

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

### MEETING AGENDA – ANNUAL STRATEGIC PLANNING-Part 2

June 10, 2019 – 9:00-10:30 A.M.

Scottish Rite Center- Morrison Room- 1895 Camino Del Rio South, San Diego, CA 92108

- |  |                   |
|--|-------------------|
| <b>I. Welcome and Introductions</b> (Dori Gilbert)   | <b>5 minutes</b>  |
| <b>II. Approval of Minutes</b> (Violeta Mora)  | <b>5 minutes</b>  |
| <ul style="list-style-type: none"> <li>• May 13, 2019 minutes – (Handout-Page 3)</li> <li>• No pending items from May 13, 2019</li> </ul>  |                   |
| <b>III. Business Items</b> (Yael Koenig)   | <b>10 minutes</b> |
| <ul style="list-style-type: none"> <li>• Best Book in Psychology/Mental Health for the 2019 Indie Reader Discovery Awards: Brain XP: Living with Mental Illness, a Young Teenager's Perspective (Handout-Page 8)</li> <li>• DMC-ODS EQR occurred May 21-23, 2019-Report will be posted at: <a href="https://www.calegro.com/">https://www.calegro.com/</a></li> <li>• CYF Council Orientation (in lieu of Council meeting)-July 8, 2019 (9:00 to 10:30 A.M. - Scottish Rite Center) RSVP with Grisel Ortega at: <a href="mailto:Grisel.Ortega@sdcounty.ca.gov">Grisel.Ortega@sdcounty.ca.gov</a> or (619) 563-2772 by July 1, 2019 (Handout-Page 9)</li> <li>• November 11, 2019-Veterans Day Holiday-CYF Council Dark</li> </ul>  |                   |
| <b>IV. Mental Health Services Act (MHSA) Update</b> (Martin Dare)  | <b>5 minutes</b>  |
| <b>V. Strategic Planning-Part 2:</b> CYF System of Care Intersection with the Justice System/School Threats (Yael Koenig and Dr. Laura Vleugels)   | <b>60 minutes</b> |
| <ul style="list-style-type: none"> <li>A. May's Meeting Input Summary (Handout-Page 10)</li> <li>B. Context through Recent Board Letters and relevant documents               <ul style="list-style-type: none"> <li>1. March 26, 2019 (2), Strengthening the Bridge Between Behavioral Health Services and the Criminal Justice System (Handout page 14)</li> <li>2. May 21, 2019 (1), District Attorney-Regional Crisis Intervention and De-Escalation Training for Law Enforcement and Single Source Procurement-Board of Supervisors Letter (Handout page 19)</li> <li>3. Office of San Diego County District Attorney Blueprint for Mental Health Reform (Handout-page 25): <a href="https://www.sdcda.org/Content/Preventing/Blueprint%20for%20Mental%20Health%20Reform.pdf">https://www.sdcda.org/Content/Preventing/Blueprint%20for%20Mental%20Health%20Reform.pdf</a></li> </ul> </li> <li>C. Introduction to School Threat Assessment in San Diego County (Dr. Laura Vleugels and Barbara Higgins, San Diego County Office of Education, Director, Student Attendance Safety and Well-Being) (PowerPoint Presentation Handout-Page 31 and San Diego County School Threat Protocol Handout-Page 37 )</li> <li>D. Group Discussion (Strategic Planning Tool Handout-Page 39)</li> <li>E. Next Steps: Strategic Planning Part 3: CYF Council Meeting August 12, 2019</li> </ul> |                   |
| <b>VI. Announcements</b> (Violeta Mora)  | <b>5 minutes</b>  |
| <ul style="list-style-type: none"> <li>• CYF Training Academy: Intersectionality of Identities is scheduled for June 14, 2019. Register at: <a href="https://academy.sumtotal.host/">https://academy.sumtotal.host/</a> (Handout-Page 40)</li> <li>• The June 20, 2019 Youth and Family Support Partner Sub-Committee meeting will be held at San Diego Center For Children located at 3002 Armstrong Street, San Diego CA, 92111</li> <li>• Children, Youth &amp; Family Liaison-Principles of Family Youth Professionals Partnerships-One Hour on-line training Register at: <a href="http://bit.ly/PFYPP2018_19">http://bit.ly/PFYPP2018_19</a> (Handout-Page 41)</li> </ul>  |                   |

**Next Executive Committee Conference Call:**

Date: June 24, 2019

Time: 10:00 to 10:30 A.M.

Location: Via Conference Call

**Next CYF Council Meeting:**

Date: Monday, August 12, 2019

Time: 9:00 to 10:30 A.M.

Location: Scottish Rite Center

**Sub-Committees/Sectors/Workgroups Meetings Information:**

**CCRT:** Meets the 1<sup>st</sup> Friday of the month-6367 Alvarado Court Ste. 105, San Diego, CA 92120 from 10:00 to 11:30 A.M.

**CSOC Academy:** Meets the 1<sup>st</sup> Wednesday of the month-6505 Alvarado Road, Suite 107, San Diego, CA 92120 from 9:00 to 10:00 A.M.

**CYF CADRE:** Meets quarterly 2<sup>nd</sup> Thursday of the month- 5095 Murphy Canyon Rd, San Diego 92123-Suite 320 from 1:30 to 3:00 P.M.

**Early Childhood:** Meets the 2<sup>nd</sup> Monday of the month- 3160 Camino Del Rio South Suite 101, San Diego, CA 92108 from 10:45 A.M. to 12:15 P.M.

**Education Advisory Ad Hoc:** Meets as needed.

**Family and Youth As Partners:** Meets the 3<sup>rd</sup> Thursday of the month at 5095 Murphy Canyon Road – Suite 320, San Diego, CA 92123 from 1:30 to 3:00 P.M.

**Family/Youth Sector:** Meets quarterly on 4<sup>th</sup> Thursday of the month at 5095 Murphy Canyon Road - Suite 320, San Diego, CA 92123 from 6:30 to 8:00 P.M.

**Outcomes:** Meets the 1<sup>st</sup> Tuesday of the month-La Vista Room from 11:30 A.M. to 12:30 P.M.

**Private Sector:** Meets as needed.

**TAY Council:** Meets the 4<sup>th</sup> Wednesday of the month-National University, 9388 Lightwave Ave. Room #118, San Diego, CA 92123 from 3:00 to 4:30 P.M.

**For Council materials go to:**

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_children/CYFBHSCouncil.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSCouncil.html)

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

**Council Vision:**

Wellness for children, youth and families throughout their lifespan.

**Council Mission:**

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

**Council Principles:**

1. **Collaboration of four sectors:** Coordination and shared responsibility between child/youth/family, public agencies, private organizations and education.
2. **Integrated:** Services and supports are coordinated, comprehensive, accessible, and efficient.
3. **Child, Youth, and Family Driven:** Child, youth, and family voice, choice, and lived experience are sought, valued and prioritized in service delivery, program design and policy development.
4. **Individualized:** Services and supports are customized to fit the unique strengths and needs of children, youth and families.
5. **Strength-based:** Services and supports identify and utilize knowledge, skills, and assets of children, youth, families and their community.
6. **Community-based:** Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.
7. **Outcome driven:** Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.
8. **Culturally Competent:** Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.
9. **Trauma Informed:** Services and supports recognize the impact of trauma and chronic stress, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care, resiliency, and safety.
10. **Persistence:** Goals are achieved through action, coordination and perseverance regardless of challenges and barriers.

May 1, 2018

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

**ANNUAL STRATEGIC PLANNING MEETING, PART I - MEETING MINUTES**

**MAY 13, 2019 – 9:00-10:30 A.M.**

Scottish Rite – Morrison Room -1895 Camino del Rio South, San Diego CA 92108

+ = Member in Attendance    O = Absent    E = Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
<b>PUBLIC SECTOR</b>					
1	Behavioral Health Advisory Board (BHAB)	Rebecca Hernandez	O	Bill Stewart	+
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	VACANT	
3	Public Safety Group/ Probation	Dr. Geoff R. Twitchell	+	Chrystal Sweet	O
4	Child Welfare Services (CWS)	Kimberly Giardina	O	Norma Rincon	O
5	HHS Regions	Dori Gilbert	+	Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	+	Adrienne Yancey	O
7	Juvenile Court	H. Judge Kimberlee Lagotta	O	Beth Brown	O
8	First 5 Commission	Alethea Arguilez	O	Dulce Cahue-Aguilar	O
<b>EDUCATION SECTOR</b>					
9	Special Education Local Plan Area (SELPA)	Cara Schukoske	+	Jamie Tate - Symons	O
10	Regular Education Pupil Personnel Services	Heather Nemour	+	Corrie McCarthy	O
11	School Board	Barbara Ryan	+	Sharon Whitehurst-Payne	O
12	Special Education	Aidee Angulo	O	Yuka Sakamoto	O
<b>PRIVATE SECTOR</b>					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggy Webb	+	Therese Davis	+
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	Marisa Varond	+
15	Mental Health Contractors Association	VACANT		Steven Jella	O
16	Mental Health Contractors Association	Michelle Ly	+	Michelle Hogan	O
17	San Diego Nonprofit Association (SDNA)	Margaret Iwanaga Penrose	O	Rosa Ana Lozada	+
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	O	VACANT	
19	Managed Care Health Plan	George Scolari	+	Kathleen Lang	+
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	VACANT	

<b>FAMILY AND YOUTH SECTOR</b>					
21	Family and Youth Liaison	Renee Cookson	O	Valerie Hebert	+
22	Caregiver of child/youth served by the Public Health System	Debbie Dennison	+	VACANT	
23	Youth served by the Public Health System (up to age 26)	Micaela Cunningham	+	Emma Eldredge	+
24	Youth served by the public health system (up to age 26)	Travis Webster	+	Christine Frey	+
<b>SUB-COMMITTEES (Non-voting members unless a member of the Council)</b>					
-	Outcomes Committee	Julie McPherson	O		
-	Executive Committee	Violeta Mora/ Dori Gilbert	+/+		
-	Early Childhood Committee	Aisha Pope/ Autumn Weidman	+/+		
-	Education Committee	Heather Nemour	+		
-	CYF CADRE	Julie McPherson/ Marisa Varond	O/O		
-	Family and Youth as Partners	Renee Cookson/ Valerie Hebert	O/+		

**CYF Council Staff:** Yael Koenig, Edith Mohler and Darwin Espejo

**I. Welcome and Introductions** (Yael Koenig)

**II. Approval of Minutes** (Yael Koenig and Dori Gilbert)

- March 11, 2019 meeting minutes – approved
- Review of action items from March 11, 2019. See meeting minutes.

