

All-Team Quarterly Learning Collaborative:

Child Welfare and Juvenile Justice Teams

June 27, 2023

AGENDA

- » Welcome
- » Plans of Safe Care (POSC) Panel
- » Networking Breakout & Report Out
- » SB 823/Secure Youth Track Facility (STYF) with guest speaker Director Lucero

WELCOME

11:00 – 11:10 am PDT

Presenter: Charles Robbins

WHAT'S INCLUDED IN TECHNICAL ASSISTANCE?

- Monthly coaching calls
- Ad hoc coaching/training by coaches or SMEs (in person or virtual)
- Webinars and discussion/workgroups, including:
 - Plans of Safe Care
 - Data Working Group on Substance Use in Child Welfare



Chatterfall: Please drop into the chat any topics that you would like covered at a webinar or quarterly learning collaborative this year.

HOW COACHES CAN SUPPORT YOUR COUNTY TEAM

- Coaches can support teams beyond coaching calls by:
 - Being a liaison to other entities:
 - Community partners
 - Other county teams in the Learning Collaborative
 - Reviewing scope of work/contracts for as it pertains to MAT
 - Reviewing applications for grants related to MAT
- System mapping





- HMA currently leads 3 MAT Expansion projects:
 - MAT in Jails and Drug Courts
 - Includes Jail, Drug Court, Child Welfare and Juvenile Justice teams
 - Systems of Care
 - Community Overdose Prevention Effort (COPE)

- If you are involved with more than one project, your coaches are aware and can coordinate to accommodate your county’s needs

ADDITIONAL FUNDS AVAILABLE THROUGH THE LC

- Application deadline extended to July 15th
- Counties are eligible for Jail MAT **OR** Drug Court implementation grant **AND** juvenile justice participation stipend **AND** child welfare stipend



STATUS OF GRANTS AND MOUs

MOU executed; full stipend sent

- Monterey County
- Santa Clara County (JJ)
- Shasta County

MOU generated; awaiting county signature

- Santa Clara County (CW)
- Stanislaus County
- Kings County
- Santa Cruz County
- Mendocino County
- Sonoma County (sending updated version today)

Waiting on confirmation of county information

- N/A

NEW ISSUE BRIEF ON ADDICTION FREE CA: ACCESS TO NALOXONE IN CALIFORNIA BY MINORS, INCLUDING BY YOUTH IN THE FOSTER CARE SYSTEM



Thank you, Jaime Muñoz (Orange County) for the following summary!

Low-threshold access to naloxone is critical for youth because adolescence and early adulthood is typically the period when nonmedical opioid initiation occurs.

Nearly 10% of opioid overdose deaths are persons aged younger than 24.

Naloxone is safe for infants, children, and adolescents.

Naloxone access does not increase substance use by youth nor does it reduce their perceptions of the risks of opioids.

California minors – including minors in foster care - are intended to have broad access to naloxone in all forms.

There is no statutory requirement that a minor have the consent of a parent, guardian, or caregiver to receive naloxone in the community.

Consent of a parent or guardian is not needed for naloxone for minors who are at least 12.

It is explicit that foster youth may consent for treatment for alcohol and drug abuse.

California law requires naloxone to be offered to any patient at increased risk of opioid overdose at every encounter.

It is critical that covered Community Care Facilities request a waiver of the § 80075(b)(6)(A) physician-contact requirement for the administration of naloxone.

It is critical that certain Community Care Facilities request a waiver of the central-storage requirement for naloxone.

There is no civil, criminal, or professional liability for administering, dispensing, or distributing naloxone.

Naloxone prescribed to treat overdose is not a psychotropic medication subject to statutes and regulations guiding the administration of psychotropic medications to foster children.

A minor should be given naloxone in the event of overdose without waiting for any additional authorization.

