



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

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Fifth District

DRAFT

DATE: June 13, 2023

XX

TO: Board of Supervisors

SUBJECT

AUTHORIZE ACCEPTANCE OF STATE YOUTH SUICIDE PREVENTION REPORTING AND CRISIS RESPONSE PILOT PROGRAM FUNDING, WAIVE BOARD POLICY B-29, AND AUTHORIZE A SINGLE SOURCE PROCUREMENT (DISTRICTS: ALL)

OVERVIEW

In an effort to continue to address behavioral needs of the region, the County of San Diego (County) Health and Human Services Agency (HHS), Behavioral Health Services (BHS) continues to pursue funding opportunities to enhance and expand critical mental health programming and services.

On March 1, 2023, the California Department of Public Health Injury and Violence Prevention Branch (CDPH-IVPB) invited BHS to participate in its Youth Suicide Prevention Reporting and Crisis Response Pilot Program (Pilot). San Diego County was among the most impacted counties in the state based on selection criteria for the Pilot with the second highest youth suicide count and second highest youth suicide rate (per 100,000 residents) for the period examined (2018-2020).

Approval of today's action would authorize BHS to accept a tentative allocation of approximately \$4.1 million of one-time funding from CDPH-IVPB to perform planning, coordination, and/or implementation of rapid reporting, crisis response, and/or surveillance activities related to the prevention of suicides and suicide attempts among youth 25 years of age and under. This funding would augment and enhance the County's existing suicide prevention and crisis response efforts, as well as prevention and response efforts provided through County partners.

This item supports the County's vision of a just, sustainable, and resilient future for all, specifically those populations in San Diego County that have been historically left behind, as well as the ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities by ensuring youth are engaged and connected to services that promote health, well-being, and resiliency.

RECOMMENDATION(S)

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CHIEF ADMINISTRATIVE OFFICER

1. Authorize acceptance of a one-time tentative allocation of \$4,148,148 from the California Department of Public Health, Injury and Violence Prevention Branch to participate in the Youth Suicide Prevention Reporting and Crisis Response Pilot Program for Fiscal Year 2022-23 through Fiscal Year 2024-25, to develop and test models for rapid reporting and comprehensive crisis response at the local-level related to youth suicide and suicide attempts in youth 25 and under, and authorize the Agency Director, Health and Human Services Agency, or designee to execute all required documents, upon receipt, including any annual extensions, amendments, or revisions that do not materially impact or alter the services of funding level.
2. Waive Board policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires full cost recovery for grants.
3. In accordance with Board Policy A-87, Competitive Procurement, authorize the Director, Department of Purchasing and Contracting, to enter into negotiations with Crisis Text Line, and subject to successful negotiations and a determination of a fair and reasonable price, enter into a single source contract for an Initial Term of up to one year, and an additional year, if needed, subject to availability of funds and the approval of the Agency Director, Health and Human Services Agency.

EQUITY IMPACT STATEMENT

The vision of the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS), is to build a system in which mental health and substance use services are equitably and regionally distributed and accessible to all individuals and families within the region who are in need. To advance this goal, BHS is committed to pursuing projects and funding sources that will support the provision of services to vulnerable and underserved populations.

Although suicide rates have generally decreased in recent years, suicide remains a leading cause of death for San Diegans and the second leading cause of death for youth and young adults in the county between the ages of 10-24 years. In addition, emergency department and hospitalization rates due to suicide attempt, intentional self-harm, and suicidal ideation have increased and are particularly high among this age group, especially among youth and young adults who identify as female, Black/African American, American Indian/Alaska Native, or White, and live within North Inland and East Regions. Additionally, data from UCLA's 2021 California Health Interview Survey indicate that individuals who identify as LGBTQ+, have a history of adverse childhood experiences (i.e., ACEs), and veterans report higher percentages of thoughts of seriously considering suicide compared to others.

To address the social, economic, cultural, geographic, and other barriers that often hinder the accessibility of behavioral health care, BHS continues to transform service delivery by bringing services directly to communities of need. Today's action will allow BHS to accept new funding aimed at providing support to youth under the age of 25 and their families through enhancements to suicide prevention and crisis response efforts.