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

- 5<sup>th</sup> Annual Children's Mental Health Well Being Celebration (Valerie Hebert and Linda Ketterer) (PowerPoint)

CYF through the CYF Liaison contract with NAMI-San Diego, hosted the 5th Annual Children's Mental Health Well Being Celebration in the ARTS (A Reason to Survive) Center in National City on May 3, 2019. Linda Ketterer, the event lead coordinator presented a PowerPoint with the event highlights:

- ✓ A total of 153 persons attended the event which comprised of children, families, CYF service providers, and other members of the community
- ✓ The event featured family activities, stage performances, Mexican food, opportunity drawings, a National City Fire truck and over 20 resource tables

Yael Koenig thanked all the CYF System of Care participants that contributed to the success of this celebration and presented a certificate of recognition to NAMI San Diego for leading the event

- Upcoming CYF Council Co-Chairs rotation and Members/Alternates rotation  
It is the Private Sector's turn to co-chair the CYF Council. This term is effective July 1, 2019 through June 30, 2019. Currently, the co-chairs are represented by the Education and the Public Sectors. Dori Gilbert represents the Public Sector and this sector is due for rotation in 2020. Violeta Mora represents the Education Sector and this Sector is due for rotation on July 1, 2019
- The CYF Council Orientation  
The 2019 CYF Council Orientation is scheduled for July 8, 2019. There will not be a CYF Council meeting in July 2019 (Dark), but everyone is welcome to attend the CYF Council Orientation
- November 11, 2019-Veteran's Day holiday  
Due to the Veteran's Day holiday, there will not be a CYF Council meeting in November 2019 (Dark).

#### IV. Mental Health Services Act (MHSA) Updates (Martin Dare)

- Cycle 5 Innovation Update: Human Centered Design (INN 23)  
 Results from the Human Centered Design process will be released soon and posted at:  
<https://behealth.today/>
- The Mental Health Services Oversight and Accountability Commission (MHSOAC) recently released an online "Transparency Suite" that lists all of California's MHSA programs/expenditures sorted by region:  
<http://transparency.mhsoac.ca.gov/>.

#### V. Strategic Planning-Part 1 (Dr. Laura Vleugels and Yael Koenig)

The Council's strategic planning will be a multi-part process:

- May 13, 2019 Meeting: Assessment of Psychiatric care in San Diego County
- June 10, 2019 Meeting: CYF System of Care intersection with the Justice system/School Threats.

##### Summary of Strategic Planning-Part 1

A. Yael Koenig provided context by reviewing the following Board of Supervisors' documents:

1. July 24, 2018 (2), Assessing the State of People in Psychiatric Crisis in San Diego County-Board of Supervisors Minute Order (Handout):  
 "The potential closure of psychiatric hospital beds throughout our region and across the state is a crisis that will leave many people with nowhere to go for treatment during an acute mental health emergency. Without reliable sources for inpatient psychiatric care, patients often languish in overcrowded emergency rooms, jails, or become homeless. In particular, our region's emergency departments will see a significant increase of overcrowding pay patients that should be more appropriately diverted to inpatient psychiatric care. Now more than ever, we need to focus our efforts on supporting a robust system of care for those in crisis."
2. October 30, 2018 (3), Board Conference: Caring for People in Psychiatric Crisis in San Diego County-Board Letter (Handout)
3. December 11, 2018 (25), Advancing the Behavioral Continuum of Care Through Regional Collaboration and Innovation-Board of Supervisors Minute Order (Handout)
4. March 26, 2019 (5), Update on Advancing the Behavioral Continuum of Care Through Regional Collaboration and Innovation-Board Letter (Handout)

Yael Koenig added that children would also be affected and that the CYF System of Care must take part in the conversation to ensure inpatient psychiatric care is sufficient and available to children and youth. As a community issue; each individual/stakeholder must participate to identify gaps, find solutions; explore new ideas to find proven, sustainable solutions, and address the entire continuum of care for persons in crisis.

B. October 30, 2018 Board Conference PowerPoint – Abbreviated version for CYF Council (Handout) Caring for People in Psychiatric Crisis in San Diego County-Full presentation located at:

<https://www.sandiegocounty.gov/content/sdc/general/board-meeting-video.html>

Dr. Laura Vleugels presented excerpts of the Caring for People in Psychiatric Crisis in San Diego County: October 30, 2018 Board Conference Meeting Video:

- Introduction: Supervisor Kristin Gaspar-Third District
  - ✓ State and Federal mandates have prompted the closure of numerous inpatient psychiatric care services from hospitals across California (i.e. Tri-City Hospital)
  - ✓ An upward trend of psychiatrically acute patients and persons deemed criminally insane are being released into the community
  - ✓ The County of San Diego is spending \$658M on Behavioral Health Services which requires effective cross-collaboration between local agencies to maximize the impact of every dollar spent
  - ✓ Along with adults in crisis, treatment for children is critical using early prevention and developing both their physical and mental health at a young age
- Nick Macchione –Director Health and Human Services Agency (HHSA)
  - ✓ Provided an outline of the County's past and present behavioral health system, along with key policy milestones
  - ✓ Discussed understanding patient rights and data
  - ✓ Brought forward a plan to discuss innovative ideas for "Integrated Care" and immediate steps being taken to address challenges within the system.
- Dr. Michael Krelstein – BHS Clinical Director
  - ✓ Discussed the complexity of mental illness
- Dr. Luke Bergmann – Director of Behavioral Health Services (BHS)



- ✓ Presented data elements showing the prevalence of behavioral health issues in children and adults
- Holly Salazar – BHS Assistant Director of Departmental Operations (at the time of the Board Conference)
  - ✓ Outlined BHS' fiscal responsibility funding services for Medi-Cal recipients/uninsured residents with serious mental illnesses or Substance Use Disorders (SUD), along with the interplay between health plans that offer treatment within the community
  - ✓ Highlighted the system's budget increase from \$425M to \$658M due to the American Care Act
  - ✓ Discussed existing system challenges:
    - Ongoing shortage of psychiatrists, mental health clinicians, and behavioral health staff
    - Having the fourth largest population in the nation with a low housing inventory
    - Data sharing challenges between sectors
    - Care coordination challenges between sectors
- Guest speakers included:
  - ✓ Kevin Faulconer - San Diego Mayor
  - ✓ Summer Stephan – San Diego District Attorney
  - ✓ William D. Gore – San Diego Sheriff
  - ✓ Randy Mize – San Diego Public Defender
  - ✓ Various local agency heads and expert consultants
- Closing Statements/Next steps – Nick Macchione
  - ✓ Accelerated system changes and the search for possible solutions are needed to address the current inpatient care issue. A thoughtful approach caring for the most vulnerable populations in San Diego County, while maintaining the sense of urgency in all our efforts, can be accomplished through:
    - Increased collaboration across all sectors by optimizing and focusing existing efforts into crisis stabilization and care coordination and to break down barriers and to advocate for policy change
    - Addressing immediate needs by expanding current resources:
      - Addressing immediate inpatient treatment needs in the North County by expanding the existing Exodus program facility to 24 hours a day/7 days a week. Law enforcement and Palomar Hospital are also planning to add additional crisis stabilization services
    - Support local hospitals by increasing inpatient acute rates by 13%, along with administrative rates to offset the decreased rates from the state
    - Optimizing the usage of the County Psychiatric Hospital:
      - Increase the number of hospital beds from 45 to 82 with a plan for an additional 50 long term care beds and hiring additional staff for the increase of patient volume
      - Allocate County Psychiatric Hospital's current mid to long term funding to find alternative solutions to aid regional partners
  - ✓ An independent consultant will complete a "needs assessment" of the current system that will include data/analytics from key stakeholders, including: healthcare, public safety, housing, and input from the seriously mentally ill and their families.
- C. Landscape of Behavioral Health Crisis Services for Kids handout – Overview (Yael Koenig)
 

An organizational model of crisis behavioral programs within the Children's System of Care (CSOC) was presented. Input to this document is welcomed:

  - Emergency Response/Urgent Services – Law enforcement/Psychiatric Emergency Response Team (PERT), Access and Crisis Line (ACL), Emergency Departments, Emergency Meds Clinic, etc.
  - Crisis Stabilization – Emergency Screening Unit, etc.
  - Psychiatric Hospitals – Child & Adolescent Psychiatry Service (CAPS), Sharp Mesa Vista Hospital, etc.
  - Short-Term Respite Services – Probation Cool Beds, Crisis Action & Connection (CAC), etc.
  - Stepdown Services & Linkage – CAC, BH Connect, BHS Outpatient programs (Crisis intervention services), etc.
  - Critical Leaders – Health Plans, Faith Based Community, School Threat Assessment Team, Hospital Association, Federally Qualified Health Centers (FQHCs), Patient Advocacy, Schools and San Diego County Office of Education (SDCOE), etc.