PLANS OF SAFE CARE (POSC) PANEL

11:10 – 11:45 am PDT

Presenters: Howard Himes & Charles Robbins

Comprehensive Addiction and Recovery Act (CARA) Federally Reported Data

FFY 2021-22

County	A. Referrals Involving Infants	B. Referrals Involving IPSE	C. IPSE Rate (B/A)	D. IPSE Referrals with Medical Professional as the Reporter	E. Medical Professional Reporter Rate (D/B)	F. POSC for IPSE in Reports Made by Medical Professionals	G. POSC Rate (F/D)	H. Referrals to Services for IPSE in Reports Made by Medical Professionals	I. Referral Rate (H/D)
Statewide	24,747	10,638	43%	3,007	28%	1,324	44%	1,028	34%
Los Angeles	6,339	2,798	44%	592	21%	276	47%	251	42%
Orange	1,341	542	40%	184	34%	115	63%	59	32%
Santa Barbara	348	151	43%	49	32%	16	33%	18	37%
Santa Clara	645	317	49%	96	30%	51	53%	46	48%
Sonoma	225	140	62%	49	35%	20	41%	14	29%
Small Workgroup Counties	717	339	47%	83	24%	31	37%	21	25%
Stanislaus	399	164	41%	26	16%	20	77%	13	50%

POSC and Referral Rates Based on Total Referrals Involving IPSE

FFY 2021-22

County	B. Referrals Involving IPSE
Los Angeles	2,798
Orange	542
Santa Barbara	151
Santa Clara	317
Sonoma	140
Small Workgroup Counties	339
All Other Counties	6,187
Statewide	10,638

J. POSC for All IPSE	K. POSC Rate (J/B)	L. Referrals to Services for All IPSE	M. Referral Rate (L/B)
1,004	36%	918	33%
267	49%	138	25%
50	33%	52	34%
141	44%	119	38%
44	31%	36	26%
134	40%	106	31%
2,325	38%	1,851	30%
4,086	38%	3,312	31%

Stanislaus	164
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121	74%	92	56%
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Stanislaus County representatives

NETWORKING BREAKOUT GROUPS

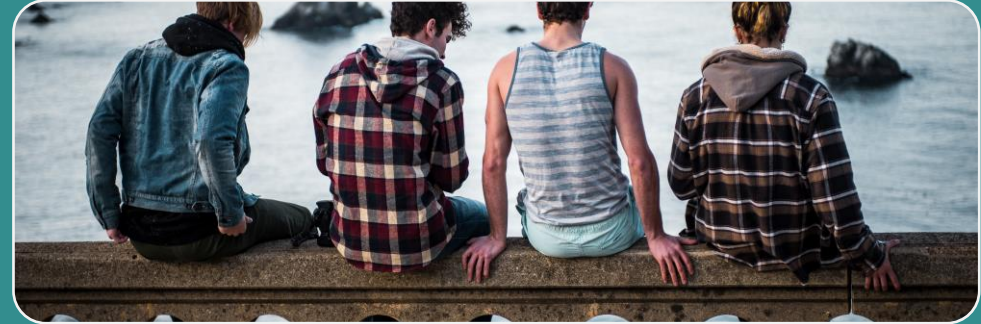
11:45 am – 12:20 pm PDT

Facilitator: Charles Robbins

WHEN YOU REGISTERED, YOU CHOSE WHICH BREAKOUT YOU WERE INTERESTED IN:



Child
Welfare



Juvenile
Justice

OUTLINE FOR DISCUSSION GROUPS

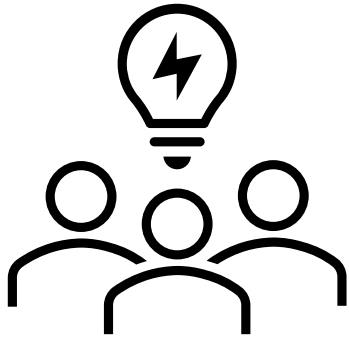
Introductions

What's working in
your county?

What's not working
in your county?

