COUNTY OF ORANGE
HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES

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To: Honorable Board of Supervisors and Behavioral Health Services Director

RE: Orange County Behavioral Health Advisory Board 2025 Findings and Recommendations

The responsibility of the Orange County Behavioral Health Advisory Board (BHAB) is to advise the Board of Supervisors and the Behavioral Health Director on all aspects of local Mental Health and Substance Use Disorder (SUD) programs, advocate for individuals with serious mental illness (SMI) and SUD, and to review programs and services within the local behavioral health system (see WIC 5604.2).

The BHAB was able to observe many notable accomplishments and opportunities to improve access to critical services provided by the County that promote early intervention, recovery, and resiliency for individuals and families in critical need of behavioral health services.

The findings and recommendations summarized below highlight some of the important topics and issues that the BHAB addressed in 2025.

I. YOUTH SUICIDE

The 29th Annual Report on the Conditions of Children in Orange County noted that suicide was the top leading cause of death for children 10-14 y.o. in 2019-2021 (pg. 64). The Behavioral Health Advisory Board initiated a series of questions to the Health Care Agency (HCA) Behavioral Health Services (BHS) in order to gain a better understanding of the facts and issues which led to the following findings:

- The overall numbers for children 10-14 y.o. who died by suicide during 2019-2021 were small (less than 11 across a single year and even across small numbers of aggregated years). Consequently, even slight variations up or down in the number of deaths by suicide can result in a significant change in percentage when the base number is small. This makes it difficult to draw meaningful conclusions about year-over-year trends for this age group.
- Although it does not appear that children 10-14 y.o. are dying by suicide significantly more often than in previous years, even one child death for any reason is a tragedy that demands attention. Although an increase was noted during the 2019-2021 time period, the numbers are now consistent with pre-COVID pandemic levels. The increase that occurred during this 3-year period correlates with the height of the COVID-19 pandemic; however, there is no evidence to suggest that the pandemic was the sole causative factor for these youth to take their own lives.

- HCA Health Policy staff reviewed suicide data for children 10-14 y.o. for the period of 2020-2023 and indicated that suicide is no longer the "leading cause of death", but it remains one of the top five causes. Of note, cancer is also in the top five with a greater overall number of deaths for this period than suicide.
- Since 2021, BHS has taken the following notable actions to assist in preventing/reducing the suicide rate of the children and youth population:
  a) The Office of Wellness and Suicide Prevention (OWSP) was established in 2021.
  b) FY2023-24 to present, the OWSP has provided 708 General Community Suicide Prevention Trainings as well as 54 Clinical Trainings through a network of contracted providers.
  c) Combined, the above trainings have reached 13,587 individuals through presentations to Adults, Parents, Youth (High School, Middle School, and Elementary School), School Staff, Transitional Age Youth (including college students and VETs), LGBTQ+ Youth (in-person trainings at high schools).

FINDINGS AND RECOMMENDATIONS

1. The date ranges for the data collected on youth suicide at the State and local levels are inconsistent and confusing (e.g., 2010-2023, 2016-2022, 2019-2021) which makes it difficult to identify trends that may be occurring on an annual or multi-year basis. It would be useful to have access to data that is tracked in a consistent manner over time in order to be able to identify trends that may occur on an annual basis by age/gender/ethnicity factors, seasonal trends, etc.

2. BHS tracks the number of psychiatric holds reported by each LPS-designated facility serving either adults or children for danger to self, danger to others, and grave disability. However, for facilities that provide services to both youth and adults, this number is not being reported out by age group. Age-specific information should be required by BHS for local tracking and planning purposes.

3. It would be helpful to track and report the number of individuals who participate in General Community Suicide Prevention Trainings annually by the following categories:
   - Adults
   - Parents
   - Youth (High School, Middle School, and Elementary School)
   - School Staff
   - Transitional Age Youth (including college students and VETs)
   - LGBTQ+
   - Youth (in-person trainings at high schools)

4. The Orange County Child Death Review Team (OCCDRT) was established in 1987 to provide a forum for multi-disciplinary review of child deaths reported to the Coroner. The child deaths that are reviewed are organized into five main categories: these are Natural, Unintentional Injury, Homicide, Suicide, and Undetermined.

   These reports are meant to ensure the quality of the multi-agency response to child deaths through increased communication, collaboration, education, and enhanced data collection methods in order to provide greater information about the causes of child deaths.

Unfortunately, these reports are not being generated and updated in a routine, timely, and consistent manner. This should be addressed to ensure that data useful for the design and delivery of effective child injury and death prevention programs is available in Orange County.

II. ACCESS TO NALOXONE

The BHAB reviewed the system of care addressing substance use disorders operated by the Health Care Agency's Behavioral Health Services in 2025. In particular, the BHAB inquired into the ongoing efforts to educate the community about the dangers associated with fentanyl use and expand Naloxone availability to the public.

Based on a review of the information provided by County staff, the following was learned:

- Orange County experienced a sharp increase in fentanyl-related deaths in the late 2010s and early 2020s, peaking in 2021, but a downward trend has been observed since then due to collaborative community and law enforcement efforts. It appears that the decline in opioid deaths is experienced in other counties in the state as well. In addition to Orange County, this declining pattern is evident in counties like Riverside and San Diego as well.
- Overall, there are multiple factors cited as potential contributors to decrease in opioid-related deaths, including:
  - Increased public awareness of the dangers of illicit fentanyl, overdose prevention and SUD resources available to the community
  - Widespread distribution of naloxone
  - Continued comprehensive approach to SUD treatment services, including MAT, outpatient, residential, withdrawal management, and recovery services and continued efforts to increase these services
  - Treatment services and supports targeting vulnerable communities, including incarcerated and unsheltered individuals
  - OC Sherrif reports intensifying efforts to dismantle drug networks, drug seizures, and efforts to investigate drug-related overdoses as possible homicides holding drug dealer accountable
- There is ample evidence that Naloxone is a life-saving medication that can quickly stop an opioid overdose, including overdoses from heroin, fentanyl, and prescription opioids. The Health Care Agency currently maintains 13 distribution locations in nine cities in Orange County where the public can obtain information and free Naloxone and participates in various community events throughout the year to expand these efforts.

<u>FINDINGS AND RECOMMENDATIONS</u>

1. The BHAB applauds the Orange County Health Care Agency for ensuring that Naloxone is available at no cost to the public at various locations throughout the county. However, Naloxone is available only during limited times of the day and week.

2. The Orange County Health Care Agency could dramatically improve public access to Naloxone by following the examples provided by other state and local municipalities in California and across the country that have augmented their public Naloxone access points by incorporating **Naloxone vending machines.** Overdoses can happen anytime, and machines provide round-

the-clock 24/7 access to naloxone and other information, which is critical for timely intervention when services may be harder to access or are closed.

BHAB strongly encourages the Orange County Health Care Agency to examine the approach taken by San Diego County for example (and elsewhere across the nation) to expand access to Naloxone in a manner that incorporates this approach.

The Orange County Behavioral Health Advisory Board respectful submits the above comments and recommendations for further consideration and remains committed to supporting the County in addressing the behavioral health needs of the community.

Sincerely,

Alan V. Albright, LMFT, Chair
Behavioral Health Advisory Board