



# September 27, 2018 PowerPoint Presentations and Handouts

Tab 2: • PowerPoint: Kings County Innovation Plan: Multiple Organization Shared

**Telepsychiatry** 

• Handout: Position Letters Regarding Kings County Innovation Plan

<u>Tab 3:</u> • PowerPoint: Los Angeles County Innovation Plans: Therapeutic Emergency

Transportation and Community Recovery Services for Conservatees

Tab 5: • PowerPoint: Santa Barbara County Innovation Plan Extension: Resiliency

Interventions for Sexual Exploitation (RISE)

Handout: Position Letters Regarding Santa Barbara County Innovation Plans

<u>Tab 6:</u> • PowerPoint: The Technology Suite Proposal to Add "Cohort #2" Counties

Tab 7: • PowerPoint: Mental Health Policy Fellowship Programs Honorary Naming



Kings County Innovation Plan

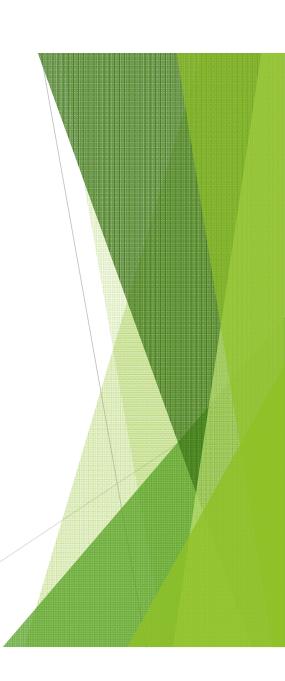




## *INNOVATE*

County to share telepsychiatry suites with its providers.

To change the telepsychiatry model of care from a strictly medical model to one that is based on wellness and recovery.

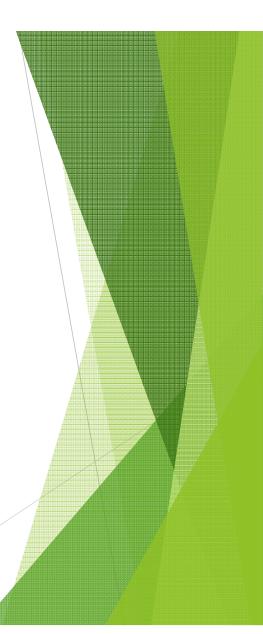


## WHY

Telepsychiatry allows for increased psychiatric care hours in rural communities such as Kings County which currently has only one contracted psychiatric care provider for people with serious mental illness.

However, telepsychiatry hours themselves do not overcome the disconnect between the **lived experience** of overcoming mental health symptoms and the decision to work with a psychiatrist to begin to take and adjust medications.

Stakeholders have taught us that Peers and Parent Partners are the **missing link** on the psychiatric road to recovery!



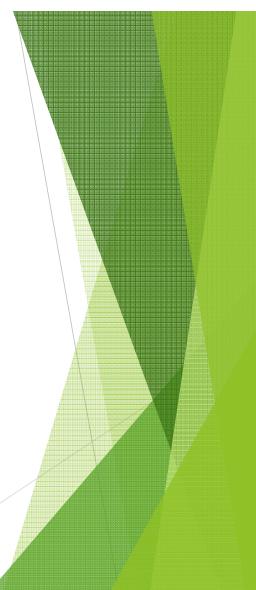
## HOW

Create a centrally located, county run, telepsychiatry suites which will provide psychiatric care for consumers on our highest risk and highest need teams.

Provide **a peer based service model of psychiatric care** where peers and parent partners play a key role in each psychiatric appointment.

Double the number of psychiatric hours available to our severely mentally ill consumers while providing peers and parent partners to **collaborate** with each consumer during their psychiatrist appointments.

Use a shared county electronic health record to connect telepsychiatry suites to all county treatment team providers and to flag peers and parent peers to any specific needs or concerns for each consumer.

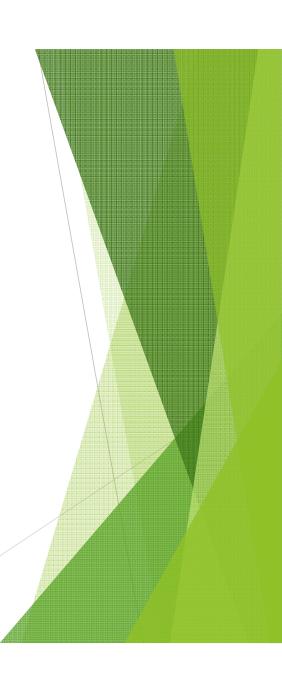


## **WHO**

Provide timely **adult** and **child** telepsychiatry care with a peer supported voice to help consumers and their family members engage effectively in psychiatric treatment.

Peer and parent peers will provide the **key personal link** between the consumers and the psychiatrist.

Peers will use their lived experience to **model their own wellness** and communicate the **path to recovery** by supporting the consumer's journey with medication treatment.



## **BUDGET**

Kings County has \$1,663,631 dollars of Innovation funding for the MOST Program.

Total cost of the MOST Program is projected at \$2,138,613

Kings County is requesting approval for \$1,663,631.

Medi-Cal FFP at \$325,000 or more is projected to close the funding gap.

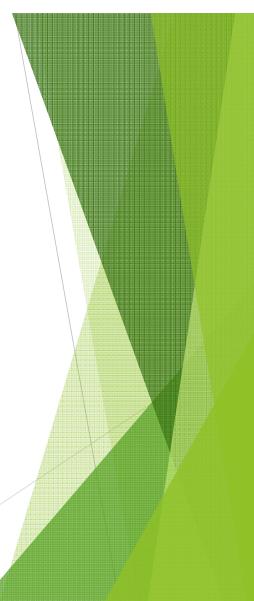
\$150,000 of MHSA-CSS funding will be used to fund the program in the last year as well.

Kings County projects the annual cost of the program once fully operational to be \$754,000.

By the final year of the project the county estimates annual Medi-Cal Revenues of \$500,000 to \$700,000.

Funding from MHSA-CSS as well as cost savings from reduced hospitalizations will fund the remaining costs to the program.

County will be leveraging from the start existing resources to reduce operating and indirect costs.

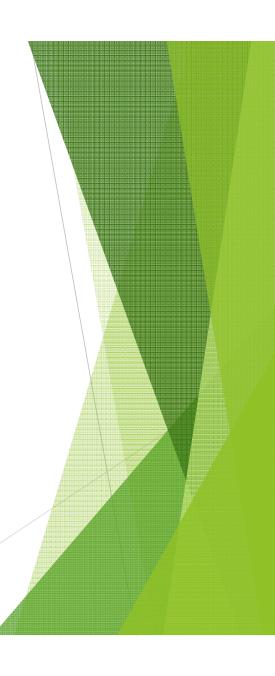


## **GOALS**

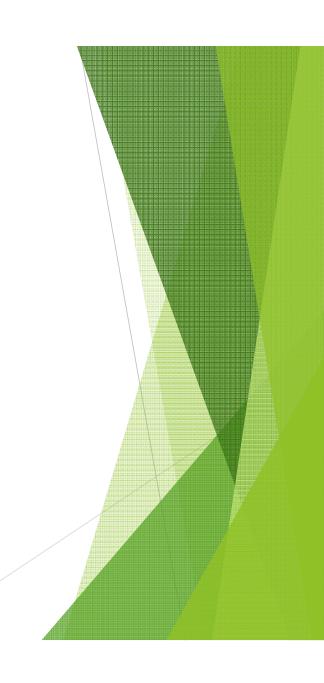
Create and **sustain community** in the realm of psychiatric care.

**care coordination** between psychiatrist and peer supported treatment teams.

Create a climate of **first choice** care so that consumers do not feel the need to seek out treatment in the Emergency Department or avoid treatment due to negative experiences.



QUESTIONS?



## PROPOSED MOTION

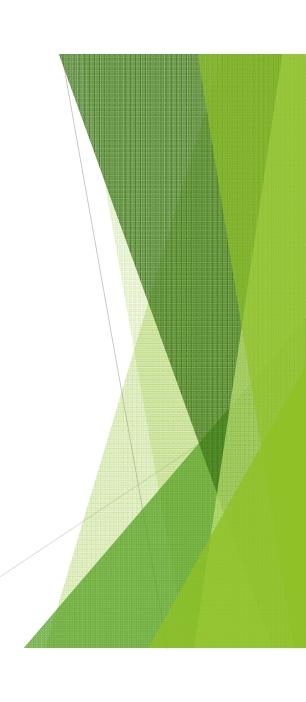
MHSOAC approves Kings County's innovation project as follows:

Name of Project: Multiple Organization Shared Telepsychiatry

(MOST) Project

Amount: \$1,663,631

Project Length: Three (3) Years



September 3, 2018

Mental Health Services Oversight and Accountability Committee 1325 J Street, Suite 1700 Sacramemto, CA 95814

### Dear Commissioners:

My name is Ken Baird, my wife Susan and I have been members of the Kings County Family Support Group for more than a decade. I often tell people that I lived for sixty years blissfully unaware of mental health issues. That all changed in 2007 when our son experienced a bipolar, manic episode accompanied by both visual and auditory hallucinations. This lead to his arrest by the Mammoth Police Department, eight months in the Mono County Jail, and a trial where he was found not guilty by reason of insanity. He was ultimately committed to Atascadero State Hospital for evaluation and therapy.

During the entire eight months prior to his commitment he received no therapy, only psychotropic drugs to keep him manageable in a jail environment. During some of that time he continued to have problems sleeping and he sometimes experienced auditory hallucinations.

Once he was transferred to Atascadero he was given a complete evaluation. His medication was changed from Seroquel to Lithium and he began receiving regular therapy and evaluation by qualified psychiatric staff including psychiatrists. The change was pretty dramatic. Within a few week we began to see the son we knew and loved.

In six months he had successfully completed the program in Atascadero and was eligible for release to a community based program to help transition him back to a productive life. Unfortunately the community program was ill managed. In that program he received medication monitoring but little in the way of meaningful therapy. After many months our son sought therapy outside the Community Program. Once he received coordinated therapy, that included sessions with his family, and appropriate medication we once again saw positive changes. In 2012 he successfully petitioned the court for restoration of sanity. Today our son is a full time student at Fresno State University where he's pursuing a degree in Engineering. He and his wife have a five year old daughter.

Shortly after our son was incarcerated my wife and I along with a handful of other families and the support of the Kings County Behavioral Health Department, joined the Kings County Family Support Group. To date, there have been more than thirty family members attend our group. While everyone's story is a little different, in some aspects they are remarkably the same. The biggest obstacle to wellness, once their family member agreed to seek help, was the struggle to obtain consistent, timely coordinated care that included medication, therapy, access to psychiatric services, and a team to coordinate it all. The MOST Program addresses all of these issues and more. One of the most exciting aspect of the MOST Program, for us, is the inclusion of peers for recipients of care and their families. There are few things more powerful for families than finding others that have had similar experiences and who are willing to share their stories. For consumers, a peep can be a guide and informal advisor, providing encouragement to stick with their wellness and recovery plan providing insight into what can be a confusing time.

The MOST Program, as presented to your commission, will increase access to care for those who have the greatest need in our community. It will provide coordinated wellness services that include, a personal wellness plan, medication, therapy and access to psychiatric services coordinated between multiple providers. Additionally it will help both consumers and their families to navigate and understand the mental health system.

My wife and I encourage you to give this program your most serious consideration. We truly believe that your endorsement of this program will have dramatic and positive outcomes for some of the most vulnerable citizens in our community.

Sincerely yours,

Ken & Susan Baird



Date: 8/31/2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

Counties Served

Alameda

Calaveras

Contra Costa

Frasho

Imperial Paro

Thiss

Los Angelos

Wadera

Warioosa

Merced

Vionterey

Orange

elacer

fiveralde

Sacramento

San Benito

San Barrardino

2010.....

San Francisco

San Joaquin

San Luis Obispo

San Mateo

Santa Barbara

Santa Claro

Santa Cruz

Solano

Stanislaus

Sutter

Tulare

Ventura

Yola

### Dear Commissioners:

Aspiranet is submitting this letter of support for Kings County's Multiple Organization Tele-Psychiatric (MOST) Program. Aspiranet is the Children's WRAP and Full Service Partner provider for Kings County. We work in partnership with the County's Behavioral Health and Child Welfare Department to provide a range of wellness focused services.

The model that is being used for the MOST programs aligns with our own efforts to provide consumer and family focused care in collaboration with supportive services. This program allows us to incorporate the psychiatric services our consumers may need by being able to directly connect them to care and participate in care coordination.