Ideas for innovation
and how to
leverage LC to
move program
forward

BREAKOUT ACTIVITY



INSTRUCTIONS

Group Breakouts 30 minutes

1. You will automatically be sent to your breakout room. This message will appear.



2. You'll enter a "room" with unmuted microphones
3. You will be returned to the main room when done to report out.

REPORT OUT

12:20 – 12:30 pm PDT

Facilitator: Charles Robbins

RE-ENVISIONING JUVENILE JUSTICE THROUGH A HEALTH- BASED LENS

GUEST SPEAKER: DIRECTOR LUCERO

12:30 – 12:55 pm PDT

Introduced by Judge Leonard Edwards (Ret.)

Office of Youth and
Community Restoration

Re-envisioning Juvenile Justice through a Health- Based Lens

MAT in Jails and Drug Courts Learning
Collaborative

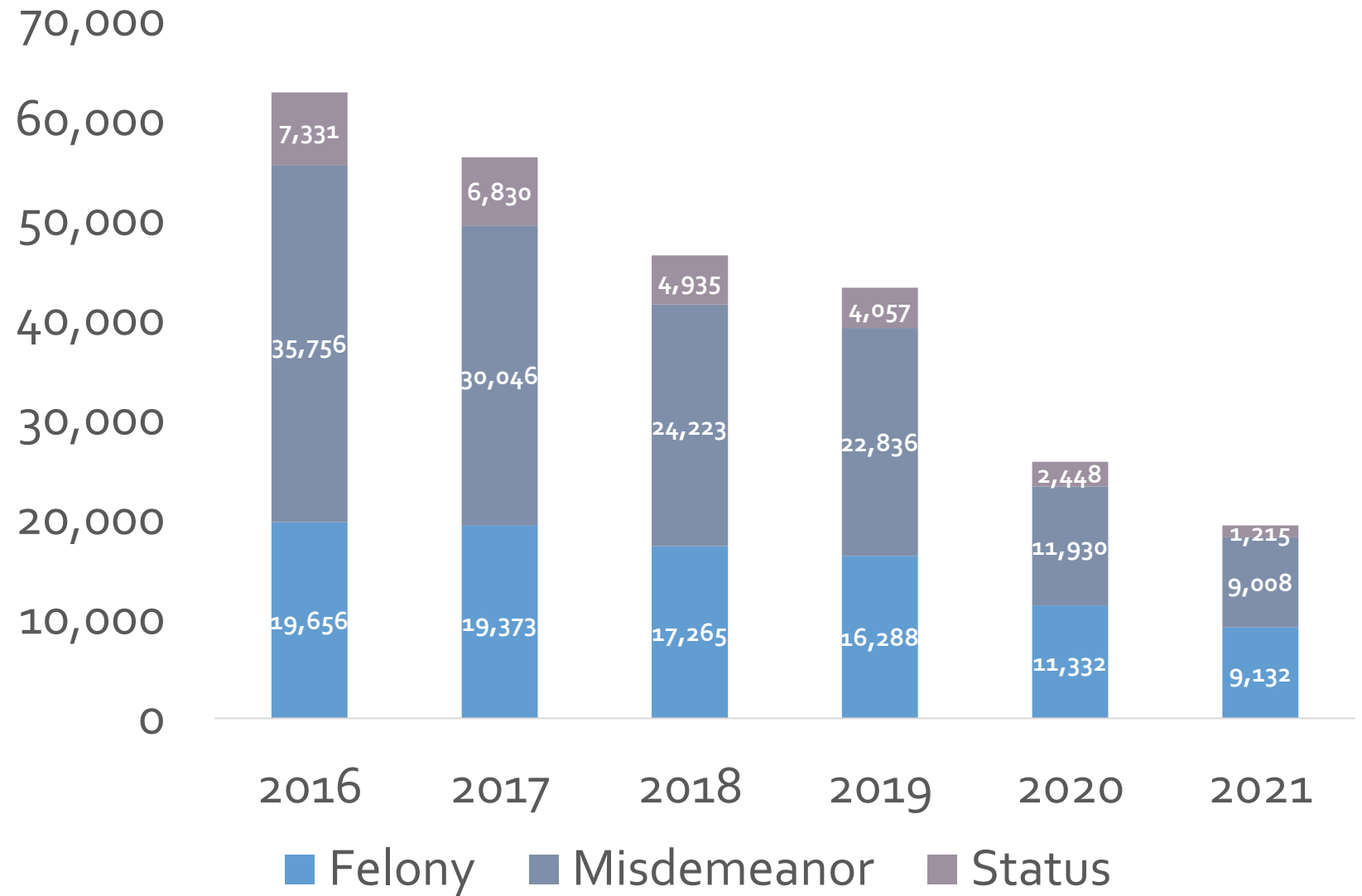
June 27, 2023



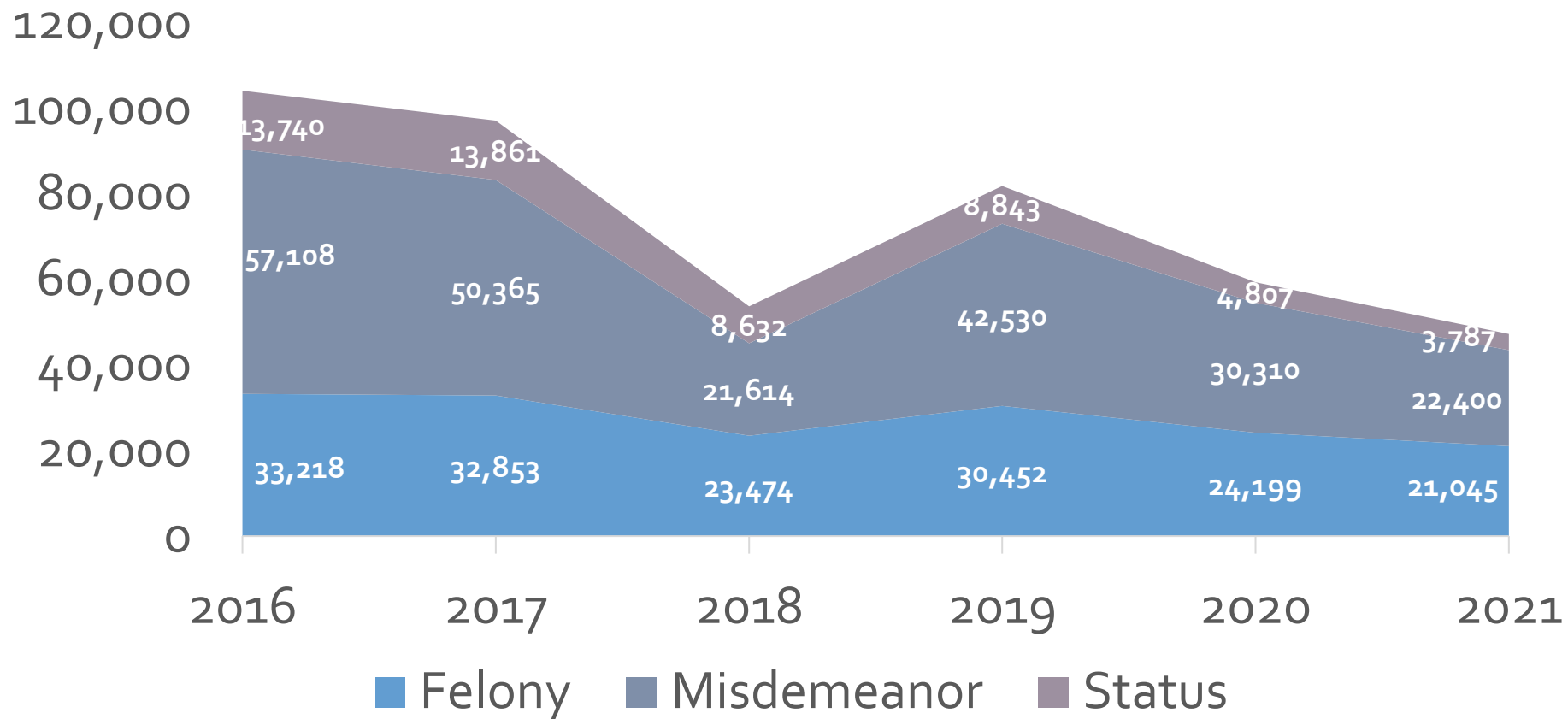


Juvenile Justice in California