- D. Smart Care/Behavioral Health (BH) Connect Program Presentation (Deborah Skvarna) (PowerPoint Handout)
- BH Connect is a MHSA Innovation (INN 19) behavioral health treatment program that offers telecare behavioral health services to unconnected, frequent users of emergency care, the behavioral health services needed via a technological platform
  - Services are available 24/7 and are geared towards high risk children and adults during their transition planning and prior to their discharge from emergency services to eliminate any potential barrier to continued care by using a dedicated device for accessing services
  - Program Eligibility Criteria
    - ✓ Medi-Cal/Uninsured and eligible for MHSA funded treatment services
    - ✓ Behavioral health symptoms consistent with Serious Emotional Disturbance (SED) for youth or Sever Mental Illness (SMI) for adults
    - ✓ More than one emergency behavioral health visit in the last 90 days
    - ✓ Prior difficulty accessing care (un-connectedness); client reports no current behavioral health provider or has significant access issues that would prevent connection in a traditional clinic provider
    - ✓ Has self-awareness, ability to schedule appointments and is not currently suicidal/homicidal.
    - ✓ Must be able to use, maintain and safeguard the BH Connect electronic device
    - ✓ Client's parent/guardian/caregiver consents to their participation in the program
  - When services are appropriate:
    - ✓ A Field Health Navigator issues the BHConnect device
    - ✓ Field Navigator provides an introduction and a warm handoff to the BHConnect Tele Health Navigator via the assigned device
    - ✓ The BHConnect Tele Health Navigator coordinates client's first contact with the BHConnect Therapist to initiate mental health evaluation, ongoing treatment, and ongoing case management support.
- E. Group Discussion/Action Plan/Next Steps (Strategic Planning Tool Handout-)  
 The meeting room was set up in tables for group discussion. A voting Council member or a County representative served as facilitator to address strengths, gaps and innovations regarding psychiatric care for children and youth. The input was documented in the Strategic Planning tool handout.

#### VI. Announcements (Yael Koenig)

- The Annual CSOC Academy Conference: "Envisioning Safer Schools" is scheduled for May 30, 2019 (Handout). For more information, contact: [RIHS@sdsu.edu](mailto:RIHS@sdsu.edu).

**Next CYF Council Meeting-Strategic Planning Part 2: June 10, 2019**  
**Scottish Rite Center, Morrison Room**  
**9:00 to 10:30 A.M.**

#### **Sub-Committees/Sectors/Workgroups Meetings Information:**

**Outcomes:** Meets the 1<sup>st</sup> Tuesday of the month- 3255 Camino del Rio South, San Diego CA 92108 in La Vista Room- from 11:30 A.M. to 12:30 P.M.

**Early Childhood:** Meets the 2<sup>nd</sup> Monday of the month- at the San Diego Center for Children-FFAST office located at 8825 Aero Drive, Suite 110, San Diego, CA from 11:00 A.M. to 12:00 P.M.

**Education Advisory Ad Hoc:** Meets As Needed.

**TAY Council:** Meets the 4<sup>th</sup> Wednesday of the month 3:00 to 4:30 P.M. at National University, 9388 Lightwave Ave. Room 118, San Diego, CA 92123.

**CYF CADRE:** Meets quarterly the 2<sup>nd</sup> Thursday of the month at NAMI San Diego, 5095 Murphy Canyon Road, Suite 320, San Diego, CA 92123 from 1:30 to 3:00 P.M.

**CCRT:** Meets 1<sup>st</sup> Friday of the month at the Health Services Complex- 6367 Alvarado Ct. Ste. 105, San Diego, CA 92120 from 10:00 to 11:30 A.M.

**Family and Youth Sector:** Meets quarterly –Contact [CYFLiaison@namisd.org](mailto:CYFLiaison@namisd.org) for schedule.

**Family and Youth as Partners:** Meets every 3<sup>rd</sup> Thursday of the month at NAMI San Diego, 5095 Murphy Canyon Road, Suite 320, San Diego CA 92123 1:30 to 3:00 P.M.

**Private Sector:** Ad Hoc/Meets As Needed.



Contact: CHRISTINE MARIE FREY  
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FOR IMMEDIATE RELEASE

***Brain XP: Living with Mental Illness, A Young Teenager's Perspective***  
**WINS 2019 INDIEREADER DISCOVERY AWARD FOR**  
**BEST BOOK IN PSYCHOLOGY/MENTAL HEALTH**

June 1, 2019 – Today, Jennifer L. Armentrout, a *New York Times* and International bestselling author, announced the winners of the 2019 annual IndieReader Discovery Awards (IRDAs) at Book Expo America (BEA)/Book Con, a major trade show in New York City. ***Brain XP: Living with Mental Illness, A Young Teenager's Perspective*** by 16 year old San Diegan ***Christine Marie Frey*** won in the Psychology/Mental Health category.

IndieReader launched the international IRDAs in order to help worthy indie authors get the attention of top indie professionals, with the goal of reaching more readers. Noted Amy Edelman, founder of IR, *"The books that won the IRDAs this year are not just great indie books; they are great books, period. We hope that our efforts via the IRDAs insure that they receive attention from the people who matter most - potential readers."*

Sponsors for the awards include Amazon, IngramSpark, and Kirkus. Judges included notable publishers, agents, publicists and bloggers. ***Brain XP: Living with Mental Illness, A Young Teenager's Perspective*** is the **first book** written by a young teen for other young teens battling mental challenges or simply struggling to be a teen in today's isolating world.

Christine Marie Frey says ***"I want mental challenges to be seen as no different than physical disorders that simply need a treatment plan. Brain XP calls us all to change the language of mental health positively to encourage our youth to seek help without being feared or isolated."***



## **Children, Youth and Families (CYF) Behavioral Health System of Care Council**

### **Council Member Orientation**

Monday, July 8, 2019 | 9 – 10:30 a.m.

Scottish Rite Center  
1895 Camino Del Rio South,  
San Diego, CA 92108 -  
Shell Room

**All new Council members and alternates are encouraged to participate**

Existing Council members and meeting attendees are also welcome to attend this informative special session.

This orientation is to ensure that all Sector representatives and alternates appointed by the Behavioral Health Services Director; acquire the necessary tools to become an informed and effective Council member.

Please RSVP by July 1, 2019 to:

Grisel Ortega-Vaca (619) 563-2772 | [Grisel.Ortega@sdcounty.ca.gov](mailto:Grisel.Ortega@sdcounty.ca.gov)

## **STRENGTHS**

<b>STRENGTHS</b>	<b>Key Considerations / Recommendations</b>	<b>Data supporting recommendation</b>
<b>Group 1</b>	Electronic health record flags – BHS Services for youths.	
<b>Group 2</b>	Many resources.	
	Many liaisons – 211, Access Crisis line, NAMI.	
<b>Group 3</b>	There are a lot of resources out there.	
<b>Group 4</b>	Coming at it from a more comprehensive approach and including health care. The model is strength.	
	Good programs that are included.	
<b>Group 5</b>	Comprehensive approach: Spectrum of NEED – through levels.	
	Clinton Foundation – community HUB liaison – virtual hub.	
<b>Group 6</b>	Funding increased – step down (services?).	
	What is happening to kids when parents are in crisis stabilization?	
	Assessments needs to be done with Kids – Children’s crisis stabilization treatment (up to 10days) – Treatment – skills (coping).	
<b>Group 7</b>	Access Crisis Line – 24/7.	
	Kickstart program is incredibly comprehensive for early psychosis prevention.	
	TAY programs are incredible and helpful.	
<b>Group 8</b>	It is great that so many people and systems understand the inter-related needs and impacts.	<i>Measure who knows what resources are available.</i>
		<i>Outcome measures will need to be interpersonal connections (?)</i>
<b>Group 9</b>	Access and Crisis line, variety of phone calls 24/7.	
	Prevention (Kickstart).	
	Exodus diverted from (?).	
	Urban Beats, ARTS center.	
<b>Group 10</b>	Access Crisis Line – quick access to services.	
	Comprehensive psychosis prevention program - better overall.	
	TAY programs – preventative + positive programs.	
<b>Group 11</b>	Education:	
	Increase in funding	
	Service options at various levels	
	Increase awareness and training of school staff	
	AB2246 – school suicide prevention; protection (?); practices in schools (school data).	
<b>Group 12</b>	Barrier busters very helpful.	

## **GAPS**

<b>GAPS</b>	<b>Key Considerations / Recommendations</b>	<b>Data supporting recommendation</b>
<b>Group 1</b>	HIPAA Laws/barriers.	
	Stigma of People coming into the home.	
	Lack of Stabilization placement surrounding AOD.	
	Lack of resources to place – McAlister is not enough.	
	Only 6 TRC's in the County.	
	TAY services surrounding SUD.	
<b>Group 2</b>	Gap between the existent resources (i.e. ACL, NAMI).	
	Not trauma informed resources (i.e. ACL, NAMI).	
<b>Group 3</b>	Barriers between communication of North and San Diego Counties.	
	Lack of linkage between various departments – need more integration between partners.	
	Connecting to various resource – 211 is not trauma informed.	
	Connecting to various resources need to be easy and straight forward.	
	Are current resources culturally competent?	
<b>Group 4</b>	Connecting and having access to the programs.	
	Laps of truth when filtering resources through providers.	
<b>Group 5</b>	Analysis needed of connection of all the siloed services – siloed between.	
<b>Group 6</b>	Chronic/high end cases – more intensive crisis management services in order to improve in outpatient setting (integrated stabilization services).	
<b>Group 7</b>	Insurance barriers.	
	Mental health knowledge in school is not up to par and resources are not adequate.	
	Younger kids need to learn about mental health as well and lean positive techniques.	
	Better response to crisis in schools.	
<b>Group 8</b>	What happens after crisis is very uncoordinated, often families are not engaged in the inpatient setting so the child goes back to the same situation.	Interview of people who have used services
<b>Group 9</b>	Not open to private insurance around Urban Beats.	
	More help in schools.	
	Need for better response to psych emergencies in schools.	
	Work across the (???) for teachers.	
	Not punish for symptoms, do-solutions.	
<b>Group 10</b>	Private insurance – inaccessible to county programs.	
	Expand TAY programs – Urban Beats.	
	Schools – not equipped. Mental health programs unqualified.	
	Schools- start mental health curriculum in grammar school.	
	Schools- improved response to psychiatric crisis- better trauma informed.	
	Awareness of physical challenges @ PERT situations (to avoid criminal issues).	