The ability to access psychiatric care through a shared resource enhances our services and allows us to provide the right level of care to families. MOST would address our own capacity limits and barriers to timely access. We, as a small provider in this county, cannot afford the costs of psychiatric services and have to refer out. This would allow us to refer directly but also remain involved with care coordination.

Our program uses a parent partner similar to the Parent Peer proposed in this project. It is vital to include those with lived experience in the treatment of families, and this effort by the County really moves our entire system of care to one that has input of lived experience as well as ensuring the consumers have a voice. Having parent partners has assisted our consumers with their care and also increased their participation, and we feel inclusion in tele-psychiatric services would also improve and enhance those services.

The MOST program supports consumers as well as providers who work with the families. It addresses capacity limits, access and timeliness to those who are at the greatest risk and with the most significant need, in a wellness and recovery oriented approach. Should you have any other questions, please feel free to contact us. Thank you for your consideration and support.

Sincerely.

Mike DeRose, LMFT

Aspiranet- Behavioral Health Division Director



### Edward D. Hill Director of Public Health Services

330 Campus Drive Hanford, California 93230 Milton Teske, M.D. Health Officer

Telephone: [559] 584-1401 Fax: [559] 582-7618



Kings County Health Department

August 10, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

### Dear Commissioners:

It is with great pleasure that I submit this letter on behalf of the Kings County Public Health Department in support of the Kings County Behavioral Health Department's Innovation Plan. Kings County Behavioral Health is proposing the Multiple Organization Shared Tele-psychiatric (MOST) program. This program is one of great need in Kings County.

Our agency was part of the Mental Health Services Act planning process and the stakeholders identified this as one of the projects needed to address the needs of the community. The Public Health Department does not provide mental health or psychiatric services, however, a number of our programs do work with patients and community members who are in need of such services and, often, the limited services in Kings makes accessing those services difficult.

Having these additional services would not only improve the wellness of our community, but the model that is being proposed by the MOST program would allow us to directly access the services through our programs and public health nurses, and also be involved in the care coordination for those consumers. This model increases the quality of care through collaboration and shifts the focus from illness response to wellness oriented care.

This program also shifts this service from a medical model to a client driven model through implementation of peers. In the public health field, the use of peers has been identified as an effective model to help educate service users, conduct prevention and improve adherence to care plans. Peer educators, Promotores, and other programs all use peers, and the inclusion of peers in this program will greatly change how services are perceived, experienced and conducted.

We will avail our space in Avenal for the MOST program in Phase II, until the shared county One-Stop in Avenal is completed, ensuring that this program can expand into the rural and isolated communities. We will also share our service space in Corcoran for Phase III to contribute to the expansion of these services to our rural communities.

We view this project as a way to address a significant need in our community through an innovative and collaborative manner. As such, we fully support Behavioral Health's MOST program proposal to the Commission.

Sincerely Yours,

Director of Public Health Services

Kings County



# OFFICE OF SHERIFF COUNTY OF KINGS

P.O. BOX 986 1444 W. LACEY BLVD. HANFORD, CA 93232-0986 PHONE 559-584-1431 FAX 559-584-4738

DAVID ROBINSON SHERIFF-CORONER PUBLIC ADMINISTRATOR

August 2, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

### Dear Commissioners:

We are happily submitting this letter of support for Kings County Behavioral Health's Innovation Plan program-Multiple Organization Shared Tele-psychiatric (MOST) services. The Kings County Sheriff's Office has been partnering with Kings County Behavioral Health to address the untreated or undertreated mental health services of its citizens that often result with arrests and detainment in the Kings County Jail.

We have experienced over the years an increase of both arrests from untreated mental health issues and an increasing inmate population who are experiencing mental health challenges. Our concern is that often without continued treatment, support and timely psychiatric services, many of these residents return to the jail shortly after their release from custody. While they do receive psychiatric services during their time in the jail, the jail is not set up to be a provider of mental health services. We have been working with the Behavioral Health Department and other providers to find ways to ensure residents are receiving their mental health services in the community and not in jail. We've been working with the Behavioral Health Department for coordination of care for those being discharged, but the lack of timely psychiatric services has been a challenge and hinders efforts to keep those residents in the community.

With the creation of the Assertive Community Team (ACT), better care coordination will occur and the piece that is missing for that is psychiatric care. This MOST program would provide the ACT team and others with timely and localized psychiatric services and allow for people to be served in the community, and hopefully keep them out of the jail. This program will share resources, records, etc. and it will make it easier for the Sheriff's Detentions staff to coordinate with service providers to ensure individuals receive all the services they need to remain in the community.

The use of shared tele-psych services at various locations should also reduce the number of calls our deputies are responding to for a person in crisis, or for someone experiencing an untreated mental health issue. Having more services that can be accessed by more providers also means we can seek out these shared resources for evaluation and possible care instead of detaining individuals, having to place citizens on 5150 holds or flooding the emergency department with cases.

For this project, we will continue to collect data on those in custody receiving mental health services, the number of crisis we respond to, and overall statistics that this project would need to determine if the new program is helping us reduce recidivism and reduce crisis calls. Thank you for your time and support of our County's collaborative efforts.

Respectfully Yours,

David Robinson, Sheriff-Coroner, Public Administrator



## **Human Services Agency**

County of Kings - State of California

Child Welfare & Adult Services Benefits & Employment Training Services Adoption & Foster Home Licensing Services

August 29, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

SUBJECT: LETTER OF SUPPORT FOR THE KINGS COUNTY BEHAVIORAL HEALTH DEPARTMENT

Dear Commissioners:

As Director of the Kings County Human Services Agency, I am pleased to write this letter of recommendation of support for the Kings County Behavioral Health Department.

As you may be aware foster youth and children in the child welfare system are medicated disproportionately compared to children and youth not in the child welfare system. This is often because medications are being provided by primary care physicians and not trained child psychiatrists. Additionally, many of the children who receive such medication services are receiving that treatment separate from all their other services. Those children and youth who do need psychiatric medication should be receiving that as part of their overall care, not in isolation.

The Multiple Organization Shared Tele-psychiatric (MOST) program that is being submitted by the Behavioral Health Department as their Innovation Plan is something we wholeheartedly support.

Our agency participated in the Mental Health Services Act planning process, and this was one of the programs that we all identified as needed. The reasons we are fully supporting this program is that it will go beyond just providing medication to our children and youth, but rather will ensure that those who actually need medication are receiving it through a trained specialist and as part of the overall treatment and care coordination. This shared resource and care coordination we believe will reduce the instances of unnecessary medication, will ensure the participants are getting the appropriate level of care and the care is focused on the needs of the child.

This program will allow services to become more child centered and to move a wellness and recovery model that we all are striving for.

Additionally, use of peers and, in our case, the parent peers in the MOST program, will help address concerns that parents and caregivers may have about medication treatment. This approach will provide our children and their caretakers with a voice and really help them navigate the process.

Letter of Support BH Dept. August 29, 2018 Page 2 of 2

In our system of care, we seek to use family support, advocates and others who can speak to the needs of the child. The use of peers in the tele-psychiatric program will allow mental health services to begin to mirror what is occurring on the child welfare side. It will be of great value to have these services include the voice and/or perspective of those with lived experience.

The MOST program provides two vital components that traditional services don't; the use and involvement of peers as part of the team treating the child/youth and that the psychiatric services will be provided by trained professionals who will be working with a team to provide the care for the child/youth. It moves us from isolated services where medications are issued by the physician, the therapy provided independently from the medication treatment by a mental health provider, and services coordinated by another provider. The MOST program will allow for all the services, including the therapy and psychiatric services to be coordinated while will improve the care given to children and their families. Thank you for your time and support for your children and youth.

If you have any questions regarding the above, please do not hesitate to contact me at 559-852-2200 or via email at Sanja.Bugay@co.kings.ca.us.

Sincerely,

Sanja K. Bugay, Director

Kings County Human Services Agency



### A VENAL POLICE DEPARTMENT

Russell Stivers, Chief of Police 317 Alpine St., Avenal, CA 93204 Bus. 559-386-4444 Fax 559-386-4447

August 21, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

Dear Commissioners:

I am submitting this letter in full support of Kings County Behavioral Health's Innovation Plan program-Multiple Organization Shared Tele-psychiatric (MOST) services. The Avenal Police Department is often the first responder to a mental health crisis and other situations in the isolated rural city of Avenal. We have been working with the Behavioral Health Department and other providers to identify ways to address the needs of those with serious mental health issues. Often, the limited treatment or services available in Avenal result in those needing help to be placed on 5150 holds and transported 45 minutes away to the closest hospital or, in some instances, arrested and turned over to the Kings County Jail.

The County's proposal for the MOST program would, in its second phase set up additional tele-psychiatric services in Avenal. This will make accessing care easier and hopefully will ensure more people are getting the help they need, thus reducing the instances of crisis or arrests because of a mental health issue. Avenal is a small rural community with limited resources. This shared mental health service would increase care for our residents, and also allow those limited providers to be able to work together provide care locally in Avenal and likely reduce the number of persons who fall out of care. Our understanding of this program is that it will greatly help our limited local providers by closing a gap in their services through this shared resource. This should improve care and, as noted, reduce our involvement with individuals due to their mental health.

This program has identified our community as one of the main locations for these much needed services. We are fully supporting efforts to bring more quality services to Avenal, but also services that can prevent crisis, reduce the number of 5150's that are issued, and help our residents get well so there isn't a need for our involvement.

This program also focuses on the cultural and language needs of our community, which is predominantly Latino and Spanish speaking. Understanding those needs and addressing them will increase the success of the County's proposed program. Thank you for your time and support.

Sincerely

Russell Stivers Chief of Police



## PUBLIC GUARDIAN, CONSERVATOR, PAYEE & VETERANS SERVICES OFFICE

KINGS COUNTY GOVERNMENT CENTER 1400 West Lacey Blvd. HANFORD, CALIFORNIA 93230

TELEPHONE: (559) 852-2669 FAX NUMBER: (559) 584-0438

August 9, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

Dear Commissioners,

I am submitting this letter of support for the Kings County Behavioral Health Department's proposed Innovation Plan project, Multiple Organization Shared Tele-psychiatry (MOST). I provide this letter as both the County's Veterans Service Officer and Public Guardian.

Aside from there being a great need for additional and timely psychiatric services in Kings County, we also need services that are going to be more individually oriented and focused on the various needs of the consumers. As the County's Veterans Service Officer and Public Guardian, our team works with and represents two population groups who are consumers of such services. Our consumers would greatly benefit from a program such as MOST. The MOST program will not only allow for greater access, but the shared resource will provide for greater and improved quality of care through its care coordination. We work with various providers, agencies and services and often the challenge is coordinating care. With this, we can coordinate care that meets the needs of the consumer whom we represent. This sharing of a needed resource will allow us all to better serve our consumers and help get them to where they want to be.

We often encounter Veterans who are not eligible for services through the United States Department of Veterans Affairs (VA) and thusly, cannot access care and may fall through the cracks. We also represent Veterans who may be eligible for VA healthcare, but are unable to access care due to the VA hospital being in another county and the distance and/or travel limits prevent them from accessing that care. Consequently, timely access is limited, which often results in services being provided at a higher level, such as the emergency department of the local hospital.

The inclusion of the peer support component in the proposed MOST program, will change how services are rendered, by ensuring that our consumers have a voice, mentor, advocate and someone who can assist them through the process of wellness, based on their own lived-experience. This is going to be an incredibly valuable perspective, which is often missing in these types of services.

We support this program because for both our Veterans and conserved individuals who require medication treatment, they are often-times served in a systematic approach and not as individuals with their own treatment goals. This program will allow for that system to be changed, at least in Kings County.

We thank you for your time and hope you approve the Kings County Innovation Plan, which will benefit those with the greatest need, and those who are often inappropriately served.

Sincerely Yours,

Scott Holwell

Kings County Public Guardian/Veterans Service Officer

SH/mr



August 3, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

### Dear Commissioners:

Kings View Counseling Services, Inc. is pleased to provide this letter of support for Kings County Behavioral Health Department's proposed Innovation Plan.

Kings View has been the primary managed care provider for Kings County for nearly fifty years. We have also been the sole provider of psychiatric services in the county. We have made efforts to expand available services, reduce wait times, and to implement tele-psychiatric services, however, the demand continues to exceed our current capacity. That is one of the reasons we fully support the County's efforts to expand access to psychiatric care through the Multiple Organization Shared Tele-psychiatric (MOST) program.