Juvenile Arrest Rates in California 2016-2021*



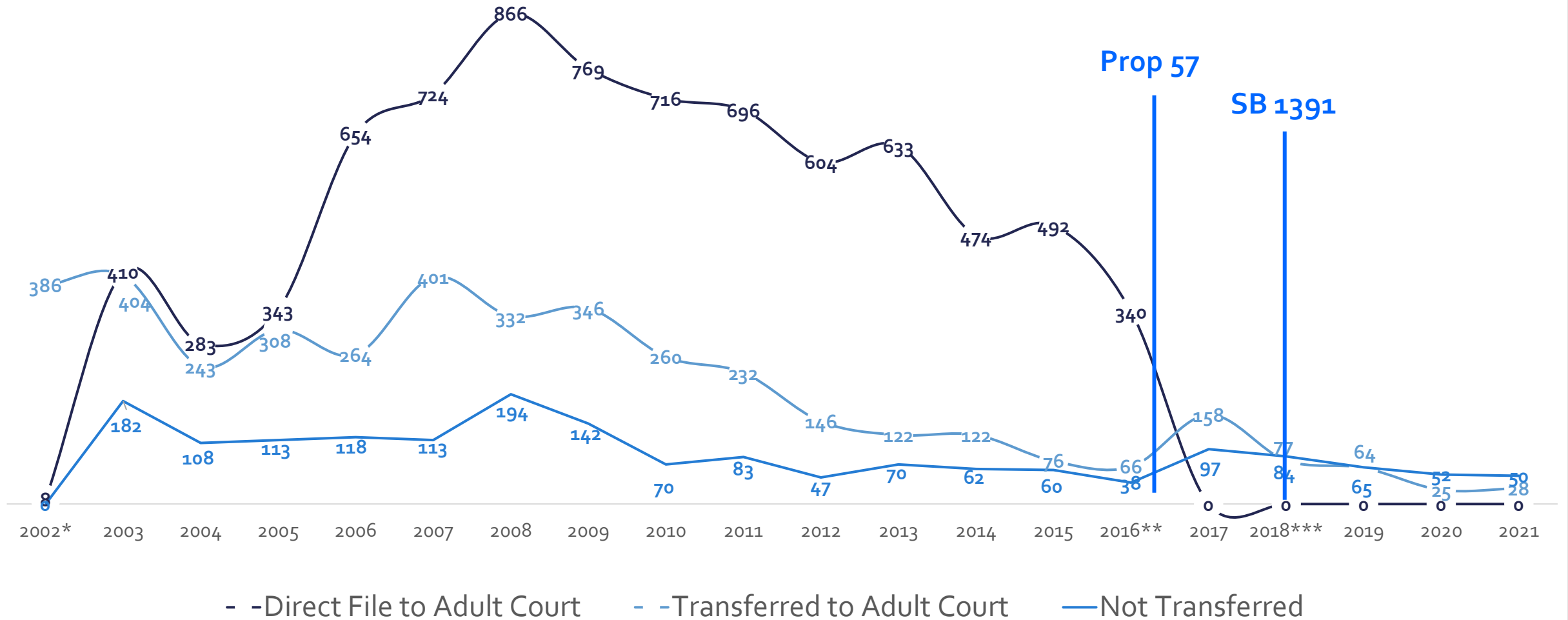
- *California, Office of the Attorney General. (2010). Juvenile justice in California 2016-2021 [Series]. See <https://oag.ca.gov/cjsc/pubs#juvenileJustice>
- Data from Monthly Arrest and Citation Register (MACR) database. If a person is arrested for multiple offenses, the MACR selects only the most serious offense based on the severity of possible punishment.