## Group Input Summary from CYF Strategic Planning Meeting - Part I (May 13, 2019)

<b>Group 11</b>	Further develop continuum.	
	Voice needs to be at the “leadership table”.	
	Clarity of which system pays for (residential, outpatient).	
	More ongoing support at outpatient- integrated (?).	
	Need more acknowledgement for co-occurring disorders.	
<b>Group 12</b>	Adolescent crisis hotline (SDRC has adolescent crisis line).	

## INNOVATION

INNOVATION	Key Considerations / Recommendations	Data supporting recommendation
<b>Group 1</b>	Peer Partners to mentors, parents, youth, and families.	It Up to Us Campaign
	Media/Public Services announcement to educate public.	Directing Change
		Ending the Silence
<b>Group 2</b>	Integrate the resources.	
	Integrate Clientele database.	
<b>Group 3</b>	Virtual case coordinators – technology platform that everyone uses i.e. Police, Firefighters, emergency.	
	Departments, therapists etc.	
<b>Group 4</b>	Virtual case managers/Youth Family Support Partner.	
	*Add resources to the virtual tablet (i.e. Osker, Osker Jr., AlfrEDU).	
	SB10 Peer certification – specifically defined to be navigators.	
<b>Group 5</b>	Connection HUB? For effective communication.	
	Virtual Liaison – case manager/navigator/care coordinator/consulting.	
	Provider connection to APPS.	
<b>Group 6</b>	Preemptive crisis intervention in school (via tele mental health).	
	Allow for flexibility in caseloads, new programs to do this.	
<b>Group 7</b>	Need a curriculum for kids starting in kindergarten through high school on mental health – less stigma and less fear and more understanding!	
<b>Group 8</b>	Case conference where problem solving, system building and relationship building happens.	
<b>Group 9</b>	Similar to CASS program (for foster families) an idea could be employing additional clinicians to provide .	
	In –home services for clients experiencing psychological emergencies. These programs already exist but may need additional resources for clinicians.	
	Mental health programs in schools – address strategies early on (elementary).	
	Increase staffing of PERT.	
	Metal health curriculum from preschool, standardized training (social – emotional learning, mindfulness).	
<b>Group 10</b>	Mental health curriculum in schools – pre – K. Not once a year/regularly.	
	Flow chart (technological) on how to work system – find resources.	

## Group Input Summary from CYF Strategic Planning Meeting - Part I (May 13, 2019)

<b>Group 11</b>	Continuum does not reflect more of the prevention/early intervention (education (?) Data source).	
	Program that services adults but need services for a child/family model.	
<b>Group 12</b>	NONE GIVEN	

### RECOMMENDED NEXT STEPS

"RECOMMENDED NEXT STEPS"		
<b>Group 1</b>	Longer term AOD/Mental Health care needed beyond 30 days.	
<b>Group 2</b>	Funds to pay for resource/ providers programs.	
<b>Group 3</b>	NONE GIVEN	
<b>Group 4</b>	*Would we be able to download access onto their devices? (Re: BH Connect + Osker, Osker Jr. AlfrEDU).	
<b>Group 5</b>	Connect with type of system but expanded out to cover all community services.	
	SB10 Peer Certification to help navigate the system.	
	Innovations funding.	
<b>Group 6</b>	Gaps: Tele health system for whole family (begins at inpatient stay) and continues once discharged and returns to home. Helping caregivers regulate.	
	Family education services (process of hospitalization) for whole family.	
<b>Group 7</b>	Put together a mental health /mental wellbeing class to start teaching in schools.	

<b>Group 8</b>	When systems coordination is done well, case coordination can focus more on "knowing the family" instead of just trying to get the family to the right place.	
	"Knowing the family" is needed and critical because families need real support.	
	Healthy Development Services founded by First 5 San Diego does this well and provide insight to what it takes to make it happen.	
<b>Group 9</b>	NONE GIVEN	
<b>Group 10</b>	NONE GIVEN	
<b>Group 11</b>	Increase access to transportation service.	
	Increase school based services.	
	Identify expanded joint agreement in schools for flexible hours.	
	District VI school based PERT (specialized for developmental, age appropriate).	
	Create more focus on prevention/early intervention – social, emotional.	
<b>Group 12</b>	NONE GIVEN	





# COUNTY OF SAN DIEGO

## BOARD OF SUPERVISORS

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

### AGENDA ITEM

COUNTY OF SAN DIEGO

2019 MAR 15 AM 9:05

CLERK OF THE BOARD  
OF SUPERVISORS

**DATE:** March 26, 2019

**02**

**TO:** Board of Supervisors

#### **SUBJECT**

**STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES  
AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)**

#### **OVERVIEW**

Mental illness, substance abuse and homelessness frequently intersect with the criminal justice system. Among incarcerated individuals, rates of mental and substance use disorders have been steadily increasing since the 1960s, in part due to the deinstitutionalization of state mental health systems. Challenges with providing community sited care and support to these populations has led to their disproportionate numbers in and frequent cycling through emergency medical care and the criminal justice system.

Over the past year, District Attorney Summer Stephan has led several County-wide efforts, bringing approximately 200 stakeholders and experts together to map the intersection of mental health, homelessness and criminal justice, better identify the problems and recommend concrete solutions. These efforts identified opportunities to work together to address the needs of individuals living with mental illness and co-occurring substance use disorders, and allowed for the development of solutions to enhance systems of care for those individuals that come in contact with law enforcement and our judicial system.

Similarly, Sheriff William Gore has expanded the availability of mental health services to the inmates in the county jails as well as increased the quality of those services. Intensive programming efforts such as the PROGRESS program, vocational training, cognitive behavioral therapy, high school and college courses, and substance abuse counseling has led to greatly reduced recidivism rates for inmates completing a local sentence as compared to those released from state prison both before and after criminal justice realignment.

The Sheriff's efforts in field operations have led to similar positive outcomes. The expansion of Psychiatric Emergency Response Teams (PERT) and the universal training of all field deputies in crisis communication and de-escalation has resulted in more positive outcomes on mental health related calls for service.

**SUBJECT: STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)**

Supervisor Gaspar initiated a Board Conference last October with behavioral and mental health experts that looked at ways to address the entire continuum of care for those with mental health issues. In addition, during Chairwoman Jacob's State of the County Address on February 6, 2019, she called for action on three proposed solutions for the critical needs of the population that suffers from mental illness and that cycle through the criminal justice system.

Today's action directs the Chief Administrative Officer to work with the District Attorney and the Sheriff to develop a plan to strengthen the County's ability to respond to individuals with behavioral health issues, including addiction and mental health, that intersect with the criminal justice system.

**RECOMMENDATIONS:**

**CHAIRWOMAN DIANNE JACOB, SUPERVISOR KRISTIN GASPAR, DISTRICT ATTORNEY SUMMER STEPHAN, AND SHERIFF WILLIAM D. GORE**

1. Direct the Chief Administrative Officer, working with the District Attorney and the Sheriff, to develop a plan to strengthen the County's ability to respond to behavioral health crisis situations that intersect with the criminal justice system by implementing the following three objectives.
  - A. Develop a timely follow-up care and case management system for individuals involved in a PERT/law enforcement crisis call.
  - B. Establish regional Mental Health Crisis Stabilization Centers that can provide 24/7 walk-in mental health and substance use disorder services including law enforcement drop-offs.
  - C. Work with school districts and the County office of Education to develop enhanced school-based crisis response, including possible expansion of existing PERT programs for threats or crisis situations involving school youth.
2. Direct the Chief Administrative Officer to return to the Board within 90 days with recommendations to meet these objectives.

**FISCAL IMPACT**

There is no fiscal impact associated with this request.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

N/A

**SUBJECT: STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)**

## **BACKGROUND**

Among incarcerated individuals, rates of mental and substance use disorders have been steadily increasing since the 1960s, in part due to the deinstitutionalization of state mental health systems. Challenges with providing community sited care and support to these populations has led to their disproportionate numbers in and frequent cycling through emergency medical care and the criminal justice system. Prisons and jails became *de facto* state hospitals responsible for confining and caring for the mentally ill, yet they were never intended nor designed to cope with individuals with significant and varying degrees of mental illness.

Mental illness itself must not be criminalized. Approaches to reform mental health treatment within the criminal justice system and in the community must be balanced with a public safety approach that considers and addresses the impact criminal behavior has on victims. Individuals with mental illness who do not pose a significant safety risk to the public should be diverted away from jail to community-based facilities to receive treatment. Safety of our communities is of paramount importance.

Statistics demonstrate San Diego County, like the rest of our nation, is facing significant challenges in serving individuals with mental illness who intersect with our criminal justice system. Mental illness affects one in five adults; however, at least one in three adults in the criminal justice system are affected by mental illness. Our San Diego Sheriff's Department reports approximately 30% of inmates receive medication for a mental health disorder. This number does not include those who refuse medication or whose symptoms are not severe enough to require medication. This number is consistent with those reported by the California Department of Corrections and Rehabilitation (CDCR). Approximately 30% of California's prison population has a major mental health diagnosis. Most of these inmates will be coming back to our community when released from prison. Re-entry will be more safely accomplished if we have strong, evidence-based programs in place to support their return.

Further, 43% of the homeless individuals surveyed in the 2018 Point in Time Homeless Count reported a mental health disorder. Many citizens are struggling not only with a mental health disorder, but also with a substance use disorder. Nearly 70% of psychiatric hospitalizations involve patients with a co-occurring substance use disorder. Approximately 42% of our current drug court participants have co-occurring disorders.

Sheriff William Gore has expanded the availability of mental health services to the inmates in the county jails as well as increased the quality of those services. Intensive programming efforts such as the PROGRESS program, vocational training, cognitive behavioral therapy, high school and college courses, and substance abuse counseling has led to greatly reduced recidivism rates for inmates completing a local sentence as compared to those released from state prison both before and after criminal justice realignment.

