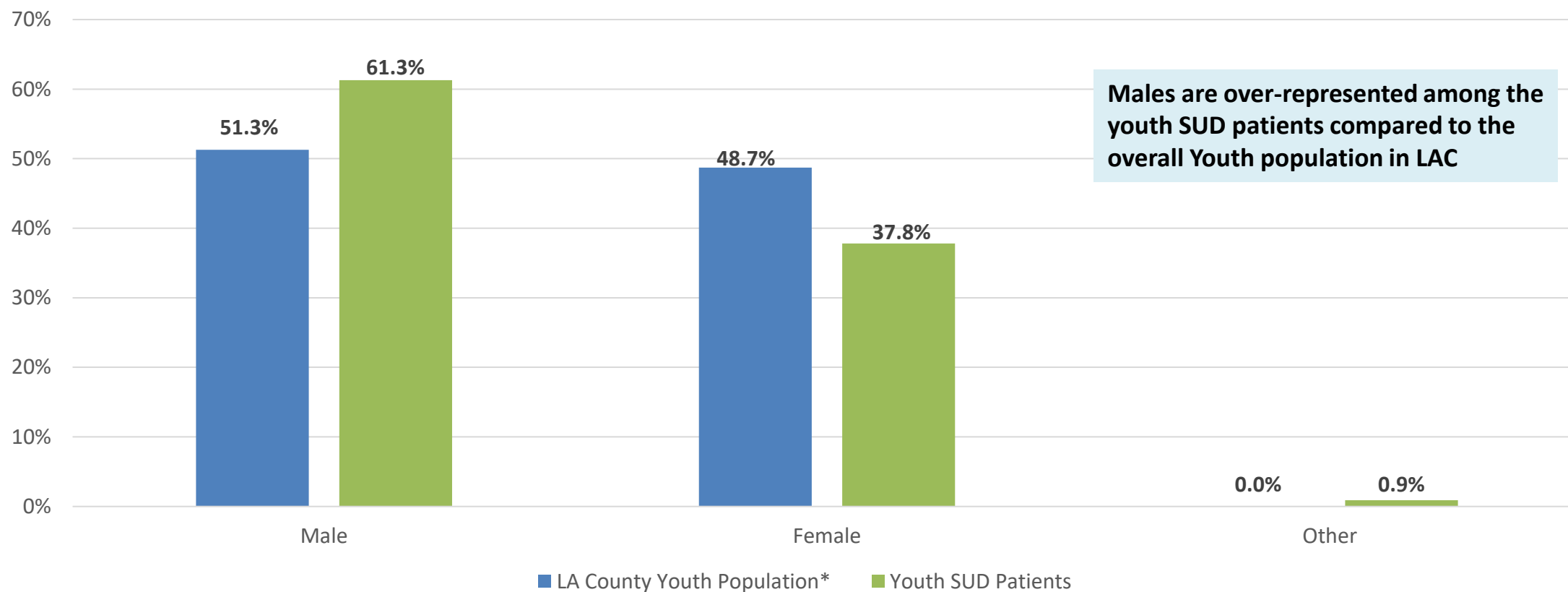
% Youth Patients (Admissions) Served, FY18-19 to FY23-24



Note: Provided trends of youth patients and admissions; a patient can have more than one admission in a year; youth patients are less likely to have more than one admission.

Source: California Outcome Measurement System (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health; Analyzed and prepared by Health Outcomes and Data Analytics (HODA Division)

Gender Among Youth Patients, FY23-24

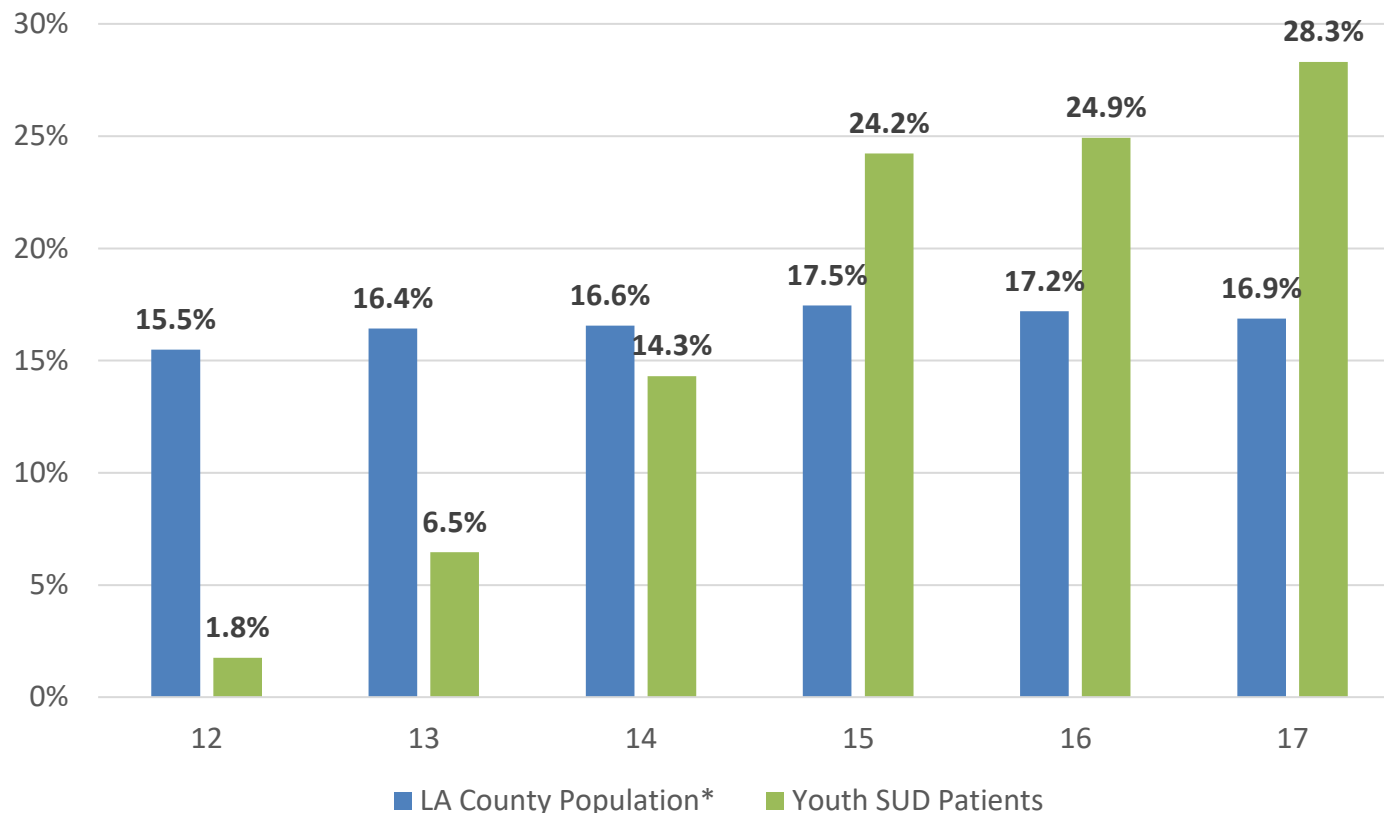


Note: Provided distribution of gender of the general population as context;

*County of Los Angeles, Internal Services Department, Information Technology Service, Urban Research-GIS Section, Population and Poverty Estimates of Los Angeles County Tract-City Splits by Age, Sex and Race-Ethnicity for July 1, 2023, Los Angeles, CA, April 2024.