Juvenile Rates of Referrals to Probation in California 2016-2021*

- *California, Office of the Attorney General. (2010). Juvenile justice in California 2016-2021 [Series]. See <https://oag.ca.gov/cjsc/pubs#juvenileJustice>
- Data from Juvenile Court and Probation Statistical System (JCPSS) database.

Trend of Youth Facing Adult Court



*No info on results of fitness hearings for 2002.

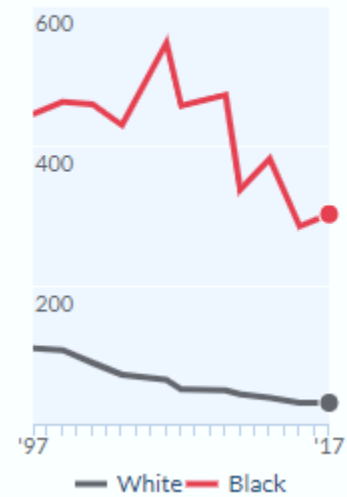
** Prop 57 started midyear

***SB 1391

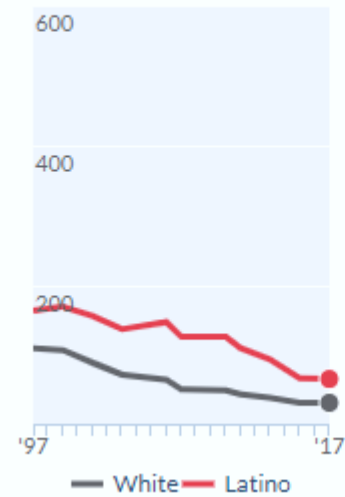
Placement Type	2013	2014	2015	2016	2017	2018	2019	2020	2021
Own/relative's home	19543	17545	15175	13342	12536	11673	9833	6860	5351
Detained in Secure County Facility (post-adjudication)	12158	10394	8580	7854	7094	6437	5355	3301	2491
Non-Secure County Facility (post-adjudication)	738	551	587	488	513	488	270	206	153
Other public facility	120	148	113	111	90	53	59	38	38
Other private facility	4156	3951	3272	2916	2818	2359	2325	1707	1082
Division of Juvenile Justice	224	241	216	183	224	317	343	206	191
Sent to "other" facilities (post-adjudication)	676	596	504	577	414	431	1031	451	317