**SUBJECT: STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)**

The Sheriff's efforts in field operations have led to similar positive outcomes. The expansion of Psychiatric Emergency Response Teams (PERT) and the universal training of all field deputies in crisis communication and de-escalation has resulted in more positive outcomes on mental health related calls for service.

Over the past year, District Attorney Summer Stephan led several county-wide efforts, bringing approximately 200 stakeholders and experts together to map the intersection of mental health, homelessness and criminal justice, better identify the problems and recommend concrete solutions. These efforts identified opportunities to work together to address the needs of individuals living with mental illness and co-occurring substance use disorders and allowed for the development of solutions to enhance systems of care for those individuals that intersect with criminal justice and public safety.

As a result of these collaborations, stakeholders from across the County developed recommendations that fall into four categories: 1) Mental Health Prevention and Intervention; 2) Acute Crisis Response and Stabilization Management; 3) Mental Health Diversion; and, 4) Data, Outcomes and Information Sharing. Within these categories, stakeholders identified gaps/problems and provided recommendations for solutions working collaboratively and diligently for the last year, highlighted by two key symposiums on April 30, 2018 and October 22, 2018.

Supervisor Gaspar initiated a Board Conference last October with behavioral and mental health experts that looked at ways to address the entire continuum of care for those with mental health issues. In addition, during Chairwoman Jacob's State of the County Address on February 6, 2019, she called for action on three proposed solutions for the critical needs of the population that suffers from mental illness and that cycle through the criminal justice system.

The three objectives in today's action are:

- 1) The development of timely follow-up care to connect a person to appropriate services after a mental health crisis involving law enforcement. Law enforcement is regularly called to the same person in a repeating mental health crisis that includes threat of harm to self, others or property. Creating a system where there is follow-up care and connection to individualized services during a non-crisis period can save lives.
- 2) The creation of regional Mental Health Crisis Stabilization Centers that can provide 24/7 walk-in mental health and substance use disorder services, including law enforcement drop-offs, when appropriate, as a healthy and safe alternative to jail or an emergency hospital.
- 3) The offering of mental health clinicians trained in threat assessment and trauma to work with school officials as appropriate for threats or crisis situations involving school youth. This is an expansion of the PERT model but specific for youth in schools.

**SUBJECT: STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)**

Better supporting individuals with mental illness in our communities is a shared responsibility. A comprehensive and coordinated response between justice and behavioral health partners is critical as thirty-three percent of behavioral health services participants are referred for assistance from the justice system. As we approach reforming our response to individuals living with mental illness, we must look for future possibilities that may offer profound or notable transformation that ignite a system that prioritizes our collective public safety, fairness, dignity and humanity goals. The priorities noted above will set us on a path towards these noble goals.

Today's action directs the Chief Administrative Officer to work with the District Attorney and the Sheriff to develop a plan to strengthen the County's ability to respond to individuals with behavioral health issues, including addiction and mental health, that intersect with the criminal justice system.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

The requested action supports the Living Safely Initiative in the County's 2019-2024 Strategic Plan by supporting initiatives that address the needs of individuals living with mental illness that intersect with criminal justice and public safety.

Respectfully submitted,




DIANNE JACOB  
Chairwoman, District 2



KRISTIN GASPAR  
Supervisor, District 3



SUMMER STEPHAN  
District Attorney



WILLIAM D. GORE  
Sheriff

**ATTACHMENT(S)**





# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

GREG COX  
First District

DIANNE JACOB  
Second District

KRISTIN GASPAR  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** May 21, 2019

**01**

**TO:** Board of Supervisors

### **SUBJECT**

**DISTRICT ATTORNEY - REGIONAL CRISIS INTERVENTION AND DE-  
ESCALATION TRAINING FOR LAW ENFORCEMENT AND SINGLE SOURCE  
PROCUREMENT (DISTRICTS: ALL)**

### **OVERVIEW**

San Diego County has taken on the crucial task of enhancing its collective response to the needs of individuals living with substance use, mental illness and co-occurring disorders. These individuals frequently intersect with the criminal justice system. District Attorney Summer Stephan has led various County-wide stakeholder initiatives bringing together law enforcement with community partners and experts including the Psychiatric Emergency Response Team (PERT) program and National Alliance on Mental Illness (NAMI) San Diego to address service gaps, and opportunities to enhance existing systems to meet the needs of these individuals. As a result, *Blueprint for Mental Health Reform: A Strategic New Approach Addressing the Intersection of Mental Health, Homelessness and Criminal Justice in San Diego County* (The Blueprint for Mental Health Reform) was developed to make recommendations for improving existing systems and creating new avenues for change in how we approach mental illness and substance use when it intersects with the criminal justice system in San Diego County.

The recommendations in the Blueprint for Mental Health Reform also include input from a nationwide review of best practices which uncovered innovative initiatives made by many jurisdictions across the country to enhance the initial law enforcement response to an individual in a mental health or substance use crisis. Collectively, if approved, this action proposes to extend the continuum of care for individuals in crisis by establishing a Regional Crisis Intervention and De-Escalation Training Program. This program will provide enhanced crisis intervention and de-escalation tools and protocols to law enforcement and other stakeholders, from initial dispatch to law enforcement contact and supportive follow-up care. Enhanced training and awareness in crisis intervention and de-escalation and the use of less-lethal tools may increase officer safety, reduce the need for officers to use deadly force, save lives, and improve public trust and confidence in law enforcement, while reducing the likelihood of injury to the public.

Crisis intervention and de-escalation programming will, at a minimum, include enhanced training and awareness classroom training to law enforcement and first responders, training

**SUBJECT: DISTRICT ATTORNEY – REGIONAL CRISIS INTERVENTION AND DE-ESCALATION TRAINING PROGRAM FOR LAW ENFORCEMENT AND SINGLE SOURCE PROCUREMENT (DISTRICTS: ALL)**

videos to be distributed to regional law enforcement agencies and other stakeholders, the use of interactive digital simulator equipment to use as an integral training tool to create ‘real life’ simulation scenarios, the use of other emerging technologies as identified to enhance training efforts, and the development of 911 reference cards. The 911 reference cards will be distributed to the public, and will serve as an essential checklist of important information family members or individuals experiencing a mental health crisis should communicate to dispatchers when they call 911.

San Diego County is one of the safest urban counties in the United States, attributable to the high level of collaboration and cooperation amongst its regional law enforcement partners. The District Attorney’s Office is uniquely situated to lead and coordinate county-wide efforts as our jurisdiction extends throughout the entire county, tying all of the individual law enforcement agencies together. As it relates to the proposed crisis intervention and de-escalation initiative, the District Attorney’s Office also has the legal mandate and primary responsibility to review officer involved shootings and in-custody deaths, which in the past have often involved individuals with an underlying mental health and/or substance use issue. We are committed to provide access to evidence-based tools and resources that support law enforcement and the public in addressing crisis situations in the safest manner possible.

If approved, today’s action would authorize Memoranda of Agreement with law enforcement agencies for delivery of crisis intervention and situational de-escalation training, authorize a single source contract with MILO Range for an interactive theater and mobile firearms and force options simulator, and authorize a competitive procurement for crisis intervention and de-escalation programming.

**RECOMMENDATION(S)  
DISTRICT ATTORNEY**

1. Authorize the District Attorney or her designee to execute Memoranda of Agreement with participating law enforcement agencies in San Diego County for the delivery of crisis intervention and situational de-escalation training, as needed, through June 30, 2022.
2. In accordance with Board Policy A-87, Competitive Procurement, approve and authorize the Director, Department of Purchasing and Contracting, to enter into negotiations with MILO Range and, subject to successful negotiations and determination of a fair and reasonable price, award a contract for an interactive theater and mobile firearms and force options simulator. Authorize the District Attorney to amend the contract as needed to reflect changes to requirements and funding.
3. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a Competitive Solicitation, and upon successful negotiations and determination of a fair and reasonable price, award contracts for crisis intervention and de-escalation programming up to \$1,500,000 for a term of three years, with two option years and up to an additional six

**SUBJECT: DISTRICT ATTORNEY – REGIONAL CRISIS INTERVENTION AND DE-ESCALATION TRAINING PROGRAM FOR LAW ENFORCEMENT AND SINGLE SOURCE PROCUREMENT (DISTRICTS: ALL)**

months if needed, and to amend the contract as needed to reflect changes to requirements and funding.

4. Approve and authorize the Director, Department of Purchasing and Contracting, to amend contracts to allow the District Attorney to reflect changes and enhancements in product models, service level requirements and funding, as needed.

**FISCAL IMPACT**

Funds for this request are included in the Fiscal Year 2019-20 CAO Recommended Operational Plan in the District Attorney's Office. If approved, this request will result in Fiscal Year 2019-20 costs of up to \$500,000. The funding sources are \$500,000 of District Attorney Federal Asset Forfeiture Fund balance and District Attorney State Asset Forfeiture Fund balance. Subsequent years costs of \$1,000,000 through Fiscal Year 2021-22 will be included in future year Operational Plans for the District Attorney's Office. There will be no change in net General Fund cost and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

San Diego County has taken on the crucial task of enhancing its collective response to the needs of individuals living with substance use, mental illness and co-occurring disorders, who intersect with the criminal justice system. On March 26, 2019 (02), the Board of Supervisors voted to develop a plan to strengthen the County's ability to respond to individuals with behavioral health issues, including substance use and individuals living with mental illness. These efforts reflect the County's commitment to system-wide reform to improve outcomes for this population.

District Attorney Summer Stephan has led various County-wide stakeholder initiatives, bringing together law enforcement with community partners and experts, including the Psychiatric Emergency Response Team (PERT) program and National Alliance on Mental Illness (NAMI) San Diego to address service gaps, and opportunities to enhance existing systems to meet the needs of individuals in our communities living with substance use disorders, mental illness and co-occurring disorders. Mental health crises and substance use issues frequently intersect with the criminal justice system. To better understand the opportunities to collaborate with stakeholders on improving existing systems and/or creating new avenues for change, *Blueprint for Mental Health Reform: A Strategic New Approach Addressing the Intersection of Mental Health, Homelessness and Criminal Justice in San Diego County* (The Blueprint for Mental Health Reform) was developed to make recommendations for significant improvements in how we approach mental illness and substance use when it intersects with the criminal justice system in San Diego County.