Data source: California Outcome Measurement System (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health; Analyzed and prepared by Health Outcomes and Data Analytics (HODA) Division.

Age Groups Among Youth Patients, FY23-24



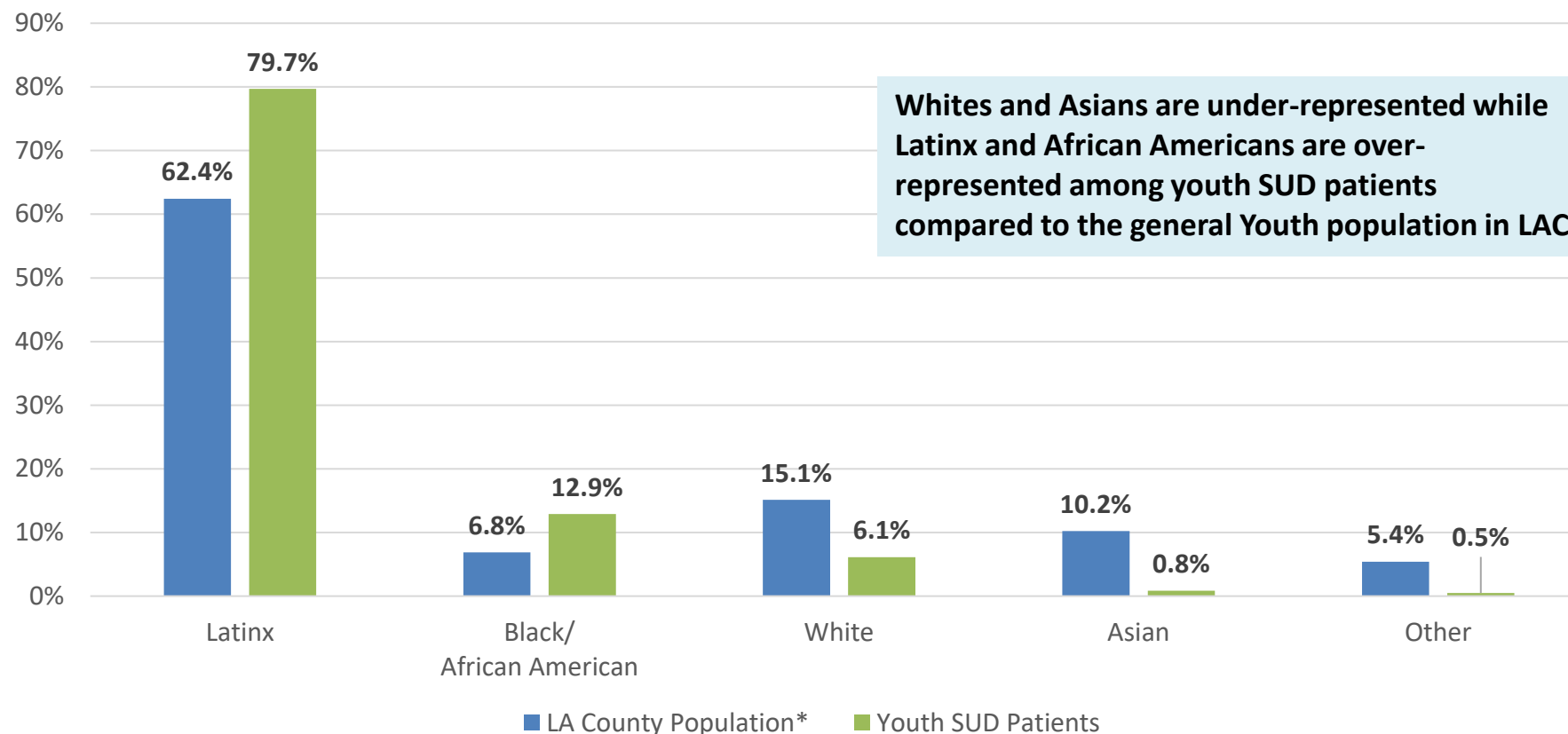
Compared to the general youth population in LAC, where all age groups have roughly equal representation in the population, the proportion of youth patients served in SAPC's specialty SUD system increased with adolescent age groups.

Note: Provided age group breakdown for general population as context;

* County of Los Angeles, Internal Services Department, Information Technology Service, Urban Research-GIS Section, Population and Poverty Estimates of Los Angeles County Tract-City Splits by Age, Sex and Race-Ethnicity for July 1, 2023, Los Angeles, CA, April 2024.

Data source: California Outcome Measurement System (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health; Analyzed and prepared by Health Outcomes and Data Analytics (HODA Division)