Placement After Adjudication

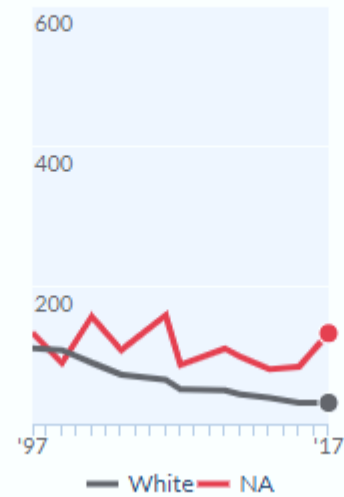
Black
2017: 9 to 1



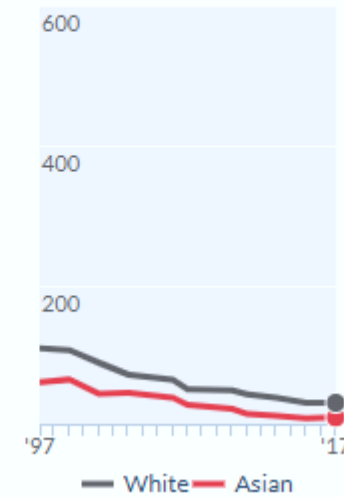
Latino
2017: 2 to 1



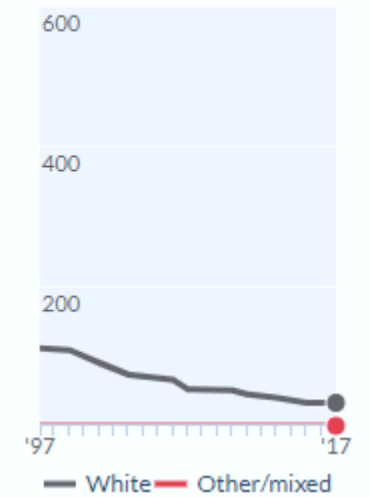
Native American
2017: 4 to 1



Asian
2017: <1 to 1



Other/mixed
2017: 0



Disparities in Youth Incarceration

Impact of Incarceration on Youth

- Fiscal Impacts
 - Average cost per stay: \$25,000 per youth per stay
 - Average length of stay: 3 – 4 months
- Benefit of prevention:
 - Save \$2.6 to 5.3 million for one 14-year-old (Cohen & Piquero, 2007)
- Impact on Youth
 - Reduced access to school, clubs, activities
 - Disrupted social ties with family and community
 - Worse physical and mental health outcome
 - Increased recidivism
 - Reduced success in education and employment
 - Incarceration itself is a trauma

Redesigning Youth Justice



A new approach to support court-involved youth

- Senate Bill 823
 - Closes the Division of Juvenile Justice (DJJ) by June 30, 2023
 - Established Office of Youth and Community Restoration (OYCR)
- OYCR was created within the California Health and Human Services Agency (CalHHS)
 - Provide statewide leadership on court-involved youth through a **health-oriented, evidence-based, healing mindset** that is informed by an understanding of adolescent development.

FIRE
CONTROL
ROOM

DJJ Closure

- DJJ Closes on June 30, 2023, with only ~50 youth left to return to counties by 6/30/23.
- Local facilities will house youth up to the age of 25 and there are 350+ youth now in local programs
- Supervision of youth after the age of 25 can occur.
- Sex Offender Registration no longer required
- Use of Juvenile Halls, Ranches, Camps
- Step Downs
- Reentry

What drives OYCR?

- **VISION**

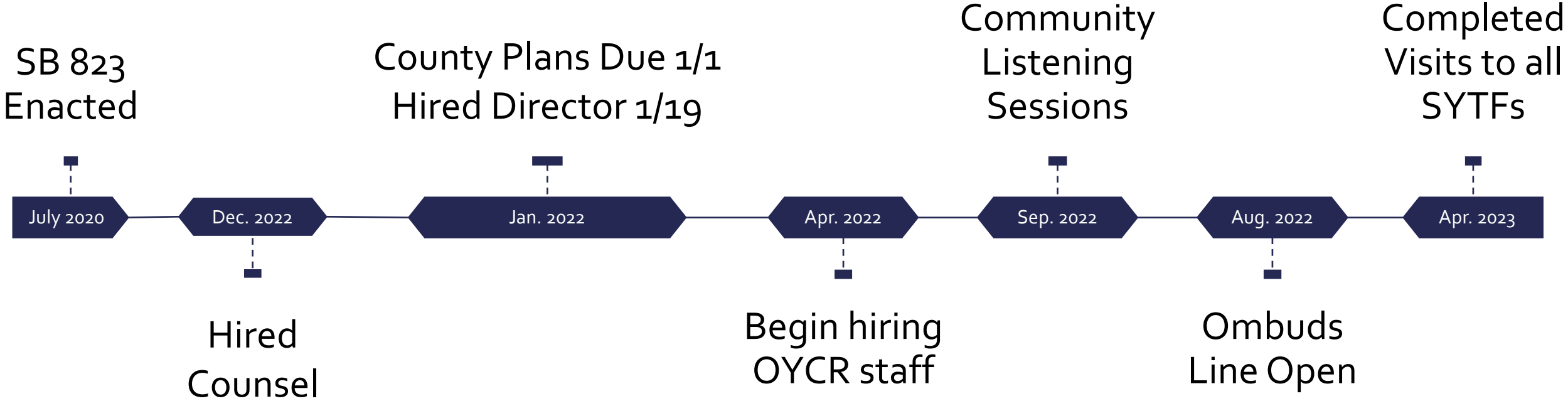
- We envision a Healthy California that enables all youth to be responsible, thriving, and engaged members of their communities.