SUSTAINABILITY IMPACT STATEMENT

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Today's actions are supportive of the County of San Diego's (County) Sustainability Goal #2 to provide just and equitable access to County services by enhancing the County's ability to perform suicide surveillance, allowing the County to more nimbly respond to observed increases in suicides and suicides attempts with appropriately disbursed regional prevention and crisis response efforts. Today's actions also support Sustainability Goal #4 to protect the health and well-being of everyone in the region by making a concentrated effort to reach those most at risk of suicide in all activities, specifically through suicide prevention education efforts that increase the public's awareness of mental health resources and support channels.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year (FY) 2023-25 CAO Recommended Operational Plan in the Health and Human Services Agency (HHSA). If approved, this action will result in estimated one-time costs of \$1.6 million in FY 2023-24 and \$2.5 million in FY 2024-25. The funding source, pending award by the State, will be one-time California Department of Public Health, Injury and Violence Prevention Branch Youth Suicide Prevention Reporting and Crisis Response Pilot Program funds totaling \$4.1 million. Pending HHSA approval of the Pilot workplan, activities will be funded through June 30, 2025. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

At their regular meeting on June 1, 2023, the Behavioral Health Advisory Board voted to _____ these recommendations.

BACKGROUND

In the fifteen years since California published its Strategic Plan on Suicide Prevention, the County of San Diego (County) has made great strides in collaboration with its partners to address and prevent suicides locally. In 2021, the region experienced its lowest suicide rate in the last ten years (10.8 per 100,000 residents). While this decline places San Diego County below the national suicide rate (14.5 per 100,000 residents) and signifies an encouraging trajectory, the local suicide rate remains higher than the State's rate (10.6 per 100,000 residents) and is a leading cause of death among San Diegans. Hospitalization and emergency department discharge rates due to nonfatal suicide attempts, intentional self-harm, and suicidal ideation have also seen increases in recent years.

Current data trends for suicide and suicide attempts among youth and young adults are of particular concern. According to the 2011-2021 Youth Risk Behavior Survey, 30 percent of teen girls included in the survey seriously considered attempting suicide – an increase of nearly 60 percent from a decade ago. According to data from the 2017-2019 California Healthy Kids Survey, nearly 1 in 6 high school students in San Diego County seriously considered attempting suicide in the previous year. In 2021, suicide was the second leading cause of death among county youth and young adults between the ages of 10-24 years and this age group accounted for 12 percent of all

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suicides in the county. The rate of suicide among local youth between the ages of 15-19 has increased by 29 percent from 2017-2021 and by 57 percent over the last 10 years.

Approval of today's recommended actions would authorize BHS to participate in a new State-funded pilot program that would enable the County to build upon existing suicide prevention efforts and enhance regional resources and programming aimed at identifying and quickly responding to suicides and suicide attempts among youth and young adults under the age of 25.

I. Existing Suicide Prevention Efforts

The County and its partners have been actively working to address suicide since the mid-1990s. The following efforts represent existing countywide supports for suicide prevention, as well as key school-based programming to specifically support students.

San Diego County Suicide Prevention Council

Through a contract with the County Health and Human Services Agency (HHSA), Behavioral Health Services (BHS), the San Diego County Suicide Prevention Council (SPC) facilitates a centralized coalition comprised of stakeholders from multiple sectors dedicated to collaboratively preventing suicide and addressing suicide's many impacts on families and communities.

Countywide Public Messaging Efforts

The *It's Up to Us* campaign, also known as "*Up2SD*," is the county's campaign to increase public awareness and understanding of mental illness. In 2021, the County expanded the *It's Up to Us* campaign to include substance use prevention messaging and materials. A youth-focused brand and campaign to complement *It's Up to Us* will primarily focus on youth 13-17 years of age and is anticipated to launch in 2024.

School-Based Prevention and Early Intervention

Providing support for youth and young adults through the delivery of programming and resources is a primary focus of the County's existing behavioral health prevention and early intervention (PEI). Mental health providers and school personnel play an important role in keeping students safe and schools serve as key settings for PEI activities.

In addition to community-based behavioral health services available to students, the following contracts specifically provide school-based support to campuses throughout the region and support broader suicide prevention efforts:

Helping, Engaging, Reconnecting, and Educating Now: San Diego Youth Services with its subcontractors North County Lifeline and SBCS, provides school-based suicide PEI programming for middle and high school students in school settings and transition age youth (TAY) 16 years to 25 years in non-school settings across the county through the Helping, Engaging, Reconnecting, and Educating (HERE) Now program.