Race/Ethnicity Among Youth Patients, FY23-24

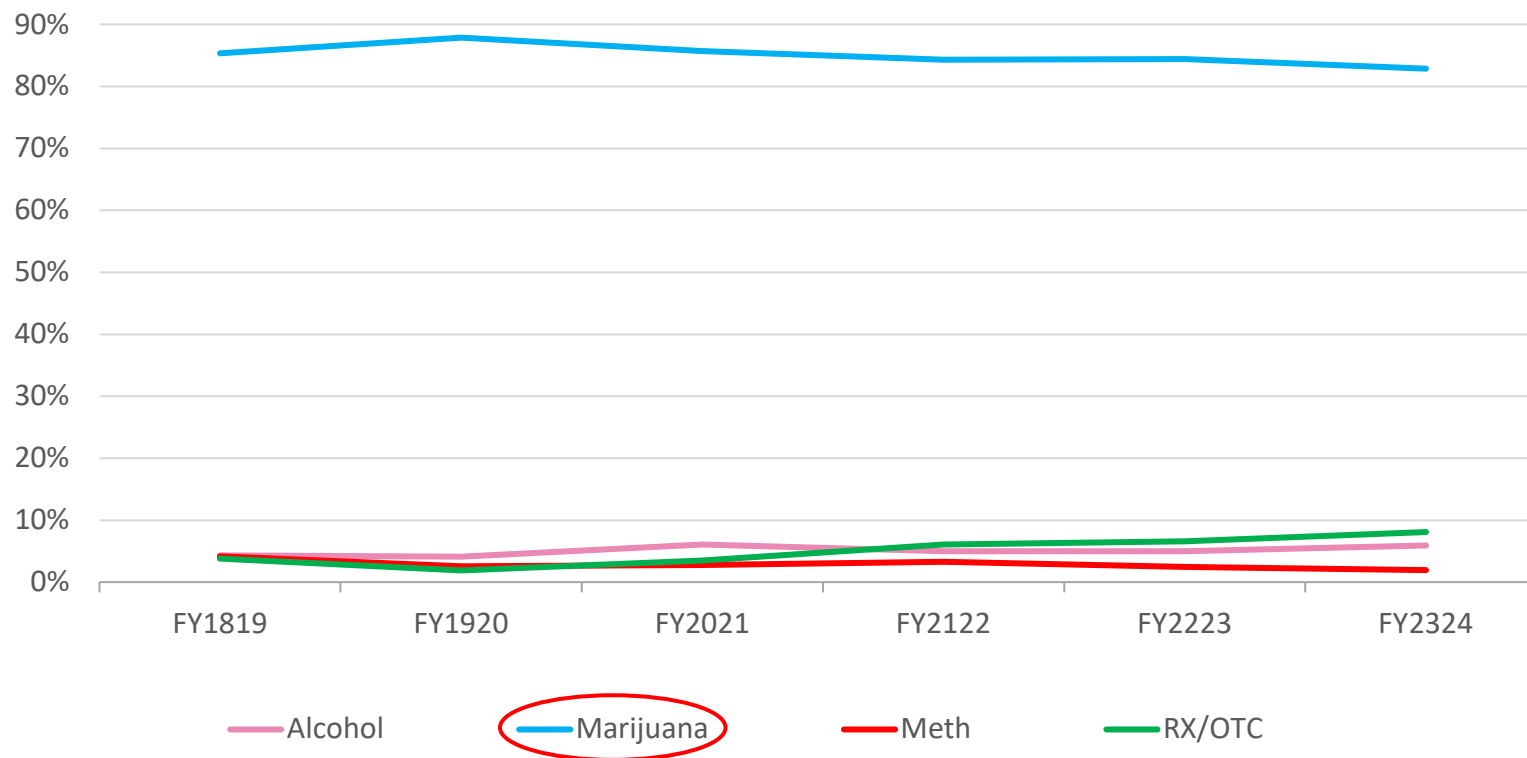


Note: Provided race/ethnicity breakdown for general population as context;

- County of Los Angeles, Internal Services Department, Information Technology Service, Urban Research-GIS Section, Population and Poverty Estimates of Los Angeles County Tract-City Splits by Age, Sex and Race-Ethnicity for July 1, 2023, Los Angeles, CA, April 2024.

Data source: California Outcome Measurement System (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health; Analyzed and prepared by Health Outcomes and Data Analytics (HODA Division)

Primary Substance Use Among Youth Patients at Admission, FY18-19 to FY23-24



Among youth patients, marijuana was the predominant primary substance of concern across fiscal years

Note: Other drug includes PCP, hallucinogen, ecstasy, inhalant, club drugs and others; % based on non-missing.

Meth: Methamphetamine, Rx: Prescription Drug, OTC: Over-the-Counter

Source: California Outcome Measurement System (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health; Analyzed and prepared by Health Outcomes and Data Analytics (HODA Division)



SAPC's Multi-Pronged Strategy to Address the Youth SUD Crisis





SAPC's Multi-Pronged Strategy to Address the Youth Substance Use Crisis

1. Establish widespread community awareness about substance use and overdose
2. Increase substance use prevention programs
3. Expand harm reduction and overdose prevention services
4. Make SUD treatment more accessible

SAPC's Multi-Pronged Strategy to Address the Youth Substance Use Crisis

1. **Establish widespread community awareness about substance use and overdose**
2. Increase substance use prevention programs
3. Expand harm reduction and overdose prevention services
4. Make SUD treatment more accessible
 - **Social media campaigns, including leveraging influencers**
 - **Mass media campaigns (Fentanyl Frontline campaign launched in 2023)**
 - **Media interviews**
 - **Health alerts**
 - **Engaging schools and other neighborhood partners**



KNOW THE FACTS

REDUCE THE RISK

TAKE ACTION

GET NALOXONE

TOGETHER LA COUNTY CAN STOP THE **FENTANYL CRISIS**

The drug supply in our community has changed. Fentanyl is now being laced into all types of street drugs and in counterfeit pills. That means if it wasn't prescribed by a doctor, or from a US pharmacy, there's a 7 in 10 chance it's laced with fentanyl.



SAPC's Multi-Pronged Strategy to Address the Youth Substance Use Crisis

1. Establish widespread community awareness about substance use and overdose
 2. **Increase substance use prevention programs**
 3. Expand harm reduction and overdose prevention services
 4. Make SUD treatment more accessible
- **Increased SAPC prevention provider network contracts by 40% from last year to this Fiscal Year, and overall increased SUD prevention funding by over 260% since the launch of the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver.**
 - Work with schools, law enforcement, city and County Depts, and community-based providers to raise awareness of overdoses risks and overdose prevention interventions.
 - 450 fentanyl-related outreach events and 100 presentations serving 5000 parents, students, and school faculty
 - **Increased investments in Positive Youth Development programming in a variety of community settings (Student Wellbeing Centers, DPH Youth Ambassador program, My Brother's Keeper program with LAC Libraries, etc).**

- **Parent/guardian presentations**
- **Student and school staff presentations**
- **Health education programs**
- **Peer leadership programs**
- **Adult mentorship programs**
- **Community referrals to treatment**
- **Town hall meetings**
- **Community service events**
- **Environmental scans**
- **Media campaigns**
- **Community asset mapping**
- **Retailer education and engagement**
- **Conferences and youth summits**
- **Mental health consultation and referrals**
- **Sexual health information and referrals**
- **Connection to community-based resources**
- **Teen Call Line**
- **Overdose prevention trainings**
- **Coalition-building and policy advocacy**

SAPC's Multi-Pronged Strategy to Address the Youth Substance Use Crisis

1. Establish widespread community awareness about substance use and overdose
 2. Increase substance use prevention programs
 3. **Expand harm reduction and overdose prevention services**
 4. Make SUD treatment more accessible
- Over 500% increase in funding to support harm reduction expansion since prior to DMC-ODS – harm reduction expansion and improved integration with SUD treatment is a component of the Reaching the 95% (R95) Initiative.
 - Exploring local alignment needed to pilot safer consumption sites locally.

- **LAUSD Fentanyl Task Force**
- **School Superintendent / District Trainings**
- **On campus naloxone**
- **Student/Parents/Teacher OD prevention trainings**
- **Student/Parent Ambassador Events**
- **Juvenile Carceral System education and OD prevention trainings**
- **Child Welfare System education and OD prevention trainings**
 - **Naloxone distribution challenges with child welfare congregate settings**



Fentanyl in LA County

- English
- Armenian (Հայերեն)
- Chinese Simplified (简体中文)
- Chinese Traditional (繁體中文)
- Farsi (فارسی)
- Korean (한국어)
- Spanish (Español)
- Tagalog (Filipino)

Fentanyl in LA County - Talking to Parents and Youth

- English
- Armenian (Հայերեն)
- Chinese Simplified (简体中文)
- Chinese Traditional (繁體中文)
- Farsi (فارسی)
- Korean (한국어)
- Spanish (Español)
- Tagalog (Filipino)

Fentanyl in LA County - Learn about Naloxone

- English
- Armenian (Հայերեն)
- Chinese Simplified (简体中文)
- Chinese Traditional (繁體中文)
- Farsi (فارسی)
- Korean (한국어)
- Spanish (Español)
- Tagalog (Filipino)

Fentanyl in LA County - Get Informed, Stay Safe (for Teens)

Fentanyl and Overdoses in Los Angeles County - A Resource

Harm Reduction and Overdose Prevention Resources

Community-based organizations and individuals may utilize the following resources and information designed by SAPCs Harm Reduction Unit to support efforts to expand access to harm reduction and overdose prevention services.