The MOST program will not only expand the availability of this much needed and impacted service, but the approach will allow for specific programs, such as ACT and Children's FSP, to coordinate their own care and have timely access to care for those specific high-level consumers.

We also believe that the MOST program's proposed use of Peers in tele-psychiatric services will be very innovative. We use peers in some of our programs such as the Oak Wellness Center (Peer run drop in center), the Warm Line (a peer to peer hotline) and are working to implement more with our Full Service Partnership program for adults.

We are very interested to see if the peer component of the MOST program produces its stated goals, so we may then utilize the model to shift our model to include the peer component into our tele-psychiatric services. However, for the duration of the program, Kings View will keep its tele-psychiatric services as is, and we will actively continue to collect data, consumer and services utilization information to support the evaluation efforts of the County's Innovation Plan.

Kings View and the County share and utilize the same electronic health records. This will provide insight to see how the MOST programs efforts around psychiatric care coordination can be mimicked to improve our own care coordination, and to assess our own efforts.

This program may allow for the entire system of care to change to one that is more wellness and recovery based, one that will shift from traditional approaches of care to ones that are based on

consumer input and allow for us all to share in the knowledge and learning that will come out of this Innovation Plan. As such, we fully support the MOST program proposal and look forward to contributing where we can in the evaluation and assessment of the program.

Sincerely Yours,

Leon Hoover

Chief Executive Officer

September 3, 2018

Mental Health Services Oversight and Accountability Committee 1325 J Street, Suite 1700 Sacramemto, CA 95814

#### Dear Commissioners:

My name is Ken Baird, my wife Susan and I have been members of the Kings County Family Support Group for more than a decade. I often tell people that I lived for sixty years blissfully unaware of mental health issues. That all changed in 2007 when our son experienced a bipolar, manic episode accompanied by both visual and auditory hallucinations. This lead to his arrest by the Mammoth Police Department, eight months in the Mono County Jail, and a trial where he was found not guilty by reason of insanity. He was ultimately committed to Atascadero State Hospital for evaluation and therapy.

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My wife and I encourage you to give this program your most serious consideration. We truly believe that your endorsement of this program will have dramatic and positive outcomes for some of the most vulnerable citizens in our community.

Sincerely yours,

Ken & Susan Baird



Date: 8/31/2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

Counties Served

Alameda

Calaveras

Cantra Costa

Fresho

Imperial

Karn

Kings

Los Angeles

Madera

Maridosa

Merced

Wonterey

Orange

Placer

Riverside

Sacramento

San Benito

San Baroncolno

San Francisco

San Joaquin

San Luis Obispo

San Mateo

Santa Barbara

Santa Clara

Santa Cruz

Solano

Stanislaus

Sutter

Tulare

Ventura

Yola

Dear Commissioners:

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Sincerely.

Mike DeRose, LMFT

Aspiranet- Behavioral Health Division Director

Aspiranet Behavioral Health Division Office

440 E. Canal Dr., Turlock, CA 95380 209-668-6121 aspiranet.org



Edward D. Hill Director of Public Health Services

330 Campus Drive Hanford, California 93230 Milton Teske, M.D. Health Officer

Telephone: [559] 584-1401 Fax: [559] 582-7618



Kings County Health Department

August 10, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

### Dear Commissioners:

It is with great pleasure that I submit this letter on behalf of the Kings County Public Health Department in support of the Kings County Behavioral Health Department's Innovation Plan. Kings County Behavioral Health is proposing the Multiple Organization Shared Tele-psychiatric (MOST) program. This program is one of great need in Kings County.

Our agency was part of the Mental Health Services Act planning process and the stakeholders identified this as one of the projects needed to address the needs of the community. The Public Health Department does not provide mental health or psychiatric services, however, a number of our programs do work with patients and community members who are in need of such services and, often, the limited services in Kings makes accessing those services difficult.

Having these additional services would not only improve the wellness of our community, but the model that is being proposed by the MOST program would allow us to directly access the services through our programs and public health nurses, and also be involved in the care coordination for those consumers. This model increases the quality of care through collaboration and shifts the focus from illness response to wellness oriented care.

This program also shifts this service from a medical model to a client driven model through implementation of peers. In the public health field, the use of peers has been identified as an effective model to help educate service users, conduct prevention and improve adherence to care plans. Peer educators, Promotores, and other programs all use peers, and the inclusion of peers in this program will greatly change how services are perceived, experienced and conducted.

We will avail our space in Avenal for the MOST program in Phase II, until the shared county One-Stop in Avenal is completed, ensuring that this program can expand into the rural and isolated communities. We will also share our service space in Corcoran for Phase III to contribute to the expansion of these services to our rural communities.

We view this project as a way to address a significant need in our community through an innovative and collaborative manner. As such, we fully support Behavioral Health's MOST program proposal to the Commission.

Sincerely Yours,

Director of Public Health Services

Kings County



# OFFICE OF SHERIFF COUNTY OF KINGS

P.O. BOX 986 1444 W. LACEY BLVD. HANFORD, CA 93232-0986 PHONE 559-584-1431 FAX 559-584-4738

DAVID ROBINSON SHERIFF-CORONER PUBLIC ADMINISTRATOR

August 2, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

Dear Commissioners:

We are happily submitting this letter of support for Kings County Behavioral Health's Innovation Plan program-Multiple Organization Shared Tele-psychiatric (MOST) services. The Kings County Sheriff's Office has been partnering with Kings County Behavioral Health to address the untreated or undertreated mental health services of its citizens that often result with arrests and detainment in the Kings County Jail.

We have experienced over the years an increase of both arrests from untreated mental health issues and an increasing inmate population who are experiencing mental health challenges. Our concern is that often without continued treatment, support and timely psychiatric services, many of these residents return to the jail shortly after their release from custody. While they do receive psychiatric services during their time in the jail, the jail is not set up to be a provider of mental health services. We have been working with the Behavioral Health Department and other providers to find ways to ensure residents are receiving their mental health services in the community and not in jail. We've been working with the Behavioral Health Department for coordination of care for those being discharged, but the lack of timely psychiatric services has been a challenge and hinders efforts to keep those residents in the community.

With the creation of the Assertive Community Team (ACT), better care coordination will occur and the piece that is missing for that is psychiatric care. This MOST program would provide the ACT team and others with timely and localized psychiatric services and allow for people to be served in the community, and hopefully keep them out of the jail. This program will share resources, records, etc. and it will make it easier for the Sheriff's Detentions staff to coordinate with service providers to ensure individuals receive all the services they need to remain in the community.

The use of shared tele-psych services at various locations should also reduce the number of calls our deputies are responding to for a person in crisis, or for someone experiencing an untreated mental health issue. Having more services that can be accessed by more providers also means we can seek out these shared resources for evaluation and possible care instead of detaining individuals, having to place citizens on 5150 holds or flooding the emergency department with cases.

For this project, we will continue to collect data on those in custody receiving mental health services, the number of crisis we respond to, and overall statistics that this project would need to determine if the new program is helping us reduce recidivism and reduce crisis calls. Thank you for your time and support of our County's collaborative efforts.

Respectfully Yours,

David Robinson, Sheriff-Coroner, Public Administrator



## **Human Services Agency**

County of Kings - State of California

Child Welfare & Adult Services Benefits & Employment Training Services Adoption & Foster Home Licensing Services

August 29, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

SUBJECT: LETTER OF SUPPORT FOR THE KINGS COUNTY BEHAVIORAL HEALTH DEPARTMENT

Dear Commissioners:

As Director of the Kings County Human Services Agency, I am pleased to write this letter of recommendation of support for the Kings County Behavioral Health Department.

As you may be aware foster youth and children in the child welfare system are medicated disproportionately compared to children and youth not in the child welfare system. This is often because medications are being provided by primary care physicians and not trained child psychiatrists. Additionally, many of the children who receive such medication services are receiving that treatment separate from all their other services. Those children and youth who do need psychiatric medication should be receiving that as part of their overall care, not in isolation.

The Multiple Organization Shared Tele-psychiatric (MOST) program that is being submitted by the Behavioral Health Department as their Innovation Plan is something we wholeheartedly support.

Our agency participated in the Mental Health Services Act planning process, and this was one of the programs that we all identified as needed. The reasons we are fully supporting this program is that it will go beyond just providing medication to our children and youth, but rather will ensure that those who actually need medication are receiving it through a trained specialist and as part of the overall treatment and care coordination. This shared resource and care coordination we believe will reduce the instances of unnecessary medication, will ensure the participants are getting the appropriate level of care and the care is focused on the needs of the child.

This program will allow services to become more child centered and to move a wellness and recovery model that we all are striving for.

Additionally, use of peers and, in our case, the parent peers in the MOST program, will help address concerns that parents and caregivers may have about medication treatment. This approach will provide our children and their caretakers with a voice and really help them navigate the process.

Letter of Support BH Dept. August 29, 2018 Page 2 of 2

In our system of care, we seek to use family support, advocates and others who can speak to the needs of the child. The use of peers in the tele-psychiatric program will allow mental health services to begin to mirror what is occurring on the child welfare side. It will be of great value to have these services include the voice and/or perspective of those with lived experience.

The MOST program provides two vital components that traditional services don't; the use and involvement of peers as part of the team treating the child/youth and that the psychiatric services will be provided by trained professionals who will be working with a team to provide the care for the child/youth. It moves us from isolated services where medications are issued by the physician, the therapy provided independently from the medication treatment by a mental health provider, and services coordinated by another provider. The MOST program will allow for all the services, including the therapy and psychiatric services to be coordinated while will improve the care given to children and their families. Thank you for your time and support for your children and youth.

If you have any questions regarding the above, please do not hesitate to contact me at 559-852-2200 or via email at <a href="mailto:Sanja.Bugay@co.kings.ca.us">Sanja.Bugay@co.kings.ca.us</a>.

Sincerely.

Sanja K. Bugay, Director

Kings County Human Services Agency



### AVENAL POLICE DEPARTMENT

Russell Stivers, Chief of Police 317 Alpine St., Avenal, CA 93204 Bus. 559-386-4444 Fax 559-386-4447

August 21, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

Dear Commissioners:

I am submitting this letter in full support of Kings County Behavioral Health's Innovation Plan program-Multiple Organization Shared Tele-psychiatric (MOST) services. The Avenal Police Department is often the first responder to a mental health crisis and other situations in the isolated rural city of Avenal. We have been working with the Behavioral Health Department and other providers to identify ways to address the needs of those with serious mental health issues. Often, the limited treatment or services available in Avenal result in those needing help to be placed on 5150 holds and transported 45 minutes away to the closest hospital or, in some instances, arrested and turned over to the Kings County Jail.

The County's proposal for the MOST program would, in its second phase set up additional tele-psychiatric services in Avenal. This will make accessing care easier and hopefully will ensure more people are getting the help they need, thus reducing the instances of crisis or arrests because of a mental health issue. Avenal is a small rural community with limited resources. This shared mental health service would increase care for our residents, and also allow those limited providers to be able to work together provide care locally in Avenal and likely reduce the number of persons who fall out of care. Our understanding of this program is that it will greatly help our limited local providers by closing a gap in their services through this shared resource. This should improve care and, as noted, reduce our involvement with individuals due to their mental health.

This program has identified our community as one of the main locations for these much needed services. We are fully supporting efforts to bring more quality services to Avenal, but also services that can prevent crisis, reduce the number of 5150's that are issued, and help our residents get well so there isn't a need for our involvement.

This program also focuses on the cultural and language needs of our community, which is predominantly Latino and Spanish speaking. Understanding those needs and addressing them will increase the success of the County's proposed program. Thank you for your time and support.

Sincerely

Russell Stivers Chief of Police



## PUBLIC GUARDIAN, CONSERVATOR, PAYEE & VETERANS SERVICES OFFICE

KINGS COUNTY GOVERNMENT CENTER 1400 West Lacey Blvd. HANFORD, CALIFORNIA 93230

TELEPHONE: (559) 852-2669 FAX NUMBER: (559) 584-0438

August 9, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

Dear Commissioners.

I am submitting this letter of support for the Kings County Behavioral Health Department's proposed Innovation Plan project, Multiple Organization Shared Tele-psychiatry (MOST). I provide this letter as both the County's Veterans Service Officer and Public Guardian.