- **Creating Opportunities in Preventing & Eliminating Suicide:** Creating Opportunities in Preventing & Eliminating Suicide (COPES) builds the capacity of Local Educational

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Agencies (LEAs) to support school communities and champion mental wellness through a variety of efforts for staff, students, and families.

SchoolLink: SchoolLink is a partnership between the County and local school districts to provide County-funded behavioral health services for youth at schools.

- **Screening to Care:** As of February 2023, BHS has executed five contracts to operate school-based behavioral health programs that include universal screenings for middle school students regardless of insurance status, to help determine students' social-emotional needs and provide early intervention supports.

II. State Pilot for Youth Suicide Prevention Reporting and Crisis Response

In December 2022, the County was contacted by the California Department of Public Health Injury and Violence Prevention Branch (CDPH-IVPB) for possible participation in a Youth Suicide Prevention Reporting and Crisis Response Pilot Program (Pilot). Selection was based on several variables including counties' average monthly suicide count and suicide rate among youth 10-24 years of age during 2018-2020, diversity (as measured by the U.S. Census Bureau's Diversity Index in 2020), and youth suicide counts within rural counties (as designated by the California State Association of Counties). The county was among top candidates for the pilot based on these four selection criteria with the second highest youth suicide count and second highest youth suicide rate (per 100,000) recorded for 2018-2020. Consideration was also given to counties with groups at highest risk (e.g., Native American youth). Based on these data, the County was approached about the Pilot, along with the counties of Alameda, El Dorado, Humboldt, Kern, Los Angeles, Riverside, Sacramento, San Joaquin, and Solano.

Over the last few months, the following events have occurred in relation to this opportunity:

- On February 27, 2023, County Health and Human Services Agency (HHSA) staff took part in a key informant interview with CDPH-IVPB. Staff provided information on activities with the target population presently overseen or under development by HHSA's Public Health Services and Behavioral Health Services departments and discussed opportunities to support development, implementation, and/or evaluation of local reporting and/or crisis response activities focused on youth suicide prevention.
- On March 1, 2023, CDPH-IVPB invited the County to participate in the pilot program and tentatively allocated \$4,148,148 to fund pilot program activities.
- On March 27, 2023, CDPH-IVPB notified staff of virtual webinars on April 5 and 6, 2023, and to review their contracting process and next steps for counties' participation in the pilot.
- On April 7 and 12, 2023, contracting documents and instructions were provided by CDPH-IVPB to HHSA.

The aim of the Pilot is to support efforts to plan, develop, and test approaches for rapid reporting and provide follow-up support in school and community-based settings to impacted family, friends, educators, and others in the community. Pilot activities must focus on reporting and/or responding for youth suicides and suicide attempts among youth 25 and under and can concentrate on planning and coordination and/or implementation. Activities can also include general suicide

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prevention efforts and resource connections for youth, families, schools, and the community. Local-level evaluation of all Pilot activities must also be completed by each participating county. The invitation to participate in this Pilot presents several opportunities to build upon existing suicide prevention efforts and crisis response resources. Opportunities that could be supported include, but are not limited to:

- Enhancing the capacity of County BHS to develop and test youth suicide syndromic surveillance and perform related investigation activities;
- Planning and coordination with partners to explore implementation of peer-based support for suicide prevention within emergency department settings;
- Increasing and enhancing suicide prevention efforts at schools;
- Promoting standardized screenings for suicide risk in rural community primary care health clinics, with triage, brief intervention, and referrals for those at risk;
- Increasing behavioral health education, outreach, and training regarding suicide prevention in rural communities;
- Enhancing planning, coordination, and delivery of outreach and education to increase community awareness and literacy of existing resources through the deployment of regional engagement liaisons focused specifically on suicide prevention and facilitating linkages across existing suicide prevention efforts;
- Increasing access to behavioral health resources through phone and/or app-based mechanisms and enhancing related promotion efforts countywide.

Syndromic Surveillance of Youth and Transition Age Youth Suicide Attempts

Collecting near real-time data on suicide-related indicators such as suicidal ideation and suicide attempts can help agencies rapidly track and respond to changing patterns in suicidal behavior. Syndromic surveillance provides public health officials with a timely system for detecting, understanding, and monitoring health events. By tracking symptoms of an impacted population through emergency department (ED) visits, public health professionals can detect unusual levels for health events which can help determine whether a response is warranted.