[Fentanyl Resources](#) +

[Xylazine Resources](#) +

[Naloxone Resources](#) +

[Training and Presentations](#) +

[Health Resources](#) +

[Local, State and National Resources](#) +

Get Informed, Stay Safe

FENTANYL IN LOS ANGELES COUNTY

More adolescents have overdosed and died in Los Angeles County than ever before because of a drug called **fentanyl** that is often mixed into counterfeit pills and other illicit drugs.

Fentanyl is an opioid drug that is stronger than other types of opioids – it is 50 times stronger than heroin and 100 times stronger than morphine and exponentially stronger than other prescription opioids.

Fentanyl is colorless and odorless. It is **impossible** to know whether fentanyl has been mixed into a counterfeit pill or other drug without testing it. Even a few grains of fentanyl kill someone because fentanyl can cause someone to stop breathing.



Protect yourself and others by informing yourself of the risks of overdose and how to respond if someone overdoses.

Get informed about fentanyl and overdose:

<http://publichealth.lacounty.gov/sapc/docs/public/overdose-prevention/FentanylLACountyGetInformedStaySafeForTeens.pdf>



You'll never know by looking!

**Illegally manufactured fentanyl
is being mixed with other drugs
and pressed into pills to look
like medication.**



PROTECT YOURSELF.
Never Use Drugs Alone.
Have Naloxone on hand.

For more information, visit RecoverLA.org.



<http://twitter.com/lapublichealth/status/1583231599197331458>

<http://twitter.com/lapublichealth/status/1531785060587741185>

SAPC's Multi-Pronged Strategy to Address the Youth Substance Use Crisis

1. Establish widespread community awareness about substance use and overdose
2. Increase substance use prevention programs
3. Expand harm reduction and overdose prevention services
4. **Make SUD treatment more accessible**
 - **SUD Treatment System Expansion**
 - **Over 275% increase in SUD treatment budget since launch of Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver in 2017, with nearly 830% increase in utilization of Medi-Cal → Most of this system growth occurred from increased federal and state dollars as opposed to substantial increases in local dollars.**
 - 206% increase in residential SUD treatment beds
 - 700% increase in Recovery Bridge Housing beds
 - 50% increase in outpatient services
 - **Reaching the 95% (R95) Initiative**



Strategies for Youth Treatment Advancements

- **State-Level Strategies**

- CalAIM expanded Medi-Cal coverage for all ages (including LA County residents under age 12).
- Children and Youth Behavioral Health Initiative (CYBHI) - school-based services funded through fee schedule covered by the managed care plans.

- **Local-Level Strategies**

- R95 Initiative on lowering thresholds to admission for patients of all ages, including youth.
- RYSE Initiative to reimagine youth SUD treatment to enhance engagement.
- Medication Services and naloxone distribution available throughout treatment system to youth.
- Ongoing coordination with DCFS and OCP on care for youth with complex needs.
- Introduction of SUD services at Juvenile Halls and Camps.
- Better reach into schools (LACOE & LAUSD, in particular)
 - Student Wellbeing Centers
 - Leveraged interest in naloxone and overdose prevention to increase its footprint at school events (presenting to Health Educators, school faculty, etc.)
 - Schools – Coordinate with School Districts to inform and expand provision of SUD services on campuses via CYBHI and otherwise