**SUBJECT: DISTRICT ATTORNEY – REGIONAL CRISIS INTERVENTION AND DE-ESCALATION TRAINING PROGRAM FOR LAW ENFORCEMENT AND SINGLE SOURCE PROCUREMENT (DISTRICTS: ALL)**

This undertaking, led by District Attorney Summer Stephan, combined with a nationwide review of best practices, uncovered efforts made by other jurisdictions to improve the initial law enforcement response to an individual in a mental health or substance use crisis, by providing comprehensive crisis intervention and situational de-escalation training to law enforcement staff and peace officers. Enhanced training and the use of less-lethal tools may reduce the need for officers to use deadly force, save lives, and improve public trust and confidence in law enforcement, while reducing the likelihood of injury to the public and increasing officer safety.

The Blueprint for Mental Health Reform includes ten system reform recommendations, with five of those deemed to be of “critical importance” to improve public safety outcomes. A critical recommendation noted in the report includes the creation and expansion of crisis/de-escalation training for law enforcement and 911 dispatchers county-wide. San Diego County is one of the safest urban counties in the United States, attributable to the high level of collaboration and cooperation amongst its regional law enforcement partners. The District Attorney’s Office is uniquely situated to lead and coordinate county-wide efforts as our jurisdiction extends throughout the entire county, tying all of the individual law enforcement agencies together. The District Attorney’s Office also has the legal mandate and primary responsibility to review officer-involved shootings and in-custody deaths, which in the past have often involved individuals with an underlying mental health and/or substance use issue.

San Diego is fortunate to have NAMI San Diego as a community partner to represent the community’s voice on mental illness, and a successful PERT system. PERT teams are comprised of licensed mental health clinicians and PERT-trained law enforcement officers who help de-escalate crisis situations, and when possible, redirect individuals to supportive services. Crisis intervention and de-escalation training for law enforcement is critical in situations where, in the interest of safety, law enforcement must act alone without the assistance of a mental health clinician to address an individual in crisis. The effectiveness of the law enforcement response in these types of situations is essential in saving lives while maintaining officer safety. With both of these valuable mental health stakeholders in place, San Diego County is well-positioned to implement innovative solutions to the barriers and challenges of mental illness and substance use disorders.

The Crisis Intervention and De-escalation programming will provide regional law enforcement with access to, at a minimum, enhanced de-escalation training and awareness programming in the classroom for law enforcement and first responders, training videos to be distributed to regional law enforcement agencies and other stakeholders, the use of interactive digital simulator equipment to use as an integral training tool to create ‘real life’ simulation scenarios, and the use of other emerging technologies, as identified, to enhance training efforts.

The District Attorney’s Office will also purchase and make available to law enforcement and other stakeholders the MILO Range Theater 300 and Mobile Situational Awareness Training System to use as integral components to the District Attorney’s Regional Crisis Intervention and De-Escalation Training Program. The system will create real life, interactive digital simulations of crisis situations and train regional law enforcement officers in the use of proper techniques when interacting with people experiencing a crisis. MILO Range is used by the California Peace

**SUBJECT: DISTRICT ATTORNEY – REGIONAL CRISIS INTERVENTION AND DE-ESCALATION TRAINING PROGRAM FOR LAW ENFORCEMENT AND SINGLE SOURCE PROCUREMENT (DISTRICTS: ALL)**

Officer's Standards and Training (POST) Commission, which has approved MILO's scenarios for dealing with individuals who are experiencing a mental health crisis. MILO Range also provides custom scenarios to the California Regional Training Centers that are approved by California POST and its member organizations. A crucial element to this product is that it incorporates use of less-lethal option weapons, such as pepper spray and Tasers to reinforce real-life application of less-lethal responses. This product is also sophisticated enough to be compatible with actual live firearms, adding to the realistic quality of this program.


Educating families prior to a crisis can create a safer situation for family members, individuals in the midst of a mental health-related crisis, as well as law enforcement officers. 911 reference cards will be distributed to the public, and will serve as an essential checklist of important information that family members or individuals experiencing a mental health crisis should communicate to dispatchers when they call 911 to de-escalate potential crisis situations before law enforcement arrives on the scene.

The District Attorney stands with regional law enforcement and our community partners, collectively committed to engaging in the development and implementation of effective, evidence-based crisis intervention and de-escalation programming by providing access to tools in support of law enforcement officers, dispatchers, first responders, and others who may come into contact with persons in crisis, with the goal of reducing the need for the use of deadly force, improving officer safety, and reducing the likelihood of injury to persons in crisis and/or the public. This request would allow the District Attorney's Office to establish and provide access to a Regional Crisis Intervention and De-Escalation Training Program and fulfill an important objective of the Blueprint for Mental Health Reform. We are committed to providing access to evidence-based tools and resources that support law enforcement and the public in addressing crisis situations in the safest manner possible.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's proposed action supports the Living Safely Initiative in the County's 2019-2024 Strategic Plan by supporting initiatives that address the needs of individuals living with homelessness, mental illness and co-occurring substance use disorders that intersect with the criminal justice system.

Respectfully submitted,



SUMMER STEPHAN  
District Attorney

**ATTACHMENT(S)**

N/A







# Blueprint for Mental Health Reform

*A Strategic New Approach  
Addressing the Intersection of  
Mental Health, Homelessness  
and Criminal Justice in San  
Diego County*



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Prepared by the  
Office of San Diego County  
District Attorney  
Summer Stephan

February 2019

## Message from District Attorney Summer Stephan



As District Attorney for San Diego County, I lead an office that delivers fair and equal justice for more than three million residents in the second-largest county in California. One of my key priorities is to improve the response of the criminal justice system when it comes into contact with people who suffer from mental illness, and/or substance abuse issues. For more than a year, the District Attorney's Office, along with hundreds of dedicated stakeholders, have worked together to create this **Blueprint for Mental Health Reform: A Strategic New Approach Addressing the Intersection of Mental Health, Homelessness and Criminal Justice in San Diego County** (The Blueprint). It has the very real potential to propel us forward as a region and deliver better outcomes for those facing mental health challenges in San Diego County.

This Blueprint identifies the gaps, needs, and concrete solutions that balance compassion and dignity with public safety and accountability. We are excited to share this Blueprint with the community we serve.

Addressing the critical issues surrounding mental health and criminal justice system is a complex and monumental task. The recommendations contained in this Blueprint are not intended to cast blame on any one party or agency for the crisis we face. Rather, the recommendations acknowledge the shared responsibility we have in creating a better, more humane way to serve individuals with mental illness when they find themselves entangled in the criminal justice system.

The issues we face in San Diego County cannot be solved or fixed by one agency alone. Rather, it will take a coordinated response to create a shared strategic plan for the entire county that leverages our resources. The recommendations in this report can serve as the basis of this strategic plan from the criminal justice perspective. This will not be easy as what we need is a sea change— a significant transformation of an outdated approach into a system that strives for public safety, fairness, and dignity.

In order to arrive at these recommendations, we first needed to analyze and understand the problem in depth. Our team at the District Attorney's Office studied available local data and best practices around the country. I created a new position within my Office— Deputy DA Rachel Solov is our Chief of Criminal Justice and Mental Health Reform Strategies. After we did our homework, we employed a three step process:

We brought together approximately 200 stakeholders with diverse community perspectives to identify the gaps for people with mental health and substance abuse issues within the criminal justice system. Next, we convened about 100 stakeholders focused on solutions to the gaps that were identified. Then, we delivered this Blueprint in a draft form and invited feedback. Now, we are making this blueprint publicly available in the spirit of the open and good government.

Thank you to everyone for the time and energy they devoted to this project. Now, we promise to translate your hard work into action.

*Summer Stephan, San Diego County District Attorney*

## *Table of Contents*

Executive Summary.....	2
Background and Statistics: The Road to the Symposiums .....	5
Methodology for the April and October Symposiums .....	8
April 30, 2018: The First Symposium- Understanding the Issues .....	8
October 22, 2018: The Second Symposium- Working Towards Solutions.....	9
Post- District Attorney Symposiums Developments.....	11
Proposed Solutions .....	11
I. Mental Health Prevention and Intervention.....	12
II. Acute Crisis Response and Stabilization Management .....	15
III. Mental Health Diversion .....	30
IV. Data, Outcomes and Information Sharing .....	39
Conclusion.....	45
Acknowledgments.....	46
Appendix .....	49

## *Blueprint for Mental Health Reform:*

### *A Strategic New Approach Addressing the Intersection of Mental Health, Homelessness and Criminal Justice in San Diego County*

#### *Executive Summary*

Mental health and homelessness frequently intersect with the criminal justice system, and too often the outcomes fall short of helping people in our communities who face these challenges. To better map the intersection, define the problem and find solutions, District Attorney Summer Stephan led three key initiatives to shape a new approach:

- 1) A symposium that brought approximately 200 stakeholders and subject matter experts together to map the intersection of mental health, homelessness and criminal justice on April 30, 2018;
- 2) A second symposium of approximately 100 stakeholders and subject matter experts to work towards specific solutions on October 22, 2018; and now,
- 3) The Blueprint for Mental Health Reform, to report recommendations for significant changes in how we approach mental illness and criminal justice in San Diego County.<sup>1</sup>

These initiatives identified opportunities for various stakeholders to work together to address the needs of individuals living with mental illness and co-occurring substance use disorders. Further, it allowed for the development of solutions to enhance systems of care for individuals living with mental illness, focused on those that intersect with criminal justice and public safety, and work toward common goals for the citizens we serve.