Aside from there being a great need for additional and timely psychiatric services in Kings County, we also need services that are going to be more individually oriented and focused on the various needs of the consumers. As the County's Veterans Service Officer and Public Guardian, our team works with and represents two population groups who are consumers of such services. Our consumers would greatly benefit from a program such as MOST. The MOST program will not only allow for greater access, but the shared resource will provide for greater and improved quality of care through its care coordination. We work with various providers, agencies and services and often the challenge is coordinating care. With this, we can coordinate care that meets the needs of the consumer whom we represent. This sharing of a needed resource will allow us all to better serve our consumers and help get them to where they want to be.

We often encounter Veterans who are not eligible for services through the United States Department of Veterans Affairs (VA) and thusly, cannot access care and may fall through the cracks. We also represent Veterans who may be eligible for VA healthcare, but are unable to access care due to the VA hospital being in another county and the distance and/or travel limits prevent them from accessing that care. Consequently, timely access is limited, which often results in services being provided at a higher level, such as the emergency department of the local hospital.

The inclusion of the peer support component in the proposed MOST program, will change how services are rendered, by ensuring that our consumers have a voice, mentor, advocate and someone who can assist them through the process of wellness, based on their own lived-experience. This is going to be an incredibly valuable perspective, which is often missing in these types of services.

We support this program because for both our Veterans and conserved individuals who require medication treatment, they are often-times served in a systematic approach and not as individuals with their own treatment goals. This program will allow for that system to be changed, at least in Kings County.

We thank you for your time and hope you approve the Kings County Innovation Plan, which will benefit those with the greatest need, and those who are often inappropriately served.

Sincerely Yours,

Scott Holwell

Kings County Public Guardian/Veterans Service Officer

SH/mr



August 3, 2018

Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814

Dear Commissioners:

Kings View Counseling Services, Inc. is pleased to provide this letter of support for Kings County Behavioral Health Department's proposed Innovation Plan.

Kings View has been the primary managed care provider for Kings County for nearly fifty years. We have also been the sole provider of psychiatric services in the county. We have made efforts to expand available services, reduce wait times, and to implement tele-psychiatric services, however, the demand continues to exceed our current capacity. That is one of the reasons we fully support the County's efforts to expand access to psychiatric care through the Multiple Organization Shared Tele-psychiatric (MOST) program.

The MOST program will not only expand the availability of this much needed and impacted service, but the approach will allow for specific programs, such as ACT and Children's FSP, to coordinate their own care and have timely access to care for those specific high-level consumers.

We also believe that the MOST program's proposed use of Peers in tele-psychiatric services will be very innovative. We use peers in some of our programs such as the Oak Wellness Center (Peer run drop in center), the Warm Line (a peer to peer hotline) and are working to implement more with our Full Service Partnership program for adults.

We are very interested to see if the peer component of the MOST program produces its stated goals, so we may then utilize the model to shift our model to include the peer component into our tele-psychiatric services. However, for the duration of the program, Kings View will keep its tele-psychiatric services as is, and we will actively continue to collect data, consumer and services utilization information to support the evaluation efforts of the County's Innovation Plan.

Kings View and the County share and utilize the same electronic health records. This will provide insight to see how the MOST programs efforts around psychiatric care coordination can be mimicked to improve our own care coordination, and to assess our own efforts.

This program may allow for the entire system of care to change to one that is more wellness and recovery based, one that will shift from traditional approaches of care to ones that are based on

consumer input and allow for us all to share in the knowledge and learning that will come out of this Innovation Plan. As such, we fully support the MOST program proposal and look forward to contributing where we can in the evaluation and assessment of the program.

Sincerely Yours,

Leon Hoover

Chief Executive Officer





Innovations in Therapeutic Emergency Transportation and Community Recovery Services for Conservatees: Innovation as a path to the future and to Recovery

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

PRESENTATION TO THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

SEPTEMBER 27, 2018

## INN 7 – Therapeutic Transportation - The Need

Implementing a therapeutic approach to intervening and transporting a client to emergent care.

- 20 van-based teams comprised of a psychiatric nurse, social worker and peer, operating 7 days per week from 10:00 am until at least 8:30 pm.
- Field and street-based assessment, intervention and therapeutic transportation
- Tele-psychiatry capacity

LA County Board of Supervisor motion to adopt "humane treatment for those suffering from mental illness and are unwilling and/or incapable of accepting care."

Long wait times for ambulances

The trauma and stigma associated with ambulance or law enforcement transport

• From the perspective of a mental health outreach worker and from a family member

## The Innovation and Criteria

Vans and teams deployed across the county to intervene and transport clients to hospitals or Urgent Care Centers who present as:

- Non-Combative, non-threatening behaviors
- Agree to transport
- No apparent medical issues
- Calm demeanor
- Communicative with Team

Therapeutic services begin when the van arrives and continue through the admission to the Emergency Department or alternative crisis service.

Teams will be deployed to communities to engage those on the street

The project introduces a new application to the mental health system of a promising community-driven practice and approach that has been successful in Stockholm, Sweden.

The primary purpose of the project is to increase access and the quality of mental health services to underserved, unengaged groups.

## Learning Questions and Evaluation

Will Therapeutic Transport result in a more efficient use of DMH staff?

Will Therapeutic Transport result in a reduction of adverse incidents associated with waiting for an ambulance or ambulance-related restraint?

Will there be a decrease between the time the hold is written and arrival at the Emergency Department when compared to ambulance or law enforcement transports?

Does the team therapeutic approach result in any reduction of emotional suffering, symptom reduction or any increase in engagement at the time of hospital admission?

Will Therapeutic Transport clients experience fewer days hospitalized and will discharge planning be positively impacted?

Will Therapeutic Transport clients obtain more and consistent connection to services?

## Budget and Project Sustainment if Successful

#### 3 year project

Gross budget: \$28,967,556

Net MHSA INN budget: \$18,342,400

Based on results of the project, LACDMH will consider utilizing MHSA CSS funds (Outreach and Engagement or the Alternative Crisis Work Plan), if available.

# INN 9 – The Need For Improving Recovery Rates for Conservatees Living in the Community

The Los Angeles County Board of Supervisors motion directing the Los Angeles County Department of Mental Health (LACDMH) to streamline the process for and enhance services to individuals with a mental illness who meet the criteria for conservatorship, as well as increase access to all levels of care as they are needed, including at the level of Lanterman Petris Short (LPS) conservatorship.

An essential step is to enhance the array of recovery-focused mental health services received by conservatees that is focused not merely on maintenance but on recovery.

The expectation of recovery from mental illness for conservatees has under-paced the rest of the public mental health system in Los Angeles County.

Recovery from mental illness must be an expectation for conservatees, just as it is for other clients treated in the public sector.

## The Need from 2 Distinct Perspectives

Maurnie Edwards

**Evelio Franco** 

## The Innovation and Criteria

16 teams across the county, composed of a clinician and a peer mentor, will provide support, case management and consultative services for a caseload of 50 clients conserved through the PG, who are living in the community/B&C facility (approximately 800 individuals at this time) and not within the confines of a locked facility.

Teams will be embedded within existing mental health clinics and will serve as the conduit between the conservatee and the mental health clinic, will be PG experts or champions for clients on conservatorships.

Teams, in collaboration with clinic, will provide a full array of case management, peer support and clinical treatment.

Peer staff will help promote the expectation of recovery by instilling hope through appropriate sharing of their own lived experience, modeling self-care, skill building and teaching ways to overcome adversity.

The **primary purpose** is to increase access to a full array of recovery-focused mental health care and support through a new approach to overall public mental health service delivery for this population.

## Learning Questions and Outcomes

Do recovery based advocacy and services improve conservatee quality of life as measured by?

 Quarterly administration of a well-being measure as defined by social support, satisfaction with living arrangements, living arrangement status and meaningful use of time.

Are rates of recidivism and incarceration reduced as a result of these services?

 Hospitalization, incarceration and IMD use will be tracked for conservatees served by this project and compared to LPS conservatees not receiving services as part of this project.

Did utilization of outpatient mental health services increase?

 An annual evaluation with assess length of time conservatees are engaged and connected to mental health services and the rate of accessing services, as compared to those conservatees without community support.

Was the average length of conservatorship reduced?

Does the increased service approach result in positive health outcomes in terms of BMI, blood pressure, diabetes or smoking behaviors?

## Budget and Project Sustainment if Successful

#### 5 year project

Net budget: \$16,282,502

• \$14.2 million for direct service

Gross budget: \$21,723,708

#### Sustainability:

If the project proves successful and to meet it's aims, LACDMH would seek available funding (most likely through MHSA CSS) to continue services or modify services based on the evaluation.

## **Proposed Motion**

MHSOAC approves Los Angeles County's two (2) innovation projects as follows:

Name of Project: Therapeutic Transportation

**Amount:** \$18,342,400

**Project Length:** Three (3) Years

Name of Project: Ongoing Focused Support to Improve Recovery Rates for

Conservatees Living in the Community

**Amount:** \$16,282,502

**Project Length:** Five (5) Years





# RISE Project: MHSA Extension Request

Presented by Lindsay Walter, Lisa Conn and Carissa Phelps

### COMMERCIAL SEXUAL EXPLOITATION (CSE) -- PROBLEM & NEED

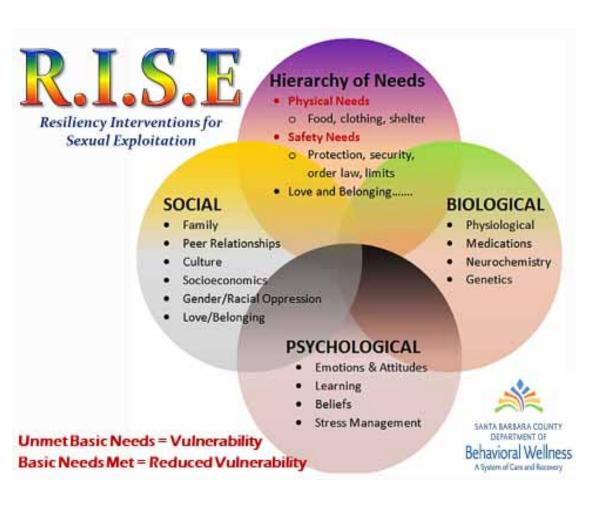
- The Central Coast is a natural transit corridor for trafficking activity
- 55% of forced labor victims and 98% of sexually exploited victims are young girls and women
- A larger than expected amount of victims ages 10-24
- Difficult to reach populations
- Inadequate trauma informed care
- Significant resource gaps with absence of collaborative partnerships
- Lack of awareness, education and training in community
- Youth often get "caught up in the system," incarcerated, expelled, placed in group/foster homes etc., increasing their vulnerability to exploitation
- Insufficient safe housing and relocation resources



#### **NEED:**

- ✓ Intensive outreach/engagement
- ✓ Difficult to identify and engage
- ✓ Gender-specific, trauma-informed, holistic approach
- ✓ 24/7 specialized CSE multidisciplinary support
- ✓ REDUCE UNMET NEEDS—REDUCE VULNERABILITY

## PROPOSED PROJECT



- RISE is a specialty unit that only serves unserved and underserved CSE youth using a strengthsbased "whatever it takes" innovative approach
- Strength & Resilience Based Approach
- Intensive Outreach & Engagement
- Utilizing Survivor Mentors

### **GOALS**

#### **GOALS MET:**

- Over100 youth served in addition to their families
- All staff hired and CSEC/trauma informed trained & specialized facility developed
- Awareness & public education campaigns completed
- Increased interagency and community collaborations
- Trained over 1000 first responders, treatment providers, and community members
- Collaboratively developed SBCo First Responder ID Tool (FRIT)
- Creation of Survivor Mentor supports and program consultation

#### **GOALS YET TO BE REALIZED:**

- Educate an additional 6000 individuals
- Create shared tracking system across agencies
- Officially pilot the FRIT
- Pilot utilization of innovative CSE therapeutic tools created with UCSB
- Assist in facilitation of multi-disciplinary migrant CSE & trafficking efforts
- Creation of Toolkit for statewide use

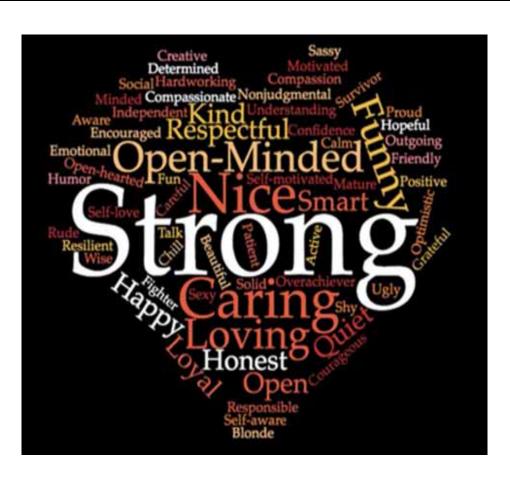
## **INNOVATION LEARNING AND OUTCOMES**

- ➤ Will shared universal and measurable trauma screening tools improve CSE ID and early intervention?
- ➤ Will shared tools improve CSE collaborations & communications across agencies?
- ➤ Will shared tools & collaboratively developed CSE protocols increase timely trauma informed & victim-centered interventions?
- ➤ Will community education/awareness efforts increase community engagement?
- ➤ Will increasing community & policymaker awareness increase funding sources to develop longer term housing & safe shelters?
- ➤ Will using innovatively created treatment tools, improve clients' ability to understand often overlooked needs & increase their goal achievements?