Los Angeles County: SUD Youth Provider Network At-a-Glance



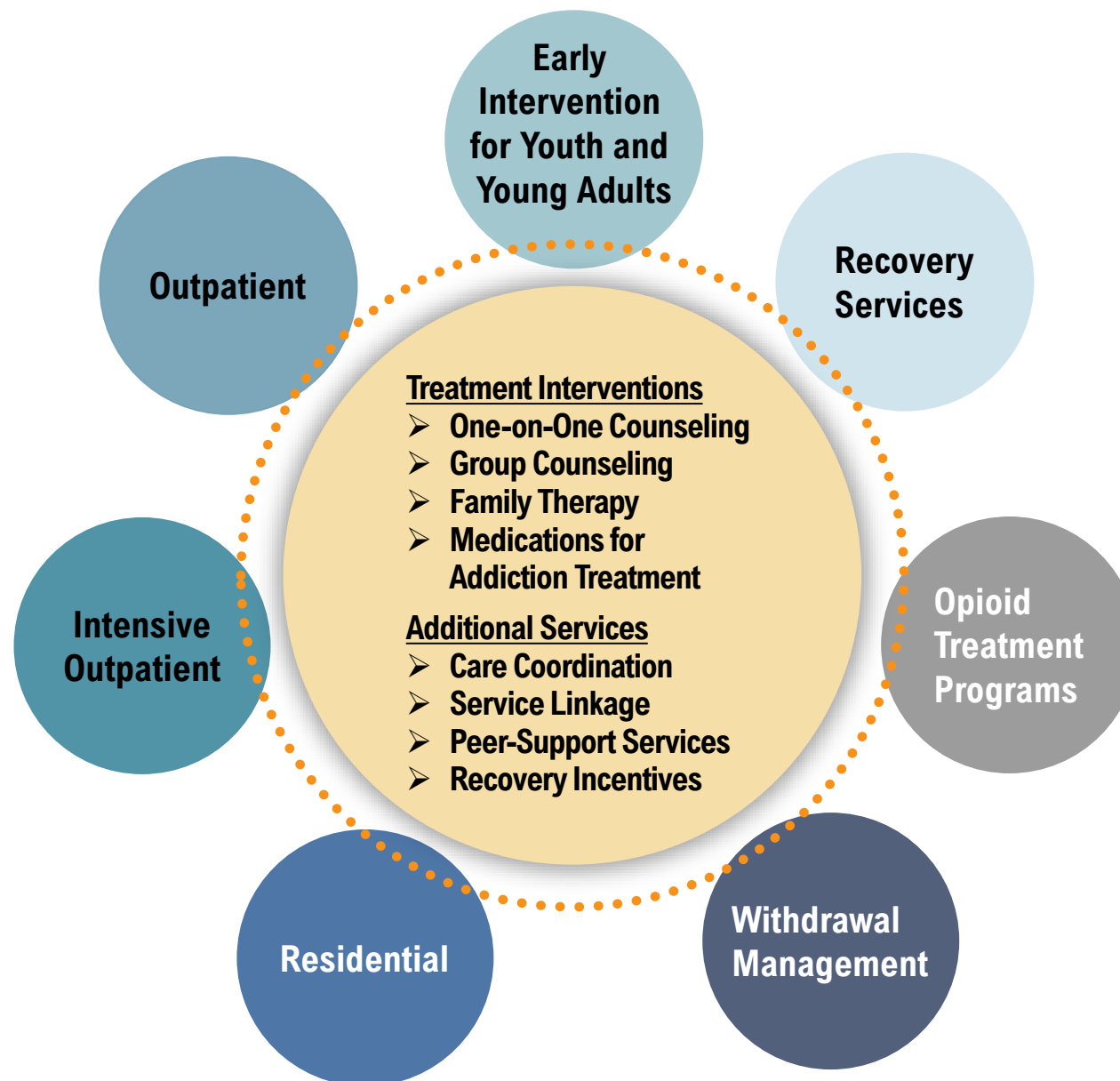
❖ DMC-Certified Youth SUD Network

✓ Youth SUD Provider:	29
✓ Outpatient Site:	48
✓ Intensive Outpatient Site:	44
✓ Residential site/bed:	1 site / 38 beds
✓ Field-Based Sites:	79

❖ Field-Based Service Sites

✓ Schools:	56
✓ STRTPs:	18
✓ Other:	5
✓ In-Home:	7

Los Angeles County's Specialty SUD Services





Addiction Medication Services for Youth

- **27 Contracted Agencies** submitted implementation plans approved during FY23-24 through which SAPC provides investments for increased prescribing clinician services during FY24-25 sustainable through Drug Medi-Cal Billing, with plans to expand obtain implementation plans from remaining agencies this FY.
- Advancing the use of medication services as a component of **biopsychosocial treatment**, with updated addiction medication service standards now part of the SAPC contract.
- Promoting and supporting the use of the **LA County Medication for Addiction Treatment (MAT) Consultation Line (213-288-9090)** as a safety-net option for medication access throughout LA County operated and supported services.

Current Youth Initiatives

- The **Reaching the 95% (R95) Initiative** is a comprehensive strategy that focuses on culture change within the SUD system and encompasses a spectrum of interventions, all addressing the need to better engage the 95% of people who would benefit from SUD treatment but who aren't in treatment.
 - **The broad aims of the R95 Initiative are two-fold:**
 1. To ensure that we are designing a specialty SUD system that is focused not just on the ~5% of people with SUDs who are already receiving and open to treatment, but also the ~95% of people with SUDs who are not.
 2. To communicate – through words, policies, and actions – that people with SUD are worthy of our time and attention, no matter where they are in their recovery journey, including those that are precontemplative.
 - **The initial phase of the R95 Initiative will achieve these aims by addressing two focus areas:**
 - **Focus Area 1: Outreach & Engagement** (e.g., expanding Field-Based Services and community outreach efforts)
 - **Focus Area 2: Establishing Lower Barrier Care Across the SUD System** (e.g., lower barrier admissions and discharge policies)



Current Youth Initiatives

- **Client Engagement and Navigation Services (CENS) for Youth** – Available in each of the eight (8) Service Planning Areas to facilitate access to SUD services among youth with complex needs.
- **Field-Based Services (FBS)** – Expands services for hard-to-reach youth in community settings including in-home, Short-Term Residential Therapeutic Programs (STRTP's), and schools.
- **Probation Juvenile Justice Detention Facilities** – SUD services are provided at Los Padrinos Juvenile Hall and Camps.

Expanding SUD Outreach & Engagement for Youth

Client Engagement and Navigation Services (CENS) for Youth

- Youth focused CENS program is designed to coordinate treatment services for system, juvenile justice involved youth, and youth with complex care needs
- Services include outreach, engagement, SUD education, linkage to services, navigation
- Provided at CENS Area Offices in each SPA and Los Padrinos Juvenile Hall
- CENS staff serve as liaisons between County Departments (e.g., DCFS, DMH, Probation), CBOs, and providers to strengthen the referral process and linkage to treatment services.
- SAPC will be expanding CENS services to DCFS Regional Offices in FY24-25:

Fiscal Year	CENS Agencies	CENS Sites
FY 22-23	6	8
FY 23-24	8	9
FY 24-25	8	11

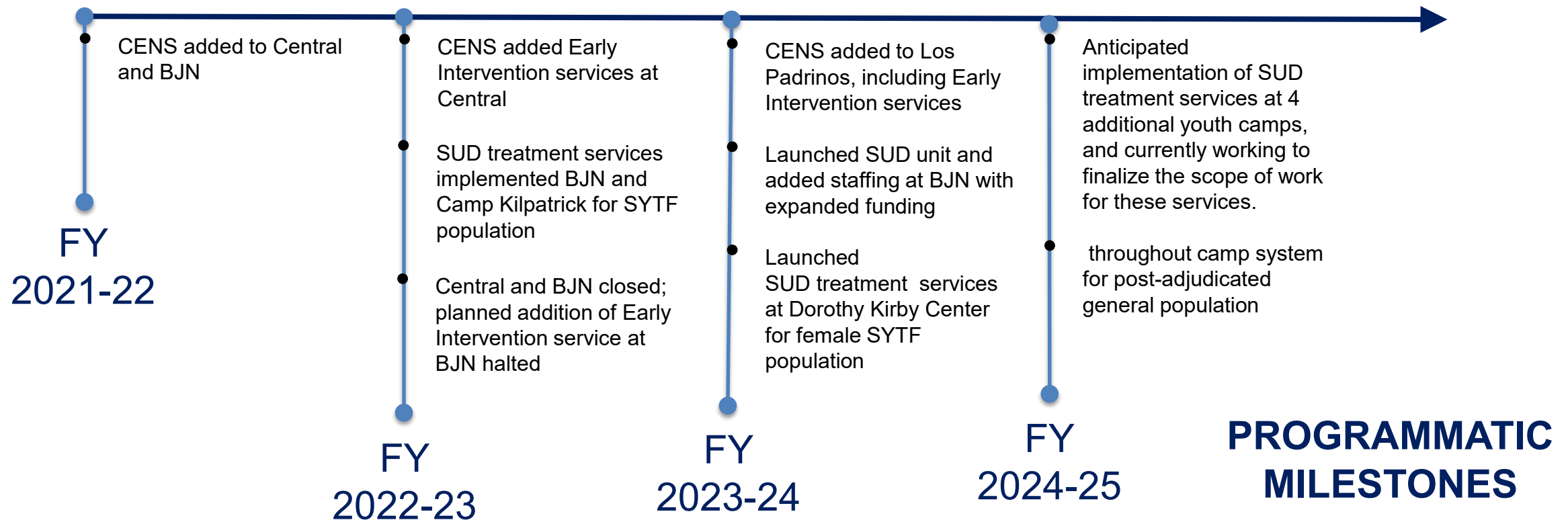
} 13% increase
} 22% increase
} **38% increase**