The resulting 10 recommendations included in this blueprint, which include sub-recommendations, fall into four general categories:

- 1) **Mental Health Prevention and Intervention;**
- 2) **Acute Crisis Response and Stabilization Management;**
- 3) **Mental Health Diversion; and,**
- 4) **Data, Outcomes and Information Sharing.**

Within these categories, stakeholders identified gaps and provided recommendations. For a complete Summary of Recommendations, please refer to

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<sup>1</sup> For purposes of this report, reference to mental health includes mental illness, substance use disorders and co-occurring disorders.



Appendix A. Some gaps can be addressed with minor process changes, while others require widescale change and funding. Many of the recommendations will require examination of operations with fresh eyes, an open mind and without judgment or blame for where we are today. These recommendations should not be seen as criticism of any one agency or department, but rather as an opportunity to come together, work toward a common goal and effect great change for the people we serve.

Many of the recommendations build upon each other, and all will require a collaborative approach. The 10 recommendations are summarized as follows:

- 1) Develop a system of timely follow-up care to connect a person to appropriate services and levels of care after a mental health crisis involving law enforcement or other first responders. This can result in reducing subsequent law enforcement crisis calls that may escalate and turn deadly and can also result in safe and compassionate continuum of care that supports the health and safety of the individual in crisis, their family and community at large. Additionally, add PERT Clinicians trained in threat assessment and trauma to school law enforcement agencies as appropriate for imminent threats or emergencies and create a continuum of behavioral health responses for youth in non-emergency situations.**
- 2) Build regional Crisis Stabilization Centers, or Mental Health Urgent Care Centers, using a “no wrong doors” approach that can provide walk-in mental health and substance use disorder services, efficient law enforcement drop-offs when appropriate as a healthy and safe alternative to jail or emergency departments, and step-down care coordination with case management services.**
- 3) Support the creation and expansion of crisis/de-escalation training for law enforcement and 911 dispatchers countywide.**
- 4) Address barriers to obtaining housing by creating common sense regulations that account for public safety but allow for flexibility. Regulations should be designed to be inclusive and encourage expansion of access to housing.**
- 5) Invest in and create data systems that can timely match appropriate information across different systems to provide care coordination informed by both criminal justice and health care data.**
- 6) Support and expand existing programs and processes that coordinate releases from custody by providing a warm handoff of an individual leaving custody to appropriate services and resources in the community.**

- 7) **Increase capacity for Behavioral Health Court and consider a specialized track for those with co-occurring mental health and substance use disorders. Screen and assess certain classes of non-violent crimes for potential alternatives to custody early in the criminal justice process.**
- 8) **Create guidelines and structure for mental health diversion which ensures public safety, as well as equal access and equitable treatment for all participants.**
- 9) **Increase access to walk-in urgent mental health services by expanding hours of availability.**
- 10) **Work collaboratively with community partners to expand outreach and prevention programs and encourage the utilization of peer support. Stand up against mental health discrimination, stigma and unequal treatment.**

Supporting individuals with mental illness in our communities is a shared responsibility. As such, it will require a comprehensive and coordinated response between justice and behavioral health partners. We have a crisis here in our community that cannot be solved by public safety agencies alone. Nor can it be solved by public health agencies alone. San Diego County has increased funding of Behavioral Health Services by over 50 percent in the last four years. In fiscal year 2018-2019, the County budgeted \$658 million for Behavioral Health Services. According to data provided by Health and Human Services, thirty-three percent of Behavioral Health Services are provided to people referred from the justice system.

***“A ‘sea change’ is defined as a profound or notable transformation. That is what is needed here.”***

As we approach reforming our response to individuals living with mental illness, we should not just correct past practices, but rather we should look to future possibilities. A “sea change” is defined as a profound or notable transformation. That is what is needed here. Not just reform, but rather a significant transformation of an outdated approach into a system that values and strives for public safety, fairness, dignity and humanity.

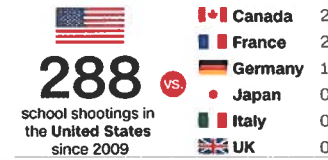
# THE POWER OF THREAT ASSESSMENT IN TODAY'S SCHOOLS

Andrija Lopez, Deputy District Attorney  
 Marla Kingkade, PERT  
 Barbara Higgins, San Diego County Office of Education  
 Laura Vieuvels, MD, County of San Diego Behavioral Health Services



1

The US has had 57 times as many school shootings as the other major industrialized nations combined



2

## PERSPECTIVE IS EVERYTHING

- The fear of a school shooting is the **number one** reported issue for people between the ages of 14-29
- News report indicated school shootings are this generations 9/11 (connects young people unlike anything except 9/11 in last 20 years)
- More than 4 million children experienced a school lockdown during the 2017-2018 school year, with more than 6,200 lockdowns overall. On a typical school day last year, at least 16 campuses were locked down (Washington Post)



3

## SAN DIEGO COUNTY SCHOOLS

Barbara Higgins, San Diego County Office of Education



4

## SAN DIEGO COUNTY OFFICE OF EDUCATION

- Roles include:
  - Collaborate with school, industry, and community leaders to address countywide educational issues
  - Organize and facilitate professional learning opportunities
  - Coordinate countywide student-safety and emergency-preparation programs
- San Diego
  - 42 school districts
  - 780 schools
  - 142 charter schools
  - 5 community college districts
  - 500,000 students

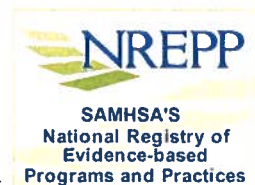


5

## Virginia Student Threat Assessment Guidelines

"Schools must avoid two errors: over-reacting to the numerous threats that are not serious and under-reacting to the rare threats that are deadly serious."

Dewey Cornell, Ph.D.  
 University of Virginia



**AKA: Safety Assessment and Intervention**



6

## TARGETED VIOLENCE: ESCALATION



7

## Six Principles of Threat Assessment

1. Prevention is possible.
2. Consider the context.
3. Adopt an investigative mindset.
4. Rely on facts, not profiles.
5. Gather information from multiple sources.
6. Focus on determining the potential for violence.

8

## Threat Assessment



- Administrator**
  - Team Leader and Lead Investigator
- School Psychologist**
  - Mental Health Assessment
- School Resource Officer / Juvenile Services Officer**
  - Investigate / Arrest
  - Prior Contacts
  - Weapons Check
- School Counselor / School Social Worker**
  - Assessment Information and Follow-up Plan
- Internet Professional**
  - Internet Activity

9

## SCHOOL THREAT ASSESSMENT DECISION TREE

### Step One – Evaluate the Potential Threat

- Is there communication of intent to harm someone or behavior suggesting intent to harm?

#### • If No, it's NOT a threat...

- Might be an expression of anger that merits attention.
- Intervention, support and discipline if necessary.

#### • If Yes, it IS a threat...



10

## STEP TWO: IS THE THREAT TRANSIENT OR SUBSTANTIVE?

- Is the threat an expression of humor, rhetoric, anger or frustration that can be easily resolved so that there is no intent to harm?
- Does person retract the threat or offer an explanation and/or apology that indicates no future intent to harm anyone?



#### • If Yes, this is a Transient Threat...

Can resolve as transient; add services as needed

#### • If No, Threat is a Substantive Threat, Step Three



11

## STEP THREE: SUBSTANTIVE THREATS

Substantive Threats may be **SERIOUS** or **VERY SERIOUS**

**Serious:** Threat to assault someone

**VERY Serious:** Use of weapon or threat to kill, rape, or inflict severe injury

### For ALL Substantive Threats:

- Take precautions to protect potential victims
- Warn intended victim and parents
- Look for ways to resolve conflict
- Discipline student, when appropriate

#### If the threat is VERY SERIOUS....



12

### **STEP 4: MANAGING A VERY SERIOUS SUBSTANTIVE THREAT**

- Screen student for mental health services and counseling; refer as needed
- Law enforcement investigation for evidence of planning and preparation, criminal activity
- Develop safety plan that reduces risk and addresses student needs. Plan should include review of individual Educational Plan if already receiving special education services and further assessment if possible disability

13

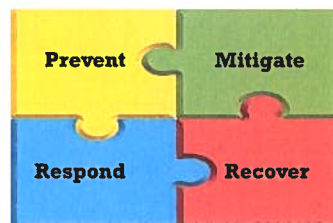
### **STEP FIVE: IMPLEMENT AND MONITOR THE SAFETY PLAN**

- Document the plan
- Maintain contact with the student
- Monitor whether plan is working and revise as needed

14

### **Comprehensive Approach**

Recommendations  
for Schools



15

### **PERT AND LAW ENFORCEMENT**

Marla Kingkade

16

### **PSYCHIATRIC EMERGENCY RESPONSE TEAM**

- Licensed Mental Health Clinician is partnered with an Officer or Deputy
- PERT Mission: Provide compassionate crisis intervention and linkage to services to persons with mental illness who come into contact with law enforcement or EMS.
  - Prevent unnecessary incarceration and/or hospitalization
  - Provide least restrictive care
  - Provide system-wide coordination
  - Facilitate patrol units returning to service



17

### **SAN DIEGO COUNTY LAW ENFORCEMENT**

- Sheriff's Department
- Police Departments
- School Resource Officers
- Law Enforcement Coordination Center (LECC)



18

## DOES THE YOUTH MEET §5150 CRITERIA?

- §5150 empowers PERT/LE to detain and transport a person to an LPS facility to determine whether further mental health evaluation and treatment is necessary.
  - Danger to Self
  - Danger to Others
  - Grave Disability
- Assessment
  - PERT has CCBH (Cerner) access
  - PERT clinicians gather information from reporting party, those on the scene, etc
  - PERT Clinician's provide an on-scene clinical assessment

19

## DANGER TO OTHERS

- §5150 transport to LPS facility
- §5150.05 Credible 3rd Party Info
- §5151 – Psychiatric assessment made at LPS facility to determine if the patient requires psychiatric detention
- §5152 - The actual admission and hold
- Tarasoff when appropriate
  - Duty to protect