## **BUDGET**

Component	Year 1	Year 2	Year 3	Year 4	Year 5	Total	% Budg
	FY 15-16	FY 16-17	FY 17-18	EXTENSION	EXTENSION		
Staffing							
Salaries	\$197,429	\$383,469	\$516,730	\$586,400	\$586,400	\$2,270,428	
Benefits	\$129,583	\$257,582	\$378,158	\$302,000	\$302,000	\$1,369,323	
Total	\$327,012	\$641,051	\$894,888	\$888,400	\$888,400	\$3,639,751	59%
Operations for Project							
Facility - Maintenance, Rent, Janitorial, Security, Utilities	\$96,412	\$188,837	\$28,077	\$109,000	\$109,000	\$531,326	
Client Expense - Food, Clothing, Shelter, Housing, Lodging	\$668	\$2,237	\$18,444	\$53,400	\$53,400	\$128,150	
Operating Supplies - Copier, Licenses, Office Expense, All Other	\$2,549	\$11,692	\$26,699	\$45,500	\$45,500	\$131,940	
Travel - In County Cars, Mileage, Meetings, and Conferences	\$5,383	\$121,242	\$42,442	\$4,900	\$4,900	\$178,867	
Information Technology - Software, Hardware, Phone, Maintenance	\$13,695	\$8,904	\$14,615	\$27,400	\$27,400	\$92,014	
Staff and Community Training & Peer Mentor Consultant	\$10,146	\$24,681	\$76,852	\$40,000	\$40,000	\$191,679	
Contract Providers - Physician / Staff Support	\$3,384	\$4,664	\$25,157	\$0	\$0	\$33,205	
County Operations Service Charges	\$1,252	\$95,869	\$74,025	\$114,800	\$114,800	\$400,746	
Total	\$133,488	\$458,125	\$306,312	\$395,000	\$395,000	\$1,687,926	27%
Evaluation and Adminstration							
BeWell Administrative Costs - Admin, Quality Assurance, Evaluation	\$46,011	\$141,886	\$137,127	\$218,400	\$218,400	\$761,824	
Evaluation - University of California at Santa Barbara / Jill Sharkey	\$0	\$31,320	\$30,120	\$30,000	\$30,000	\$121,440	
Total	\$46,011	\$173,206	\$167,247	\$248,400	\$248,400	\$883,264	14%
Total Proposed Expense Budget	\$506,511	\$1,272,382	\$1,368,447	\$1.531.800	\$1.531.800	\$6.210.940	
	•						
Less: Offseting Revenus (Medi-Cal)	(\$676)	(\$41.781)	(\$176,922)	(\$231.800)	(\$231,800)	(\$682,980)	
Total MHSA Innovations Budget	\$505,834	\$1,230,601	\$1,191,525	\$1,300,000	\$1,300,000	\$5,527,961	
Total Two Year MHSA Innovations Extension Request				\$1,300,000	\$1,300,000	\$2,600,000	

## **SUSTAINABILITY**



- The ongoing community need for RISE is unmistakable
- County partners have begun to develop supportive/complementary resources
- Transition to a Transition Age Youth Full Service Partnership (FSP) w/MediCal
- CSE Toolkit will be established in order to develop similar programs in other counties and states

## PROPOSED MOTION

MHSOAC approves Santa Barbara County's innovation project extension as follows:

Name: Resiliency Interventions for Sexual

Exploitation (RISE)

**Additional Amount:** \$2,600,000 for a total INN project budget

of \$5,107,749

**Additional Project Length:** Two (2) years for a total project duration

of five (5) years.

#### Statement of Support for MHSA RISE Project Extension

The following letter certifies that our organization, **Department of Social Services**, **Child Welfare Services** offers its support for the following MHSA Innovation 2 year extension (FY 18/19-19/20) request by Santa Barbara County Department of Behavioral Wellness (BWell):

#### RISE (Resiliency Interventions for Sexual Exploitation)—MHSA Innovation

The consequences of childhood trauma profoundly impact, at great social and financial cost, not only county Mental Health and DSS, but community schools, juvenile justice, medical providers and more. The most costly outcome, however, is the intense pain, suffering and "reduced quality of life" experienced by victims and families.

- The <u>priority populations</u> served by the RISE Project will include youth <u>aged 10-24 and their families</u>; specifically targeting our underserved female, LGBT/GNC African-American, Asian/Pacific Islander, Latino, Native American/Tribal youth who are "at" and "in" risk of commercial sexual exploitation (sex trafficking) in each region of Santa Barbara County.
- Supports will focus on:
  - o Youth who are "at risk" of or have experienced sexual exploitation
  - Youth identified as commercially sexually exploited.
  - o Youth at risk of out of home placement or are residing in Juvenile Hall, foster care or group homes
- RISE has been working toward developing and maintaining interagency, treatment/training/education approaches for sexual exploitation of children and youth in SB County which includes partners/supports throughout the community, including Law Enforcement, Juvenile Probation, Courts, Public Defender, District Attorney, Rape Crisis, DSS, Victim Witness, SB County Human Trafficking Task Force, Behavioral Wellness, Schools, UCSB, Medical Community, Public Health, EMT's, Community Based Organizations, Guardians, Foster Parents, Peers/Mentors, Spiritual Community and others. A comprehensive genderspecific/trauma-informed model of services, resources, protocols, education and training will be collaboratively developed, implemented and tested for efficacy.

In addition to understanding the need to address the concerning increase in child sexual exploitation in our community, we (I), the undersigned, have participated in previous multi-disciplinary improvement oriented endeavors with Behavioral Wellness in efforts to provide "best practice" and culturally sensitive care, and because of our (my) positive experience, we (I) are pleased to give support to the RISE Project Extension Request. We (I) understand that this project requires a strong collaborative network of informed individuals and multi-disciplinary service providers to help create systemic change, improve the lives of our community's vulnerable youth and their families, and serve as a model of effective practices for reducing child sexual abuse and sexual exploitation/trafficking and its resulting multilayered and costly consequences.

We (I), therefore, commit ourselves and/or the organizations and agencies we represent to build and strengthen the efficacy of the RISE Project by coordinating, participating in or providing the following:

- Participate in multi-agency and multi-disciplinary CSEC/Human Trafficking meetings
- Provide referral and resource assistance for needed interventions targeting at risk youth and victims of commercial sexual exploitation and trafficking, including nonprofit/governmental agencies as well as spiritually based services.
- Join or continue as members of the Santa Barbara County Human Trafficking Task Force
- Work collaboratively with the "HART Court Program" to aid in assistance to at risk and in risk youth
- Agree to continue participation in county wide, multi-agency Trauma-Informed Trainings
- Agree to help create a more trauma-informed culture in your agency, department, classroom or home, particularly related to sexually exploited children

We (I) verify that representatives of Department of Social Services, Child Welfare Services, have been notified	of the
işsuance of this letter and have thus granted approval of this document for the Grant Period of 2018-2020	9
Carrier 10-20-18	4

Name

Date

My name is Laurie Haro, and I am a Division Chief with Child Welfare Services in Santa Barbara County. I have had the pleasure of actively working with the RISE program since its inception. While Child Welfare Services and the Juvenile Probation Department are usually the gateway for referrals on children and youth who have suffered or are at risk of suffering sexual exploitation, neither agency is able to provide the necessary therapeutic services to address the trauma that these children have experienced at the hands of their perpetrators. The RISE program is able to provide those services, and to do so immediately, sometimes within hours, of a child or youth being identified as sexually exploited. These mental health services are provided to these exploited youth in their homes, at the RISE center, or in a foster home setting. Through the MDT process, RISE strives to work with community partners to develop appropriate service plans to address the child or youth's needs, so that further exploitation does not occur. Recently a youth was identified as possibly being a CSEC victim: Child Welfare Services made a call to RISE, and a therapist was dispatched to Santa Barbara within minutes of that call in order to meet and assess the child's mental health needs. In addition to therapeutic services, the RISE program has worked extensively within our community to educate about the risk of CSEC for our youth, and how to successfully report it. It would be a great benefit for our county if the funding for this program were extended for the next two years, so that this program can continue to successfully meet the mental health needs of children and youth who have been victims, or are at risk of being victims, of sexual exploitation.

Wer, Dinsion Chief

#### Statement of Support for MHSA RISE Project Extension

To: Santa Barbara Mental Health Commission,

The following letter certifies that I offer my support for the following MHSA Innovation 2 year extension (FY 18/19-19/20) request by Santa Barbara County Department of Behavioral Wellness (BWell):

#### RISE (Resiliency Interventions for Sexual Exploitation)—MHSA Innovation

The consequences of childhood trauma profoundly impact, at great social and financial cost, not only county Mental Health and DSS, but community schools, juvenile justice, medical providers and more. The most costly outcome, however, is the intense pain, suffering and "reduced quality of life" experienced by victims and families.

- The <u>priority populations</u> served by the RISE Project will include youth <u>aged 10-24 and their families</u>; specifically targeting our underserved female, LGBT/GNC African-American, Asian/Pacific Islander, Latino, Native American/Tribal youth who are "at" and "in" risk of commercial sexual exploitation (sex trafficking) in each region of Santa Barbara County.
- Supports will focus on:
  - Youth who are "at risk" of or have experienced sexual exploitation
  - o Youth identified as commercially sexually exploited.
  - o Youth at risk of out of home placement or are residing in Juvenile Hall, foster care or group homes
- RISE been working toward developing and maintaining interagency, multi-layered treatment/training/education approaches for sexual exploitation of children and youth in SB County which includes partners/supports throughout the community, including Law Enforcement, Juvenile Probation, Courts, Public Defender, District Attorney, Rape Crisis, DSS, Victim Witness, SB County Human Trafficking Task Force, Behavioral Wellness, Schools, UCSB, Medical Community, Public Health, EMT's, Community Based Organizations, Guardians, Foster Parents, Peers/Mentors, Spiritual Community and others. A comprehensive genderspecific/trauma-informed model of services, resources, protocols, education and training will be collaboratively developed, implemented and tested for efficacy.

In addition to understanding the need to address the concerning increase in child sexual exploitation in our community, I have participated in previous multi-disciplinary improvement oriented endeavors with Behavioral Wellness in efforts to provide "best practice" and culturally sensitive care, and because of my positive experience, I am pleased to give support to the RISE Project Extension Request. I understand that this project requires a strong collaborative network of informed individuals and multi-disciplinary service providers to help create systemic change, improve the lives of our community's vulnerable youth and their families, and serve as a model of effective practices for reducing child sexual abuse and sexual exploitation/trafficking and its resulting multilayered and costly consequences.

I am committed to build and strengthen the efficacy of the RISE Project by coordinating, participating in or providing the following:

- Participate in multi-agency and multi-disciplinary CSEC/Human Trafficking meetings
- Provide referral and resource assistance for needed interventions targeting at risk youth and victims of commercial sexual exploitation and trafficking, including nonprofit/governmental agencies as well as spiritually based services.
- Join or continue as members of the Santa Barbara County Human Trafficking Task Force
- . Work collaboratively with the "HART Court Program" to aid in assistance to at risk and in risk youth
- Agree to continue participation in county wide, multi-agency Trauma-Informed Trainings
- Agree to help create a more trauma-informed culture in your agency, department, classroom or home, particularly related to sexually exploited children

Having worked with this population for the majority of my career as the Pediatrician at the Santa Barbara County Juvenile Detention Facilities and more recently as the physician at the Santa Maria Valley Youth and Family Adolescent Alcohol and Drug Treatment program and as the Medical Director for the Santa Barbara County Sexual Assault Response Team, I can tell you their medical, emotional and mental health needs are significant. This population has experienced a staggering amount

of trauma in their short lives and the consequences are expressed in significant physical, behavioral and psychological ways. They are hard to reach and often difficult to deal with by traditional programming (probation, mental health clinic, etc.) RISE is able to connect with this population in a way that I personally have never seen before. They "meet them where they are" and offer real, immediate help and solutions. They have helped divert girls (mostly) from the juvenile justice setting to services that are more therapeutic.