Expanding Field-Based SUD Treatment for Youth

- Field-based SUD treatment (FBS) is provided in non-traditional settings such as schools, group homes, short term residential therapeutic programs, churches, etc.
- Goal is to increase access to SUD treatment services, promote patient engagement, and better serve hard-to-reach populations.
- Primary components of SUD treatment are more limited compared to brick-and-mortar settings:
 - Individual counseling
 - Care coordination
 - MAT available through the MAT Consultation Line operated by DHS and funded by SAPC.
- **FBS scaling challenges for SUD providers: staffing shortages, cost-to-volume of service recipient ratio (reimbursement).**
- **SAPC has streamlined the FBS application process and significantly expanded FBS:**

Fiscal Year	FBS Agencies	FBS Service Sites	
FY 22-23	7	41	} 59% increase } 22% increase } 93% increase
FY 23-24	12	65	
FY 24-25	19	79	

The Road to SUD Services within Probation's Juvenile Justice Detention Facilities



Upcoming Youth Initiatives

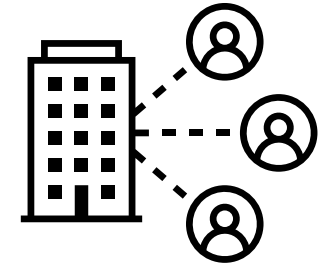
- **Reimagining Youth SUD Engagement (RYSE) Initiative** – Proposed under Opioid Settlement:
 - Establish a Youth SUD Advisory Council to inform the approach to reimagining SUD services for youth.
 - Youth-centered infrastructure and enhancements to SUD treatment services including amenities and resources that youth are attracted to / interested in (e.g., video games, creative tools, entrepreneurial coaching).
 - Expansion of contingency management services to facilitate engagement.
 - Continuing expansion of field-based youth SUD services.
- **Youth BRIDGE Program** - The **B**uilding **R**elationships, **I**nspiring **D**evelopment, **G**rowing **E**ngagement (BRIDGE) program is a caregiver focused effort to provide resources for SAPC's network providers to offer more family supportive services for parents, caregivers, and families of youth receiving services.
- **CENS Services at County Operated Shelters** – Temporary Shelter Care Facility (COS) and Temporary Shelter Homes (TSH) – specialty SUD services for DCFS-involved youth with complex care needs.



Gaps / Opportunities



Gaps / Opportunities



- **Demand for services compared to need for services**
 - Better engagement approaches for youth
 - Need to reimagine youth residential care to address needs in different ways
- **SUD services have been “non-medical” and resourced as such for decades → Need to grow MAT and withdrawal management services**
- **Specialized youth training opportunities for SUD workforce**
- **Maximizing every engagement opportunity with youth, particularly those that have most face-time with them**



Health Services
LOS ANGELES COUNTY

Department of Health Services

Assessment and Treatment
for Substance Use Disorders
for Children and Youth

October 2024

Assessment

- Children and youth ages 13-20 are assessed for SUD in the following settings:
 - Primary Care
 - Hub Clinics
 - Emergency Departments
 - Urgent Care Clinics
- Assessments include provider inquiry, medical and DCFS record review, and use of screening tools
- The DHS EMR (ORCHID) can be used for case finding when screening tools have been utilized
- LANES can also be queried for prior prescriptions for medications for addiction treatment (MAT) and opiates



Treatment Initiation

- SUD treatment may be initiated in the following DHS settings:
 - Primary Care Clinics (Pediatrics and Family Medicine)
 - Hub Clinics
 - Emergency Departments
 - Urgent Care Clinics
- Treatment may include the following:
 - Counseling referrals
 - Medication prescribing (smoking cessation, opiate use disorder management, medications for other substance use disorders such as cannabis, etc.)
 - Referrals to SAPC-contracted services
 - Referrals to DMH-contracted services
 - Referrals to Community Based Organizations



Ongoing Treatment and Case Management

- Hub Clinics
 - Hub clinicians can provide medication prescriptions
 - Co-located DCFS social workers will be responsible for care coordination and referrals to any additional SUD services
 - Co-located DPH PHNs can also support referrals and case management when SAPC-contracted services are in place
 - Co-located DMH clinicians can support mental health referrals when needed
- Primary Care Clinics
 - Clinicians can provide medication prescriptions
 - On-site social work can support acute mental health needs
 - Referrals to SAPC-contracted services through Tarzana Treatment Centers can be utilized if patient is interested but are this is not a requirement for ongoing medication support by the PCP



Juvenile Court Health Services (JCHS)

- All children and youth undergo medical assessments by a JCHS nurse and physician upon arrival to Juvenile Correctional Facilities
 - Evaluation includes psychosocial screen for substance use
 - Positive findings are referred to Department of Mental Health (DMH) and Probation for further evaluation
 - If clinically appropriate, an intoxicated child/youth may admit to Medical Housing Unit for observation or refer to Emergency Department for more urgent medical management
- **Overdose prevention**
 - All clinical staff carry intranasal naloxone (Narcan[®])
 - Naloxone is available in residential living units for use by Probation staff, who then notify medical staff of possible overdose
- **MAT**
 - Youth already on MAT regimen are continued while in a juvenile justice facility
 - Initiation of MAT is possible with JCHS provider
 - Upon release from facility, youth are connected to MAT services via collaboration with DMH – Juvenile Justice Mental Health Program



Gaps in Treatment and Case Management

- More training in SUD identification and management is needed for pediatric providers across DHS settings
- Hubs
 - Need for Hub DCFS staff to establish workflows for coordination of care with Medi-Cal managed care plans to connect DCFS-involved children and youth with assigned medical provider
- Pediatric Primary Care
 - DHS Pediatric Clinics do not currently have robust Behavioral Health Teams or SUD Counselors to support care management and care coordination
- JCHS
 - Transitions of care between DHS, Probation, and DMH is challenging





LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

SUBSTANCE USE DISORDER (SUD) SERVICES

DMH's Role in Youth Substance Use Disorder (SUD) Services

DMH approach to addressing the Youth Substance Use Crisis has focused on the following:

- Prevention, Outreach and Harm Reduction
- Strengthening training, screening and treatment

Foundational to this approach, DMH has prioritized:

- Incorporating youth voice into these processes and
- Sustaining ongoing partnerships with LA County agencies

DMH Efforts in Youth Opioid Response (YOR)

MAT Training & SUD Workgroup

- Internal workgroup that meets every other month to enhance best practices/care for SUDs
 - DMH Program Manager IIs, Psychiatrists, and other child & youth champions
 - Review and discuss current SUD screening process throughout the system
 - Monitor pharmacy data to track MAT prescriptions to support prescribers in our workforce
- Exploring replacing current screener with the CRAFFT Screening Tool to align DMH screening procedure with other county agencies.