- **MISSION**

- Promote trauma responsive, culturally informed services for youth involved in the juvenile justice system that support the youths' successful transition into adulthood.



OYCR Implementation Timeline



Immediate Challenges

- Youth who have offended sexually
- Mental health needs/Complex Care Needs
- Decreasing youth transfers to adult court
- Educational needs
- Community-based resources

Intersection between Mental Health and Involvement in the Juvenile Justice System

- The prevalence of mental illness among youth in juvenile justice settings is much higher than in the general population with at least 70% of youths in the juvenile justice system with one diagnosable mental health issue (Vincent, G. M. 2012)
 - 50-80% of juvenile justice-involved youth report having experienced some form of trauma (Ford, J. D., Grasso, D. J., Hawke, J., & Chapman, J. F., 2013)
 - The number of youth with mental illness severe enough to significantly impair their ability to function has been estimated at approximately 15 to 25 percent (Skowyra & Coccozza, 2007).
 - Connections between mental health and substance - many youth have co-occurring or dual diagnosis (Denney, A. S., & Connor, D. P. (2016)

OYCR Projects in Development



Reducing/ending the incarceration of girls and gender-expansive youth



Less Restrictive Placements/Alternatives to Incarceration



Higher education and career training

Office Impact to Date

- Developed three-year strategic plan
- Reviewed, revised, and accepted SB 823 plans (for youth who have committed serious offenses) and produced summary report
- Pushed the development and publication of guidelines for the care of young people who offend sexually through the California Sex Offenders Management Board
- Supporting the closure of Division of Juvenile Justice and safe return of young people to their home counties through technical assistance to courts and probation
- Identified issue of some youth being released from Division of Juvenile Justice into homelessness and successfully promoted the creation of a housing fund
- Tribal outreach
- Community outreach

THE OPPORTUNITY OF THIS MOMENT



Any
questions?



Judge Katherine Lucero (ret.)
Director, OYCR
Katherine.Lucero@chhs.ca.gov

WRAP UP

12:55 – 1:00 pm PDT

Presenter: Charles Robbins

POLLING QUESTIONS

1. Would you prefer for quarterly learning collaboratives to be combined or separated by team type (e.g., Jail MAT/Drug Court and Child Welfare/Juvenile Justice learning collaboratives)?
 - A. Combined
 - B. Separate
 - C. No preference
2. Would you be interested in attending an in-person learning event in late 2023 or early 2024?
 1. Yes
 2. No

UPCOMING LEARNING ACTIVITIES

- July:
 - **July 20th & July 27th: Long-Acting Injectable Medications for Opioid Use Disorder (MOUD) - Webinar & Discussion Group:**
<https://healthmanagement.zoom.us/meeting/register/tJ0pd-uuqD8tHNHu4yIWUHMxGlz-5LFvMXmO#/registration>
 - **July 18th: Increasing Healthcare Professionals' Understanding of Juvenile Justice in California:**
https://healthmanagement.zoom.us/meeting/register/tJEpd-emhrTMuE9dXHhPLoswCHv52b_YUsrQ4#/registration
- August and September: Information coming soon!

SAVE THE DATE: SEPTEMBER LEARNING COLLABORATIVE



SEPTEMBER 18TH
12:00 – 2:00 PM PDT



If you are not currently on our listserv, please email MATinCountyCJ@healthmanagment.com to be added.

POLLING QUESTIONS

1. Overall, today's session was:
 - A. Very useful
 - B. Somewhat useful
 - C. Not very useful
 - D. Not useful at all

2. The material presented today was:
 - A. At the right level
 - B. Too basic
 - C. Too detailed

CONTACT US

FOR ANY QUESTIONS OR COMMENTS
MATinCountyCJ@healthmanagement.com