RISE has also been instrumental in advocating for more services, more County awareness and more collaboration between agencies. There presence is critical to the continued development of coordinated services for exploited children.

Please extend their MHSA funding so they can continue their critical and transforming work.

Sincerely,

Carrick Adam, MD, MSPH
Board Certified, American Academy of Pediatrics and American Board of Addiction Medicine
Medical Director, Santa Barbara County Juvenile Detention facilities
Medical Director, Santa Barbara County Sexual Assault Response Team
Addiction Pediatrician, Santa Maria Valley Youth and Family Adolescent Alcohol and Drug Program
Secretary, Fighting Back Santa Maria Valley

Name

Date



BOARD OF DIRECTORS

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## NORTH COUNTY RAPE CRISIS & CHILD PROTECTION CENTER

#### Statement of Support for MHSA RISE Project Extension

The following letter certifies that our organization, North County Rape Crisis and Child Protection Center offers its overwhelming support for the following MHSA Innovation 2 year extension (FY 18/19-19/20) request by Santa Barbara County Department of Behavioral Wellness (BWell):

#### RISE (Resiliency Interventions for Sexual Exploitation) -- MHSA Innovation

The consequences of childhood trauma profaundly impact, at great social and financial cost, not only county Mental Health and DSS, but community schools, juvenile justice, medical providers and more. The most costly outcome, however, is the intense pain, suffering and "reduced quality of life" experienced by victims and families.

- The <u>priority populations</u> served by the RISE Project will include youth <u>aged 10-24 and their families</u>; specifically targeting our underserved female, LGBT/GNC African-American, Asian/Pacific Islander, Latino, Native American/Tribal youth who are "at" and "in" risk of commercial sexual exploitation (sex trafficking) in each region of Santa Barbara County.
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In addition to understanding the need to address the concerning increase in child sexual exploitation in our community, we, the undersigned, have participated in previous multidisciplinary improvement oriented endeavors with Behavioral Wellness in efforts to provide "best practice" and culturally sensitive care, and because of our positive experience, we are pleased to give support to the RISE Project Extension Request. We understand that this project requires a strong collaborative network of informed individuals and multi-disciplinary service providers to help create systemic change, improve the lives of our community's vulnerable youth and their families, and serve as a model of effective practices for reducing child sexual abuse and sexual exploitation/trafficking and its resulting multilayered and costly consequences.

We, therefore, commit ourselves and/or the organizations and agencies we represent to build and strengthen the efficacy of the RISE Project by coordinating, participating in or providing the following:

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- Provide referral and resource assistance for needed interventions targeting at risk youth and victims of commercial sexual exploitation and trafficking, including nonprofit/governmental agencies as well as spiritually based services.
- Join or continue as members of the Santa Barbara County Human Trafficking Task Force
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- Agree to help create a more trauma-informed culture in your agency, department, classroom or home, particularly related to sexually exploited children

Date JUNE 2018

We (I) verify that representatives of North County Rape Crisis and Child Protection Center have been notified of the issuance of this letter and have thus granted approval of this document for the Grant Period of FY 18/19 – 19/20.

Ann S. McCarty

**Executive Director** 

North County Rape Crisis and

Child Protection Center



To: The Behavioral Wellness Commission

Re: Multi-disciplinary Approach to Human Trafficking Victim Recovery

A few years ago our Youth Ministries and Staff found ourselves on the frontline of the Human Trafficking crisis in Santa Maria when one of our students and her family became victims. From her disappearance to eventually celebrating her return and the many milestones she has accomplished throughout her recovery process I have been impressed by the support and teamwork provided by each organization and group that offered their support and I believe this multi-disciplinary partnership concerned with her well being.

I was able to see firsthand how this student and her family were able to benefit from the support that was offered from her community which including our church, Fighting Back Santa Maria, RISE, other counseling services, the school district and also the justice system which wisely recognized her as a victim rather than another case. While the student and family deserve the applause for triumphing through tragedy they have been quick to show appreciation for the support and assistance they received.

I believe this multi-disciplinary approach and teamwork should be encouraged and practiced particularly but not only in crisis situations. It was certainly valuable for this family. It should come as no surprise that our communities and individuals will benefit if we combine our resources and view each other as partners in the community rather than work in isolation unaware of the value that can be provided by other social services and organizations.

James Barr Youth Pastor Grace Baptist Church, Santa Maria

#### Statement of Support for MHSA RISE Project Extension

The following letter certifies that our organization, SBACT offers its support for the following MHSA Innovation 2 year extension (FY 18/19-19/20) request by Santa Barbara County Department of Behavioral Wellness (BWell):
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<ul> <li>Youth identified as commercially sexually exploited.</li> <li>Youth at risk of out of home placement or are residing in Juvenile Hall, foster care or group homes</li> <li>RISE has been working toward developing and maintaining interagency, multi-layered treatment/training/education approaches for sexual exploitation of children and youth in SB County which includes partners/supports throughout the community, including Law Enforcement, Juvenile Probation, Courts, Public Defender, District Attorney, Rape Crisis, DSS, Victim Witness, SB County Human Trafficking Task Force, Behavioral Wellness, Schools, UCSB, Medical Community, Public Health, EMT's, Community Based Organizations, Guardians, Foster Parents, Peers/Mentors, Spiritual Community and others. A comprehensive gender-specific/trauma-informed model of services, resources, protocols, education and training will be collaboratively developed, implemented and tested for efficacy.</li> </ul>
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We (I) verify that representatives of $58^{\circ}ACT$ have been notified of the issuance of this letter and have thus granted approval of this document for the Grant Period of $FY$ $18/19-19/10$

Name

## FIGHTING BACK

Fighting for our future, one kid at a time.

Santa Maria Valley

201 S. Miller Street, Suite 209 · Santa Maria, CA 93454 P: 805/346-1774 · F: 805/621-5859 · www.FBSMV.com

EDWIN WEAVER Executive Director June 20, 2018

BOARD MEMBERS

Dear Behavioral Wellness Commission,

MARK RICHARDSON Santa Maria Joint Union High School District –Superintendent Board President A community or a county will be judged by how it treats its most vulnerable members.

A child groomed and drawn into a life where she is sold for sex by the adults who are supposed to take care of her, provide her guidance and safety is our most vulnerable member.

BOB BUSH Orcutt Union School District Retired Superintendent Board Vice-President So how will we treat her? As a criminal? As a witness to a crime and when we are done with her testimony tell her to move along and figure it out? Like a victim to be sheltered and told to be scared the rest of her life?

CARRICK ADAM, MD MSPH SB County Juvenile Facilities Medical Director Board Secretary None of these are acceptable. We should instead treat these girls as the warriors that they are. Surviving the worst that can be imagined. Becoming the flowers from concrete. We need to continue to develop the resilience that is inside them so that they can lead us toward a better way.

MATT BEECHER Santa Maria-Bonita School District Asst. Sup. for Business Services We as a community have a moral and ethical responsibility to care for these youth. Although you and I did not participate in their trauma; we did not keep them safe from the pimps and traffickers who put them in harm's way. Our community members were these children's rapists. It is the adults, our neighbors and citizens who are paying to have sex with these girls. So, until we stop this from occurring we have a moral and ethical obligation to provide a place and space for healing and restoration for these vulnerable members.

DEBORAH BLOW Orcutt Union School District Superintendent

Some of you might think that this is not a mental health issue. But I would remind you of your own mission: The mission of the Department of Behavioral Wellness is to promote the prevention of and recovery from addiction and mental illness among individuals, families and communities, by providing effective leadership and delivering state-of-the-art, culturally competent services.

ED CORA Guadalupe Union School District Superintendent

To promote the prevention of addiction and mental illness and the recovery from addiction and mental illness among individuals.

JUDE EGAN Law Offices of M Jude Egan Owner

These individual girls are asking you to fulfill your mission today. Keep the RISE Program going, to assist them from turning to self-medication of drugs and alcohol and to mitigate the mental health symptoms that come with trauma and adverse childhood experiences. Allow the RISE program to deliver this state of the art service. We will all benefit from the girl's restoration and we as a community will benefit from the adults that they will become because their adversity is not their destiny.

STEVEN FUNKHAUSER Starry Sky Coffee Owner

Santa Maria-Bonita School District

ALICE PATINO City of Santa Maria Mayor

LUKE ONTIVEROS

Superintendent

Thank you

KEVIN WALTHERS Allan Hancock College President

Edwin Weaver, M.S.W., M.A.

Parent of RISE Client (name confidential) Santa Maria, CA 93456

June 20, 2018

Dear Behavioral Wellness Commission,

I am writing today because I understand that there is discussion of cutting funding for the Santa Barbara County RISE Program. As a single mom I can not afford to take the day off work, or I would be there in person to plead with you not to cut their funding. I wholeheartedly believe that the RISE Program saved my daughter, and without their knowledge and expertise she would not be with me today. My daughter was sex trafficked in the fall of 2015 and was one of the first girls to be part of the RISE Program. Her first months home after being rescued were extremely challenging. The brainwashing and manipulation that she endured from the traffickers was intense. The counselors at the RISE Program not only worked with my daughter, but helped me to understand what she had been through and how to help her.

My youngest daughter has also recently started being seen by a RISE Program therapist. She had been seeing a therapist at Behavioral Wellness on Foster Road. When that therapist left her position, the new therapist told me that she thought my daughter's needs would be better met through the RISE Program because of the sexual abuse that my daughter has endured. Without hesitation I contacted RISE about also connecting this daughter with their services.

I attended the Human Trafficking Awareness Forum hosted by Assemblyman Jordan Cunningham on April 20, 2018. The crime of sex trafficking is growing in our area. Law enforcement is working hard to fight the issue. The DA's office works diligently to prosecute the traffickers. But what about the victims? The RISE Program is intensive, specialized therapy that works to transform these victims into survivors. I have seen that happen first hand. My daughter has lived it. Please do not cut funding for the RISE Program. There are many others like my daughters who would benefit tremendously from their services. Please allow these girls the same chance to be transformed.

Parent's name and signature removed for confidentiality

#### Statement of Support for MHSA RISE Project Extension

The following letter certifies that our organization, Santa Barbara County Victim Witness offers its support for the following MHSA Innovation 2 year extension (FY 18/19-19/20) request by Santa Barbara County Department of Behavioral Wellness:

#### RISE (Resiliency Interventions for Sexual Exploitation)—MHSA Innovation

The consequences of childhood trauma profoundly impact, at great social and financial cost, not only county Mental Health and DSS, but community schools, juvenile justice, medical providers and more. The most costly outcome, however, is the intense pain, suffering and "reduced quality of life" experienced by victims and families.

- The <u>priority populations</u> served by the RISE Project will include youth <u>aged 10-24 and their families</u>; specifically targeting our underserved female, LGBT/GNC African-American, Asian/Pacific Islander, Latino, Native American/Tribal youth who are "at" and "in" risk of commercial sexual exploitation (sex trafficking) in each region of Santa Barbara County.
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The Santa Barbara County District Attorney's Office, in partnership with the Santa Barbara County Sheriff's office, received a \$1.3 million Office for Victims of Crime and Bureau of Justice Assistance Enhanced Collaborative Model to Combat Human Trafficking three year grant in 2016 to collaboratively combat human trafficking. The RISE program offers the kind of specific trauma informed mental health interventions this population needs and is not offered by any other partner agency. Without the RISE program the commercially exploited youth of Santa Barbara County would not be receiving appropriate care. The RISE program has been instrumental in helping our the Santa Barbara Human Trafficking Task Force develop a multidisciplinary team protocol delivering emergency, short term and long term wraparound services. We work very closely with the RISE team in our Helping to Achieve Resiliency or "HART" Court program, a partnership with the District Attorney's Office, the Public Defender, Social Services and Juvenile Court. RISE has become an integral part of our flight to combat human trafficking in Santa Barbara County. We are grateful for their partnership and collaboration. It is our sincere hope that you will continue to support this innovative and essential program in Santa Barbara County.