Peer-Based Support within Emergency Department Settings

In 2021, San Diego youth and young adults between the ages of 10-24 years had the highest ED and hospitalization rates due to suicide attempt, intentional self-harm, and suicidal ideation compared to all other age groups. A recent trial on the feasibility of peer-delivered suicide safety planning in EDs found that those who received peer-delivered safety planning experienced significantly fewer ED visits during the three months after an ED visit for a suicide attempt than trial participants who received provider-delivered safety planning.

School-Based Suicide Prevention

The County's HERE Now program has provided suicide prevention and anti-bullying curriculum, suicide screenings, and individual student check-ins at school sites with over 160,000 students attending presentations in the past six years. This opportunity could support additional youth contacts at school sites countywide, enhancing the reach of the *Signs of Suicide* prevention curriculum.

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Suicide Risk Screening, Outreach, Education and Training in Rural Communities

In 2021, youth of rural San Diego communities between the ages of 12 to 24 years had a suicide attempts/self-inflicted injury ED discharge rates that were 34 percent higher compared to the overall county. The BHS Rural Integrated Behavioral Health and Primary Care Services contract currently provides a Collaborative Care Model of integrated health services in five Federally Qualified Health clinics in the rural North Inland and rural East regions of the county.

Regional Outreach, Education, and Engagement

Pilot funding presents an opportunity to onboard and deploy dedicated community engagement liaisons for each county region to provide tailored support and activities including presentations on suicide prevention and local resources.

Behavioral Health Resources Accessible Via Smartphone

A study conducted in 2019 found that using text-based methods and resources was the most commonly employed approach by youth seeking help for their mental health. This approach offers anonymity, privacy, immediate access, inclusivity, and a heightened sense of control over the help-seeking process.

Opportunities to deliver information and services to support youth mental health via text, chat, mobile apps, and/or websites should be explored. Key prospects for enhancement or expansion via Pilot funding include, but are not limited to:

- **Crisis Text Line:** Crisis Text Line (CTL) is the largest provider of 24/7 crisis intervention services through text messaging in the United States. CTL has engaged in over 8 million conversations since its establishment in 2013, and in 2022, studies revealed the vast majority of texters found the conversations through CTL to be helpful, with a considerable number of individuals reporting feeling more hopeful, less depressed, less overwhelmed, and less suicidal after their interaction.
- **San Diego Access and Crisis Line Chat:** San Diego Access and Crisis Line (ACL) Chat has served the county since 1997 and the ACL Chat provides emotional support in a time of crisis five days a week, between 4:00 PM – 10:00 PM.
- **National Alliance on Mental Illness San Diego Warmline Chat:** The National Alliance on Mental Illness (NAMI) San Diego’s peer-operated Warmline can provide information, referrals, and support to individuals in the community who are isolated or struggling with mental health challenges. The Warmline operates 7 days a week, between 3:30 PM – 11:00 PM and recently launched its Warmline Chat component in May 2023 for the same operational days/times.
- **National Alliance on Mental Illness San Diego Applications:** Three web-based applications (OscER, OscER jr., and AlfreDU) were developed locally by NAMI San Diego through a contract with the County to assist in navigation of behavioral health

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services. The three apps, along with available phone and chat support services, could advance youth connections to key information.

Smartphone-based options help eliminate some access barriers faced by youth and families who are unable to utilize in-person behavioral health supports, confidentially connecting them to empathetic, trained professionals that can support in the event of mental distress or a behavioral health crisis. Funding from the Pilot could support expansions and enhancements for each of these, or similar resources, and provide valuable data and analytics to better inform the design and implementation of local programming.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today’s proposed actions support the County of San Diego’s 2023-2028 Strategic Plan initiatives of Equity (Health) and Community (Engagement, Quality of Life, and Partnership) as well as the regional *Live Well San Diego* vision, by ensuring children and youth are engaged and connected to services that promote health, well-being, and resiliency.

Respectfully submitted,

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HELEN N. ROBBINS-MEYER
Interim Chief Administrative Officer

ATTACHMENT(S)

N/A