**DMH Efforts
in Youth
Opioid
Response
(YOR)**

Naloxone & Fentanyl Training

- 485 DMH Staff completed
- Specialized Foster Care
- Medical Hub
- Child and Adolescent Directly Operated Clinics
- School Based Community Access Point

Overview of DMH SUD Services

DMH Clinician Sites

- Adult and Child and Adolescent Directly Operated (DO) Clinics
- Co-Located sites
 - Four Medical Hubs
 - Specialized Foster Care/DCFS Offices
 - Juvenile Justice Facilities
 - Probation

DMH Funded Sites

- Contracts with Legal Entities (LEs), Community Based Organizations (CBOs), and other county departments who offer SUD screening and wellbeing services.

**DMH Role in
Youth Opioid
Response
(YOR)**

Probation Youth-Led Workgroup

- 2024 Substance Use Prevention Campaign
- 14 remarkable Dorothy Kirby Center incarcerated youth
- Youth designed Narrative Storytelling to creatively address the dangers of illicit fentanyl and counterfeit pills
- MAT Training Video & SUD Art campaign

Gaps in DMH SUD Services

Gaps in SUD Service Delivery Include:

- Capacity for follow-up treatment is limited after initial substance use screening is conducted.
- Difficulty in transitioning youth from screening to effective treatment programs.
 - Lack of continuity of care and follow-up services after initial screening.

**Leveraging
Funds to
Support SUD
Services**

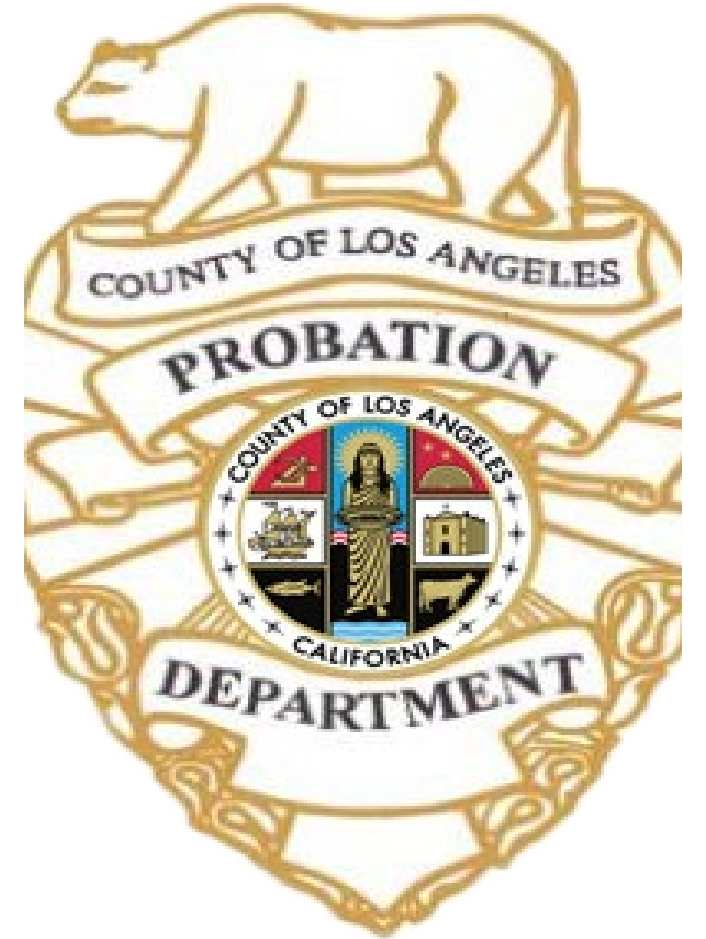
MHSA → BHSA

The Department is exploring how the MHSA to BHSA Transformation will impact and support SUD services through Early Intervention dollars.

Juvenile Probation Services

Kimberly Epps, MSW

Chief Deputy



Youth are referred to probation for a variety of reasons and severity of risk factors:

DUTY

Because they are alleged to have committed an offense.

- Probation's duty is to assess the youth's needs
- Make recommendations to the court.
- Probation may recommend to the court any of the following:
 - Allow youth to return home with their family;
 - Placement in a foster care setting; or
 - Order youth into a local or state commitment facility.

RESPONSIBILITY

Youth on Probation are dealing with multiple challenges.

- Probation's role is to prevent entry into the adult system by reducing juvenile recidivism
- To heal and reconnect families
- To respond to youth behavior with interventions that reduce re-offense
- To teach youth healthy and positive tools for dealing with adversity.

Source: Chief Probation Officers of California (CPOC)

Juvenile Probation services numbers

Probation currently provides community-based supervision and out-of-home placement/treatment case management services to more than 2,500 youth.

Not included in the above supervision estimate is juvenile investigations, pending referrals for criminal filing, or Extended Foster Care young adults.



Probation's role in SUD care coordination

- Identifying youth treatment needs
- Linkages for youth to appropriate providers for assessment, treatment, and support
- Participating in treatment team services involving multiple agencies (probation, behavioral health, and the family).

Examples of SUD services & support throughout Probation involvement



Ongoing efforts

Probation works with internal and external stakeholders through Court, STRTPs, DM, community-based organizations, and participation in treatment teams to provide SUD services.



- All Probation Officers trained in the use of Narcan and have Narcan readily available.
- Probation is partnering with the Department of Public Health to install Narcan supply kiosks/stations in key locations (BJN, LPJH, Centinela and San Gabriel Valley filed offices).
- Probation is partnering with Stop The Void, an outreach and education group to provide Fentanyl awareness presentations to Probation Camps, Residential Treatment, Secure Youth Treatment Facilities, and Juvenile Hall youths.
- Probation is an active partner in the Youth Opioid Response Workgroup
- Probation is continuously working to improve data collection and tracking, related to SUD services, assessments, and success rates.

DCFS

- Role and Responsibilities –
- DCFS investigates allegations of neglect and abuse and advocates for the safety of children. If safety cannot be assured in the child's home, then the department temporarily removes children and coordinates services for the child and family with the ultimate goal of permanency. Children 0-17 y may be placed in foster care; additionally youth 18-20 y may participate in extended foster care.



DCFS and SUD identification

- If SUD is suspected or youth reveals substance use, then the Children's Social Worker (CSW) explores the issue and considers referral of youth for a comprehensive SUD assessment.
- If SUD is identified in youth, then the department needs to bring this to the attention of Dependency Court that may order screening and treatment. CSW provides linkages to SUD services by either contacting Client Engagement Navigation Services (CENS) for Youth worker or calling Substance Abuse Services Helpline.
- The Child and Family Team (CFT) meeting provide a forum to discuss the needs of the youth and collaborative case planning. CFT meetings should occur within 45 d of placement in out-of-home care and every 90 d thereafter. The Child and Adolescent Needs and Strengths assessment helps guide and documents the child and family's needs and strengths including the topic of SUD.



DCFS Update

- Opioid Overdose and Naloxone Administration training began last year with staff trained:

Year	2023	2024
Staff trained	160	341

- Communication of the trainings were pushed out to caregivers through Foster Family Agencies, Out-of-home Care, and Short Term Residential Therapeutic Program mid May.
- Informational sessions were provided at 4 regional office general staff meetings, all managers meeting, and top leadership (RA/DC) meeting.