Sincerely,

Rita Truman McGaw, M.S., MFT	Megan Rheinschild		
Victim-Witness Program Supervisor	Victim Witness Program Director		
Santa Barbara County District Attorney's Office	Santa Barbara County District Attorney's Office		
(805) 884-8077	(805) 568-2408		
rmcgaw@co.santa-barbara.ca.us	mriker@co.santa-barbara.ca.us		
RMCGaw.	Me ye		
Name	Name		
6/19/2018-	6/19/2018		
Date	Date		

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have thus granted approval of this document for the Grant I	Period of
Edwin Weaver, The Win	6/20/19
Nome + Signetine	Inte



## The Technology Suite

Proposal to Add "Cohort #2" Counties

Thursday, September 27, 2018

A multi-county, multi-vendor collaborative to increase access to mental health care - and support and promote early detection of mental health symptoms that predict the onset of mental illness.

## Tech Suite Presenters



- Karin Kalk, Project Manager
- Sharon Ishikawa, Ph.D., MHSA Coordinator, Orange County Health Care Agency Behavioral Health Services
- Dara H. Sorkin, Ph.D. Associate Professor Department of Medicine University of California, Irvine
- Imo Momoh, M.P.A., Director, Mental Health Services Act, San Francisco County Department of Public Health
- Gloria Moriarty, Advocate Specialist, Center of Deafness Inland Empire

## Introduction



- Brief Overview: About the Tech Suite Project
- Cohort #1 Progress
- Overview of the Evaluation Approach
- The Opportunity for Cohort #2
- About Cohort #2 Counties
- Conclusion

## Tech Suite Objectives



- ➤ Detect and acknowledge mental health symptoms sooner
- > Reduce stigma associated with mental illness by promoting mental optimization
- Increase access to the appropriate level of support and care
- Increase purpose, belonging, and social connectedness of individuals served
- Analyze and collect data to improve mental health needs assessment and service delivery

#### About the Tech Suite





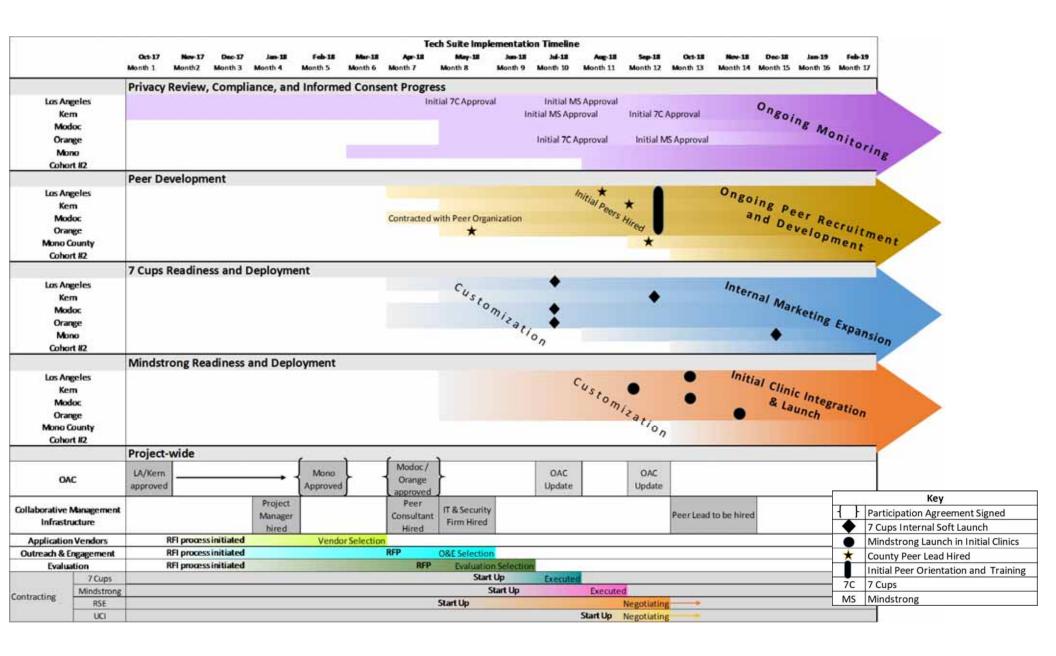


- Detect and acknowledge mental health symptoms sooner
- ➤ Reduce stigma associated with mental illness by promoting mental optimization
- ➤ Increase access to the appropriate level of support and care
- ➤ Increase purpose, belonging, and social connectedness of individuals served
- Analyze and collect data to improve mental health needs assessment and service delivery



## Cohort #1

Summary of Progress and Key Lessons Learned



## Lessons Learned about Collaborative



- As expected, joining an already existing collaborative expedites preparatory and implementation timelines
- As hoped, collaboration allows for more discovery, robust problem solving and rapid spread of knowledge
- Aligning applications, peer roles, marketing and evaluation around each county's aims is central to progress
- While there are county-to-county differences at the outset, consistency in approach emerges with time which sets the stage for a statewide platform to app deployment

#### **Target Populations**

Individuals with low to moderate mental health need

Family members of those suffering from mental illness, who are seeking support.

Socially isolated individuals, including older adults

Individuals in outlying or rural areas who struggle to access care

Individuals seeking care/support in a nontraditional mental health settings

High utilizers of inpatient psychiatric facilities.

Individuals at risk for mental illness

Individuals at risk for relapsing

# Key Lessons Learned So Far: *Target Populations*

Target populations experience the mobile apps differently

We are engaged in a process of understanding what different populations want from these apps – and how they will use them

Effectiveness increases when we can 'zoom in' on specific populations, rather than for just these generalized groups

An expanded collaborative will help to identify populations for whom mobile applications are effective – as well as for those whom they are <u>not</u>

# Key Lessons Learned So Far: Outreach & Marketing





People have different learning curves about mobile apps, how their phone can be helpful to their mental health, and how to use them for support

Building internal acceptance within mental health organizations is key a first step to marketing an app

Informed consent is critical, especially as it relates to privacy and security

Some people will be excited about mobile apps as a mental health support; others will be reluctant or prefer to use a computer

# Key Lessons Learned So Far: *About the Applications*

Mobile applications represent a new modality for service providers – they are a new resource when service availability is limited

The public mental health system has the opportunity to advance mobile apps to be responsive to individuals supported by the safety net

Integrated mobile apps give the public mental health systems expanded reach – both for those not served, as well as those served but who need more support



#### **Applications**

Peer Chat and Digital Therapeutics

Virtual Evidence-Based Therapy Utilizing an Avatar

Passive Data
Collection for Early
Detection and
Intervention

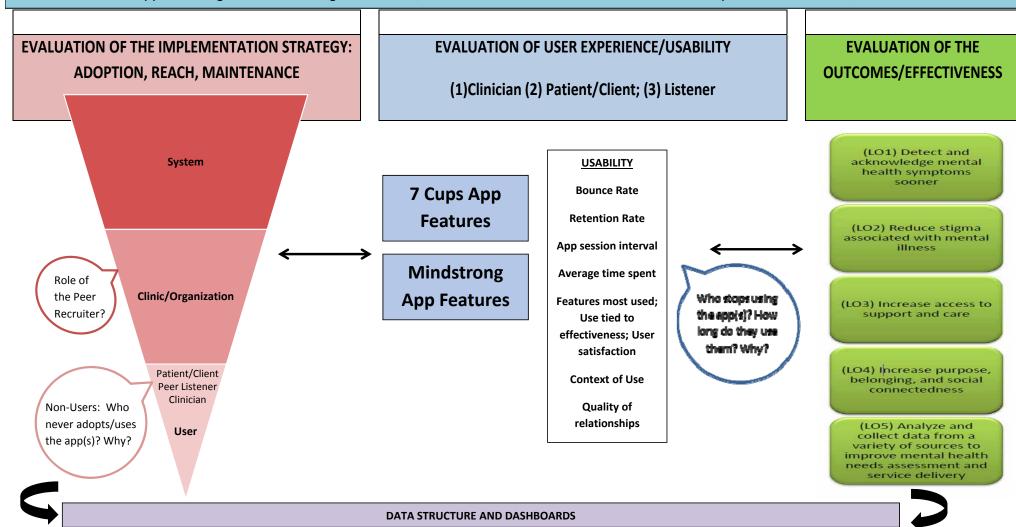


## About the Evaluation

Logic Model

#### **TARGET AUDIENCES and EQUITY:**

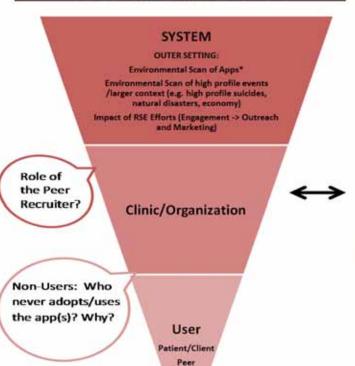
Are the apps reaching the intended target audiences, and has this initiative reduced known health disparities in access and/or outcomes?



#### TARGET AUDIENCES and EQUITY:

Are the apps reaching the intended target audiences, and has this initiative reduced known health disparities in access and/or outcomes?

EVALUATION OF THE IMPLEMENTATION STRATEGY: ADOPTION, REACH, MAINTENANCE EVALUATION OF USER EXPERIENCE/USABILITY (1)Clinician (2) Patient/Client; (3) Listener EVALUATION OF THE OUTCOMES/EFFECTIVENESS



Clinician

(County- and Within App)

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USABILITY

Bounce Rate

Retention Rate

App session interval

Average time spent

Features most used;

Use tied to

effectiveness; User

satisfaction

Context of Use

Quality of relationships

Who stops using the app(s)? How long do they use them? Why? (LO1) Detect and acknowledge mental health symptoms sooner

(LO2) Reduce stigma associated with mental illness

(LO3) Increase access to support and care

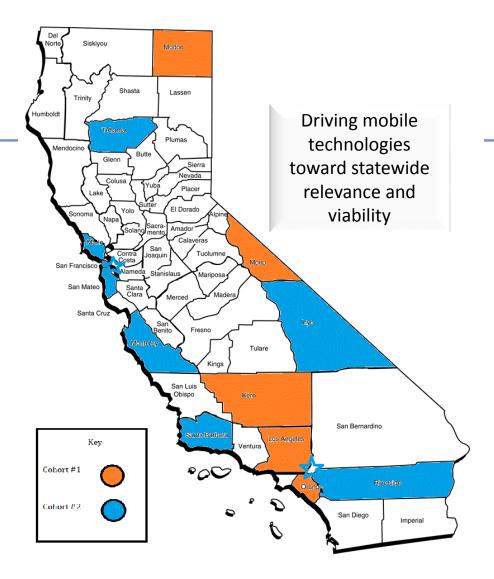
(LO4) Increase purpose, belonging, and social connectedness

(LOS) Analyze and collect data from a variety of sources to improve mental health needs assessment and service delivery

#### **DATA STRUCTURE AND DASHBOARDS**



Introducing
Cohort #2
counties and
their proposals



## Expanding the Collaborative



#### Opportunity for Large Scale Change

Diversify conditions for learning

Create parity in access to mobile applications

Target outreach and support for specific populations in need

Expand application functionality to increase effectiveness



## Stakeholder Perspectives

A brief video to hear directly from individuals involved in county community planning processes.



#### SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



SF-MHSA Transitional Age Youth CPP activity

# Humboldt Tehama Mendocino Giern Giern Giern Giern Furnas Furnas Giern Furnas Furnas

#### **Target Populations:**

- All San Franciscans
- Transition age youth (TAY) ages 16-24
- Socially isolated transgender adults.

#### Innovation:

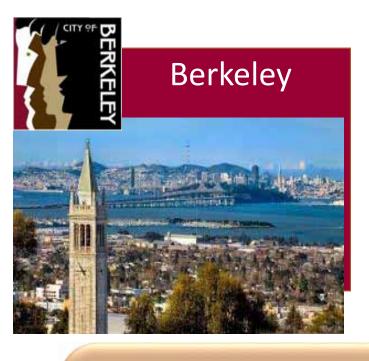
The use of technology as a tool to connect individuals to mental health support and services is a new approach to overall public mental health service delivery as well as a focus on technology solutions for underserved groups.

#### **Demographic Highlights:**

- For cities with over 200,000 people, San Francisco is the second most densely populated city in the country, second only to New York.
- San Francisco is diverse, and has a minority-majority population, with around 33% of its population being of Asian descent, 15% Latinx, and only 41% of its population is non-Hispanic White



Funding Request: \$2,273,000



#### **Demographic Highlights:**

- demographics
- African American population has increased
- populations



#### **Target Populations:**

- Isolated individuals (including senior citizens) who may have one or more
- Individuals who are in need of mental health services and supports but don't meet the eligibility criteria to receive services at Berkeley Mental Health.

Work with the vendor to have all local mental health and ancillary services available in one place on an accessible App.