20

## CONNECTION TO BEHAVIORAL HEALTH SERVICES

- "Provide system-wide coordination."
- Clinical documentation in CCBH
- Coordination with Case Manager
- Warm Hand Off

21

## BEHAVIORAL HEALTH SERVICES

Laura Vleugels, MD  
Supervising Child and Adolescent Psychiatrist  
County of San Diego

22

## BEHAVIORAL HEALTH SERVICES

- County of San Diego
  - Children's System of Care
  - School Based Outpatient Treatment services
  - SchoolLink
- Medi-Cal Health Plans
- Educationally-Related Mental Health Services
- Private sector
  - Private insurance
  - Employee Assistance Programs

23

## SERVICES

- Clinical vs Forensic
- System of Care Training Opportunities
  - Focus on suicide assessment and prevention
- "Danger to Others"
- Prospective Risk Analysis
  - Has client had violent/homicidal ideation or impulses in the past 12 months?
    - Thoughts/impulses, intention, plan
- Does the client have past violent behaviors?
  - Toward property or animals, toward people, domestic violence, antisocial, intimidation, predatory

24

## THREAT ASSESSMENT

- What questions are we asking now? What information are we gathering?
- What does means reduction look like?
- What resources are available to us?
  - Law enforcement +/- PERT
  - §§150
  - Psychiatric Hospitalization
  - Tarasoff

25

## CLINICAL-FORENSIC RISK ASSESSMENT: THREATS IN THE CLINICAL OFFICE

- Dr. Glenn Lipson
- Dr. Jeff Rowe

26

## DISTRICT ATTORNEY

Andrija Lopez, Deputy District Attorney

27

### WHAT IS A PC 422

#### • Penal Code statute that covers "criminal threats"

##### • Six elements that law require:

- 1) person willingly threatened to unlawfully kill or cause great bodily injury to victim
- 2) person made the threat orally/in writing/by electronic communication
- 3) person intended their statement to be understood as a threat and intended it be communicated to victim
- 4) the threat was so clear, immediate, unconditional, specific that it communicated to victim a serious intention & immediate prospect it would be carried out
- 5) the threat actually caused the victim to be in sustained fear for their own safety or the safety of their immediate family
- 6) the victim's fear was reasonable under the circumstances

28

## STATS FOR SAN DIEGO COUNTY

YEAR	CASES REVIEWED	CASES PROSECUTED
2015	9	7
2016	6	6
2017	21	10
2018	70	41
2019	12	4

29

## ROLE OF DA'S OFFICE WHEN A JUVENILE MAKES A SCHOOL THREAT

- Treat each threat as serious until you can work it down
- Case-by-case extensive analysis looking at:
  - Police reports, prior criminal history
  - School records- including disciplinary, IEP's, etc.
  - Psychological evaluations
  - Social media contents
  - Writings/journals/drawings
  - Mental health issues
  - Access to weapons
- Prosecution where appropriate, referral for services as appropriate, referral to restorative justice program as appropriate

30



## TWO FOUNDATIONS OF JUVENILE SYSTEM

Public safety

Rehabilitation

31

## SAN DIEGO COUNTY SCHOOL THREAT PROTOCOL



The mission of this statewide guide of school violence and violence prevention is to provide the safety of students throughout the country. This protocol is created by San Diego County Office of Education in partnership with the San Diego County Office of Education and the San Diego County Office of Education.

Prepared by:  
The San Diego County District Attorney's Office  
in collaboration with  
the San Diego County Office of Education  
San Diego County Sheriff's Department  
Police Department and School Districts

32

### PROTOCOL

Drafting began within a few days of the Parkland massacre

Comprehensive approach that started with identifying key partners

Emphasis on prevention and open communication

Comprised of three sections

- School response
- Law enforcement response
- Prosecution response

33

### Critical piece to protocol

Comprised of approximately 20 people

Multi-disciplinary

Includes prosecutors and investigators from District Attorney's Office, law enforcement officers, San Diego County Office of Education, mental health professionals, probation officers.

34

## MENTAL HEALTH EMPHASIS

- A factor in nearly every single threat incident reviewed over the past four years
- Clear need to redefine dialogue between mental health providers and law enforcement
- Define cooperation of the two entities better within legal parameters (recognizing Tarasoff)
- Highlight the goal of prevention and getting the services needed to address the juvenile's underlying issues.

35

## NEVER FORGET THE "WHY"



36

# SAN DIEGO COUNTY SCHOOL THREAT PROTOCOL



**The mission of this countywide protocol is risk reduction and violence prevention to promote the safety of students throughout the county. This protocol commits San Diego County to a coordinated community response to threats of targeted violence on school grounds.**

**Prepared by:  
The San Diego County District Attorney's Office  
in collaboration with  
the San Diego County Office of Education,  
San Diego County Sheriff's Department,  
Police Departments and Allied Agencies**

## OVERVIEW OF THE SEVEN STEPS IN STUDENT THREAT ASSESSMENT

**Step 1: Evaluate the threat.** The principal investigates a reported threat by interviewing the student who made the threat and any witnesses to the threat. The principal considers the context and meaning of the threat, which are more important than the literal content of the threat.

**Step 2: Decide whether the threat is transient or substantive.** A *transient* threat is not a serious threat and can be easily resolved, but a *substantive* threat raises concern of potential injury to others. For transient threats, go to Step 3, and for substantive threats skip to Step 4.

**Step 3: Respond to a transient threat.** If the threat is a transient threat, the principal may respond with a reprimand, parent notification, or other actions that are appropriate to the severity and chronicity of the situation. The incident is resolved, and no further action is needed.

**Step 4: Decide whether the substantive threat is serious or very serious.** If a threat is substantive, the principal must decide how serious the threat is and take appropriate action to protect potential victims. A threat to hit, assault, or beat up someone is serious, whereas a threat to kill, rape, use a weapon on, or severely injure someone is considered very serious. For serious threats, go to Step 5, and for very serious threats, skip to Step 6.

**Step 5: Respond to a serious substantive threat.** A serious substantive threat requires proactive, protective action to prevent violence, including notification of potential victims and other actions to address the conflict or problem that generated the threat. The response to a serious substantive threat is completed at this step.

**Step 6: Respond to a very serious substantive threat (conduct a safety evaluation).** A very serious substantive threat requires immediate protective action, including contact with law enforcement, followed by a comprehensive safety evaluation. The student is suspended from school pending completion of the safety evaluation, which includes a mental health assessment to determine referral and support needs.

**Step 7: Implement a safety plan.** The threat assessment team develops and implements a plan that is designed both to protect potential victims and to meet the student's educational needs. The plan includes a provision for monitoring the student and revising the plan as needed.

CYF Strategic Planning for Fiscal Year 2019-20 Part 2 (June 10, 2019)

## Addressing School Threats

Provide input considering the state of the County, needs of children as it relates to existing resources within the context of the various stakeholders and partners.

	Key Considerations / Recommendations	Data supporting recommendation
Strengths		
Gaps		
Innovation		

### Recommended next steps:

[illegible]



# Intersectionality of Identities

Presented by [L. Tuiletufuga](#) and [David Vance](#).

Course Code: BH0245

## Course Description

This training will explore a range of topics related to the intersection of various identities. Some of the intersecting points of identity that will be discussed include race/ethnicity, socioeconomic status, gender/gender identity, sexual orientation, and ability. The trainers will explore the history of these components of identity as social institutions and constructs (power structures), as well as how they impact the lives of real people. Additionally, best practices about how to work with people receiving services using an intersectional lens as a means of improving trauma-informed care will be covered.

Click here to see the [training outline](#)

## Audience

Counselors, support partners, therapists, case managers, caregivers, educators, social workers, probation officers, and other individuals working with children, youth and families.

[Click Here](#) to log into the LMS and Register

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

**Continuing Education:** This course meets the qualifications for 5 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. The Academy for Professional Excellence is approved by the American Psychological Association to sponsor continuing education for psychologists and the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs and LEPs, Provider #91928. The Academy for Professional Excellence is approved by the California Board of Registered Nursing, Provider # BRN CEP15014; CCAPP-EI, Provider # 1S-98-398-0820, and CAADE Provider # CP10-906-CH0320 for 5 contact hours/CEHs. The Academy for Professional Excellence maintains responsibility for this program and its content. CE certificates will be available for download 5 business days after course completion. Click here for information on how to [obtain CE Certificates](#). Click here for the [CE Grievance Procedure](#).



## Children, Youth & Family Liaison

### P F Y P P

Principles of Family Youth Professional Partnerships

**A 1-Hr Online Course with CEH Credit**

**Produced by NAMI SD CYF Liaison**

For those interested in learning the roles of Youth/Family Support Partners within the Children's System of Care

# P F Y P P PRINCIPLES OF FAMILY YOUTH PROFESSIONAL PARTNERSHIPS

(858) 634-6580 | (858) 987-2980

CYFLIAISON@NAMISD.ORG

CYFLIAISON.NAMISANDIEGO.ORG

Sign Up @ [http://bit.ly/PFYPP2018\\_19](http://bit.ly/PFYPP2018_19)

**Learn the basic principles of Family & Youth Professional Partnerships and gain powerful tools for working smart within the Children's System of Care (CSOC).**

The PFYPP pre-recorded online webinar is freshly updated and is for Children, Youth & Family (CYF) program staff and family members with Lived Experience interested in working with Youth/Family Support Partners within the Children, Youth & Family Behavioral Health System of Care (CYFBHC-SOC). Learn about benefits and guidelines of how Y/FSP staff can make a big difference in organizations.

PFYPP, a training of the Children, Youth & Family Liaison, is approved by the CA Board of Registered Nursing, BRN Provider # 16262, for (1) CEH contract hour, CFAAP/CAADAC (1) CEH contract hour, California Association for Alcohol/Drug Educators (CAADE) (1) contract hour, California Association of DUI Treatment Programs (CADTP) (1) CEH contract hour.