DCFS Analysis of Gaps in Service and Funding

Gaps:

- Standardized screening tool
- Training of staff
- Opportunities with primary care and mental health
- Limitations with addiction medicine specialists
- Transitions of care – specifically from inpatient residential care to outpatient

Funding:

- Opioid Settlement funding is being explored.
- Current funding streams are through Medi-Cal and NCC.



DCFS Vision

- DCFS takes advantage of every touch with youth and families to talk about harm reduction strategies, like keeping medications out of reach of young children and providing naloxone as a part of the household's emergency kit.
- DCFS endorses substance use disorders treatment incorporating bio-part in biopsychosocial model, i.e., MAT, and advocates for this component in the treatment plan.
- To sustain the YOR, 0.5 FTE of an addiction med specialist and 1 FTE of a care coordinator have been requested.
- DCFS would like Regional Office "Champions"/subject matter experts to provide more hands-on education.





YOUTH OPIOID RESPONSE GRANT UPDATES
A Bio-Psycho-Social Approach to Address Substance Use
October 23, 2024

Presenter: Stefanie Gluckman, JD, MA – Office of Child Protection

Partners

- Office of Child Protection
- Department of Public Health, Substance Abuse Prevention & Control
- Department of Health Services
- Department of Children & Family Services
- Department of Mental Health
- Probation Department
- Probation Oversight Commission

Overview of the Work



What is the Work?

- A **focus on the medical model portion of the bio-psycho-social approach to Substance Use Disorder (SUD)** for system-involved youth in LA County
- Partners at DHS, DCFS, DPH-SAPC, OCP, DMH received a state grant to **increase access to Medication for Addiction Treatment (MAT)** for system-involved youth. *Lead grantee is The Wellness Center at LA General
 - Strengthen training, screening, outreach, and treatment
 - Incorporate youth voice
 - Institutionalize an inter-agency service approach
- This grant has resulted in **work across prevention, harm reduction, and treatment**
- **Youth Opioid Response Funding ends December 31, 2024**

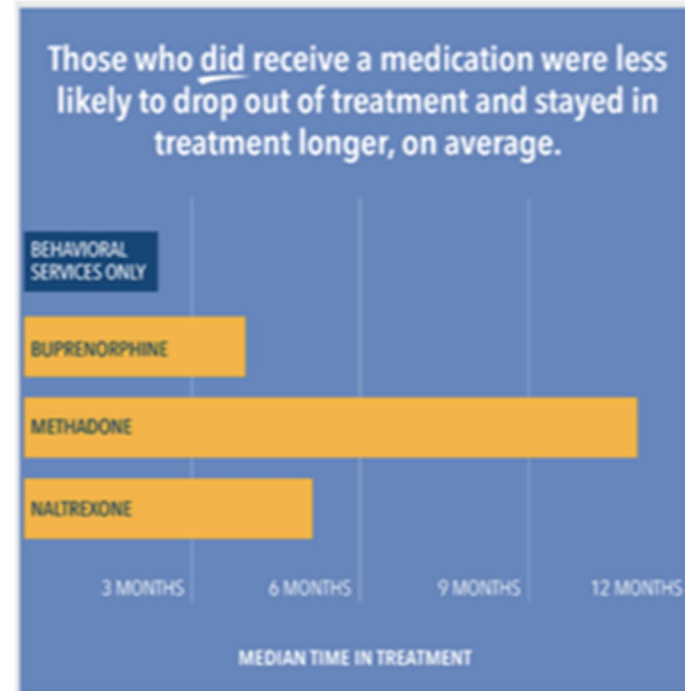
Tools

- Prevention
- Harm reduction
- Treatment
 - Medical
 - Behavioral
- Mentoring and peer support



Why We Are Emphasizing the Biopsychosocial Model

EARLY Interventions: Lack of Timely Medication for Adolescents



Slide courtesy of The Immersion Training in Addiction Medicine Program

Hadland et al. (2018) JAMA Pediatr.
https://www.eurekalert.org/pub_releases/2018-09/bmc-bsa091018.php

Accomplishments

INTERDEPARTMENTAL COLLABORATION

- Bi-Weekly Workgroup
- Office Hours
- Common/Consistent Screenings
 - Pilots
- Clarified Referral Pathways
 - Algorithm
- Updating Policies and Expected Practices with SME Input
- Trainings
- Youth Engagement
- Data Collection
- Policy Advocacy

PROMOTED HARM REDUCTION

- Assessed Need
- Provided Supplies
 - Directly
 - Narcan, Fentanyl Strips, Condoms, Hygiene kits, Needle Kits, Pipe Kits
 - Kiosk / Vending Machine
- Trained
 - Videos
 - Presentations
 - Providers/Staff: Hubs, Clinics, STRTPs, Camps & Halls, Peer Mentors, K-12, Medical Schools, Regional Offices, Departments
 - Youth: in Camps/Halls

Accomplishments

TREATMENT

- Workgroup supported growth in initiation and treatment with MAT for youth with SUDs across departments and sites

- Bi-Weekly Workgroup
- Monthly Office Hours
- Common/Consistent Screenings : Pilots
- Clarified Referral Pathways: Algorithm
- Updating Policies and Expected Practices with SME Input
- Trainings
- Youth Engagement
- Data Collection
- Policy Advocacy

Opportunities

HARM REDUCTION

- Enhance training across departments
 - Fewer than 500 of 9,000 DCFS staff have been trained
- Establish access to Naloxone for youth that is less variable
 - Supplies remain in offices rather than distributed to youth/families
 - Supplies not immediately accessible in STRTPS , camps and halls

PATHWAYS TO TREATMENT

- Ensure
 - CRAFFT (or other) screening is consistent
 - Youth do not fall off between referral and treatment
 - Providers understand, are comfortable with, and advocate for MAT for their youth clients

MAT

- Confirm
 - Providers and Youth have knowledge about MAT as an option
 - Providers are comfortable with MAT
 - MAT can be accessed across treatment programs

Challenges / Recommendation

- **Challenges**
 - Regular screenings
 - In practice, prescribers across LA County have been slow to adopt the use of Medications for Addiction Treatment (MAT) for substance use disorder
 - Even though MAT are considered the gold standard for treatment of substance use disorder, prescribers have been slow to adopt the use of MAT despite encouragement from professional and federal agencies
 - American Academy of Pediatrics, the American Society of Addiction Medicine, the American Academy of Child and Adolescent Psychiatry, the Substance Abuse and Mental Health Services Association, and the Federal Drug Agency
- **Recommendation**
 - During this transitional time while prescribers adapt, vulnerable youth need access to a network of prescribers able to provide MAT prescriptions in a variety of settings and access to these services needs to be widely advertised to all stakeholders

Task at Hand

WHAT IS NEEDED GOING FORWARD:

- Continued interagency collaboration
- Ensure that future efforts to serve youth in LA County include consistent access to **medications for addiction treatment**

Thank you!

Questions?