> "The 24/7 Peer Chat feature will be a great support for consumers who are often awake late at night!" -Local Mental Health Consumer

Funding Request: \$462,916



## **INYO COUNTY INNOVATIONS**



Clients are able to view their brain biomarkers on their phone whenever they would like, and they can permit friend or family group to monitor this information via smart phone. This way, they can utilize their personal resource network prior to clinical contact

#### **Target population Testimonials**

#### **New Mothers-**

"Motherhood is difficult, it leaves you isolated and extremely stressed out. Having a support network at my fingertips would have been super helpful"— Inyo County Mom

#### Youth transitioning out of high school-

"We need to provide our children with access to the resources to help them during this stressful season of their life and what better way than with a network of THEIR choosing?" – Inyo County Stakeholder

#### INYO DEMOGRAPHIC HIGHLIGHTS

**01** Inyo is the **second largest** county in California at 10k sq.

Smallest number of people per square mile: population

Highest elevation in U.S., Mount Whitney

Lowest elevation in U.S., Bad Water, Death Valley National Park







Funding Request: \$448,757



Siskiyou

Humboldt

Modoc

#### Target Populations:

Older adults who are underserved because of geographic, physical, economic, language or cultural barriers to accessing services

#### **Innovation**:

- Technology-based multi-county collaborative project that focuses specifically on older adults
- Utilizing a locally developed training curriculum on mental health in older adults as an outreach and engagement strategy for the tech suite

#### **Demographic Highlights:**

- Marin County has a median age (46.1) almost 10 years older than the state as a whole (36.4)
- 30% of Marin adults 65 or older live alone.
- The top income families earn over 21 times more than low income families in Marin County.
- Communities of color experience poverty at disproportionate rates.
- Marin City is predominantly African American and has a poverty rate of 33% compared to 8% poverty rate county-wide



Inyo

Tulare



#### Monterey





Tulare

Los Angeles

Riverside

Imperial

San Diego

#### **Demographic Highlights:**

- 4 Distinct Regions: Coastal, North County, Salinas, South County
- Population: 426,441
  - Concentrated around Salinas and Monterey Peninsula. Many isolated communities in North and South County regions.
  - 57% Hispanic/Latino, 32% White
  - Median Age: 33
  - 25% of all children living below poverty level
- Economic drivers: Agriculture, Government and Toursim
  - 3<sup>rd</sup> largest Agricultural county in state

Funding Request: \$2,526,000





## SAN MATEO COUNTY HEALTH BEHAVIORAL HEALTH

& RECOVERY SERVICES



#### **Demographic Highlights:**

- Diversity: 39.5% White, 27.8% Asian or Pacific Islander, 24.8% Hispanic or Latino residents
- Over 46% of the County population speak a language other than English at home; of this 45% spoke English less than "very well".
- Threshold languages are Spanish, Tagalog,
   Chinese and Russian, concentration languages include Tongan and Samoan.



#### **Target Populations:**

- Transition-age youth in crisis
- Isolated older adults
- Monolingual Chinese and Spanish speaking

#### Innovation:

- Care coordination capacity to support the Chinese monolingual speaking community.
- For youth in crisis, the capacity to identify and show on a local map, safe places for youth to go when in need.

Funding Request: \$3,832,545

"As a family member with a transition age youth living at home, I understand how effective and efficient the use of technology can be for the transition age youth population as they tend to trust in technology, as they've grown up with it their whole lives."

- Sylvia R., Family Partner, BHRS



#### **Demographic Highlights:**

- The overall county Latino population was 41.9% in 2010, and this number has increased to 45%.
- Significant micro-communities are growing, encompassing various groups, including indigenous Oaxacan/Mixteco-speaking migrants and immigrants from central and South Asian countries, including China, the Philippines and Thailand.
- The county's only non-English threshold language is Spanish.

#### **Stakeholder Feedback:**

"I think that the tech app would be a great resource. People don't always want to get help by coming in. An app can help people stay in touch with their doctors and peers."

"Peers are being underserved. The mobile app will help. A mobile innovation app is monumental."

#### **Target Populations:**

Three at-risk and/or underserved populations:

- Adults discharged from psychiatric hospitals and/or recipients of crisis services;
- Transition-age youth who are students at colleges and universities; and
- Individuals age 16 and over living in geographically isolated communities, such as Guadalupe, New Cuyama and others.

#### **Innovation:**

- Web-based peer-to-peer communications to promote greater access to peer support, behavioral health services and linkages to treatment.
- Combine two powerful forces –
   peer support and digital technology
   in the service of clients and the community.

Funding Request: \$4,912,852





#### **Target Populations:**

- Individuals in isolated areas of the county;
- Youth and TAY who may be more comfortable accessing services using a techbased and youth-culture oriented platform;
- Those at risk of suicide who may be more willing to engage in private and confidential services;
- People who have not accessed services for whom a virtual mode of service may meet their need.

#### Innovation:

Modoc

- Virtual support, information and/or care is likely to be a significant additional tool in addressing issues related to geographic and socio-economic isolation.
- Another level of linguistically and culturally appropriate support for the Latino population.
- The Tech Suite may address how best to reach out to and support youth and TAY in a mode that is most comfortable.

#### **Demographic Highlights**:

- Poverty, geographic barriers, lack of transportation options and stigma result in unique service challenges.
- Almost ¼ of Tehama County residents (22%) live below the federal poverty level, significantly higher than state (15%) and national (16%) averages.
- 60% of Tehama County's 63,500 residents live in unincorporated areas, a rate over four times the California average of 14%.
- The superior region as a whole has fewer service options, compounding local effects.
- Tehama has significant behavioral health workforce shortage.
- Stigma discourages individuals from seeking services.

Contra San Joaquin Tuolumne Mono
Alameda Stanislaus Mariposa
Santa Clara Merced Madera

Tulare

Kings

San Luis
Obispo

Kern

San Bernardino

Orange Riverside

San Diego Imperial

Funding Request: \$ 118,088

"Information on how to get help should be available by texting: It's what young people do. They will not make a phone call and cannot physically go to where services are."

Focus group participant, Community Planning process

"[For] people working on their recovery, it can be very isolating both literally— living alone, no car, no support group—and emotionally."

Focus group participant, Community Planning process





#### **Target Populations**



Transition age youth and college students (up to age 25) who are seeking peer support or who are interested in offering their support as trained peer listeners.



Older adults (ages 60+) who lack transportation or are unable to access traditional services.



Non-English speaking clients and community members who may be facing stigma and language barriers.

Funding Request: \$1,674,700

#### <u>Innovation</u>: What makes our project unique?

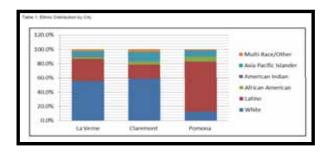
- Specialized training for peers, volunteers, and community members who seek to become virtual support persons.
- Peers becoming paid listeners can leverage this employment experience as a stepping stone towards a career through our *Peer Employment Pipeline*.
- Peer College Liaison(s), Older Adult Liaison(s), and Peer Bilingual Liaison(s):
  - ➤ Individuals with lived experience who will be responsible for outreach, engagement, and training by embedding themselves in primary locations for each target populations.

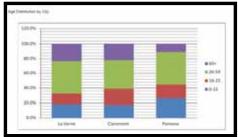
#### **Benefits of the Peer Chat:**

**TAY:** "It is easer to express yourself in written text. Less chance of misspeaking".

Older Adults: "The ability to connect with someone right away. I can use it at my home".

Monolingual Speakers: "We like anonymous and to learn about services available".







#### **Demographic Highlights:**

- 4th largest county in California by population and by land
- Riverside County has frontier, rural, and metropolitan population densities, resulting in plan implementation barriers of small, medium and large counties combined
- Diversity: 48% Latino/Hispanic; 36% Caucasian; 6.4% African-American; 6% Asian/PI.
- Riverside County Dept. of Public Health (2014) estimated the LGBT population between 71,000 to 236,000, potentially making this community the 3rd largest minority group in Riverside County
- Riverside County is home to one of the two schools for the deaf in California. Estimated population of deaf individuals nationally is 10%; Riverside County estimate is 17%.
- 38% of Riverside County residents were living at or below 199% of poverty in 2016

### Modoc Lassen Trinity humboldt Mendocino

El Dorado

Siskiyou

San Mateo

Santa Cruz

#### **Target Populations:**

- Early Detection: TAY
- Suicide Prevention
  - o Men over the age of 45
  - Adults over the age of 65
  - TAY
- **High Risk Populations** 
  - Re-entry Consumers (AB109, Whole Person Care)
  - **FSP Consumers**
  - o Eating Disorder program consumers
- Access to Underserved Communities and for Rural Regions
  - Deaf and Hard of Hearing
  - o Ethnic cultural and LGBT communities
  - Mid-County and Desert Regions

#### Innovation:

- TAY Drop-in Center "Technology Ambassadors"
- Care Plan Tools for FSP, Re-entry Programs, and Eating Disorder program
- Allied Health Care Partnership in Rural Communities
- **Outreach and Engagement**

#### **Team Structure:**

Program Development/Implementation:

- Administrative Services Manager: Technology expert/Liaison to Vendors
- Senior Peer Support Specialist: Program Design and Implementation Strategy Service Operation:
- Peer Support Specialists (6): Community Liaisons and coaches
- Peer Support Interns: TAY Consumers as Technology Ambassadors
- Clinical Therapist: Clinical education and consultation/support
- Local Peer Listeners



Tulare

#### Some stakeholder feedback that initiated participation and created the operation of the plan:

"This is something that my community [deaf and hard of hearing] could really use! We are used to using our phones to communicate."

"Is there a way you can get the younger people to teach us [older adults] how to use the technology?"



## Stakeholder Perspectives

Another brief video to hear directly from those involved in county community planning processes.

## The opportunity at hand:

Making mobile technologies relevant for the broad array of populations served by the public mental health system

Cohort #2 represents the opportunity to put the California Public Mental Health System in the driver seat of mobile application design and deployment.

We can prevent the otherwise predictable outcome of a new capacity once again not being relevant to large segments of the populations we serve.

With the addition of Cohort #2, more of these all-to-frequently left out voices will help shape the marketing and outreach and app design.

Each county serves as a 'workshop' that helps to assure the marketing and application design are relevant and effective for a particular population; with 15 counties, the Tech Suite has the opportunity to reach many populations in many circumstances.



## Thank you!

**Questions & Discussions** 

## Proposed Motions (10): The MHSOAC approves each of the following County's Innovation plans, as follows:



	Name	Amount	<b>Project Length</b>
1	City of Berkeley	\$462,916	3 Years
2	Inyo	\$448,757	3 years
3	Marin	\$1,580,000	3 Years
4	Monterey	\$2,526,000	3 Years
5	Riverside	\$25,000,000	3 Years
6	San Francisco	\$2,273,000	3 Years
7	San Mateo	\$3,872,167	3 Years
8	Santa Barbara	\$4,912,852	5 Years
9	Tehama	\$118,088	2 Years
10	Tri-City	\$1,674,700	3 Years

# Mental Health Policy Fellowship Programs

## HONORARY NAMING

September 27, 2018

## Background

## **AB 1134 Mental Health Services Act Fellowship**

- Mental Health Professional
- Mental Health Consumer

#### Goals:

 Opportunity for consumers and practitioners to inform the work of the Commission and Public Policy.

## The Advisory Committee

Provide guidance on the Fellowship Programs goals, design, application process and eligibility criteria.

Applications for the Advisory Committee are now being accepted and are available on the MHSOAC website at <a href="mailto:mhsoac.ca.gov">mhsoac.ca.gov</a>

## **Honorary Naming**

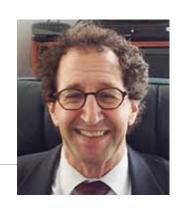
- Letter of Request
- Nominations:
  - Sally Zinman- Mental Health Consumer
  - Rusty Selix- Mental Health Professional

## Nomination of Sally Zinman



- More than three decades of activism.
- A strong voice for self empowerment and self-determination for people living with mental health issues.
- Redefined the concept of recovery and peer-run support programs.
- Works to address stigma, promote a community-based approach to mental wellness, and upholding the civil rights of people with mental health needs.

## Nomination of Rusty Selix



- Co-author of the Mental Health Services Act.
- Early champion of the need to bend the treatment curve toward prevention and early intervention.
- Leading expert in mental health policy and finance for the past 30 years.
- A strong and persistent voice for destigmatizing mental illness and building a continuum of care.