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SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

# MHSA Innovation Project Proposal:

# Using Technology to Advance Recovery, Referrals and Access to Care

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Alice Gleghorn, Ph.D., Director

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# Overview

## Introduction

The Peer to Peer Chat and Digital Therapeutics (PPCDT) application offers a free, voluntary and mobile web-based network of trained peers available to chat 24/7 with individuals (or their family members/caregivers) experiencing symptoms of mental illness. With Innovation funding, the Santa Barbara County Department of Behavioral Wellness will offer this service at no cost to behavioral health consumers and community members who have access to a cell phone, laptop, tablet, desktop computer or similar computing devices.

Features of the Peer to Peer Chat and Digital Therapeutics application include:

- Virtual Peer chatting through trained and certified paid peers with lived experience, including Santa Barbara County residents employed in the county.
- Virtual communities of support for specific populations, such as family members of children or adults with mental illness, those experiencing depression, trauma and other populations.
- Virtual chat options for parents with children engaged in the mental health system – and for parents of adults with mental illness.
- Virtual manualized interventions, such as mindfulness exercises, cognitive behavioral or dialectical behavior interventions delivered in a simple, intuitive fashion.
- Referral process for individuals requiring face-to-face mental health services by the Santa Barbara County Department of Behavioral Wellness.

It is important to note that chat room technology has evolved enormously since the early days of the internet. Current software specializing in serving people with behavioral health challenges offers a wide range of client-driven resources that are highly customizable and geared toward helping users achieve their long-term goals. For many individuals, even those who already use the internet, PPCDT applications can open up an exciting new world of options for support, counseling and therapy matched to their specific needs.

Innovation funding offers Santa Barbara County its *first* opportunity to test the use of web-based peer-to-peer communications to promote greater access to peer support, behavioral health services and linkages to treatment. The proposed project combines two powerful forces – peer support and digital technology – in the service of clients and the community.

## Primary Problem

People with behavioral health challenges are often stigmatized and isolated, which contributes to feelings of hopelessness, lack of treatment and unnecessarily high levels of hospitalization, incarceration, morbidity and mortality. On the other hand, when people are offered the social and therapeutic supports they need to live productive lives, limited law enforcement, acute care and social service resources will be available to others in need. Assisting individuals with behavioral health challenges with new pre-crisis options is cost-effective and beneficial to the community.

For decades, greater access to behavioral health services, including crisis response and crisis triage, as well as improved communications among clients, family members, clinicians and peer specialists have been top concerns of Santa Barbara County stakeholders. These concerns have been expressed over and over at Mental Health Services Act (MHSA) stakeholder forums, town halls, Mental Health Commission meetings and other venues.

Thanks to funding from MHSA and Senate Bill 82 (SB 82), in recent years the Santa Barbara County Department of Behavioral Wellness has substantially expanded crisis response and crisis triage services countywide. However, a great deal of work remains in increasing engagement of underserved, hard-to-reach and marginalized communities, improving communications and increasing access to services, especially at non-crisis levels.

## Need for Improved Technological Resources in Santa Barbara County

In FY 2016-17, adults discharged from a psychiatric facility waited, on average, six days to receive an appointment for mental health services.[1] Engagement through online applications could assist individuals with a point of contact and support system immediately following hospitalization, ideally reducing the wait time for some individuals.

Also, the Technology Suite could serve some of the individuals who, for a variety of reasons, do not attend appointments in a timely manner. For example, nearly 30% of the individuals requiring follow-up assistance following crisis care do not attend an appointment within 24 hours.[2] We hope that for many, comfort with using a computer or smartphone in a private setting will lead to prompt assistance and support.

| Access: Offered and Attended | | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| **Routine** | offered an appointment within 14 days | 86.2% | 97.7% | 98.5% |
| | *had an appointment within 14 days* | *0.0%* | *53.4%* | *79.4%* |
| **Urgent** | offered an appointment within 24 hours | 20.0% | 77.8% | 85.7% |
| | *had an appointment within 24 hours* | *0.0%* | *55.6%* | *78.6%* |
| **Crisis** | offered an appointment within 24 hours | 0.0% | 84.6% | 95.7% |
| | *had an appointment within 24 hours* | *0.0%* | *69.2%* | *69.6%* |

(No data on appointment attendance were collected in Q2)

While use of the Technology Suite is not a substitute for an appointment with a psychiatrist, for some individuals, the use of online communications could provide much-needed assistance and support during fairly lengthy wait times as a link and consistent method of support.

Like virtually all other public behavioral health agencies in California and nationwide, with limited resources, the Department of Behavioral Wellness seeks efficient, modern and innovative ways to better reach people with severe mental illness. The Technology Suite offers the potential for quick response to a number of individuals facing serious behavioral health challenges and currently "falling through the cracks."

## Community Planning Process

During the FY 2017-2020 MHSA three-year community planning process, held from April-June 2017, the following areas were identified as critical needs and service gaps that could be potentially improved by implementing the Technical Suite:

- Immediate field response is not always available when needed;
- Peer opportunities and services are outdated or inadequate;

- Better use of technology would improve the quality, access to, and range of services;
- Transition-age youth have special needs and are inadequately served;
- Outreach and engagement efforts are currently failing to engage many clients, regardless of their respective types of service delivery.

During community Innovation brainstorming sessions held from September to November 2017, stakeholders were asked for innovative project ideas based on addressing service gaps and affirmed that online technology could help improve access for key populations and enhance peer opportunities. Stakeholder suggestions included implementing new computer applications and using digital communication that appeal to youth and hard to reach populations outside of the largest cities in the county.

Between November 1, 2017 and April 24, 2018, the proposed Technology Suite was discussed at 12 stakeholder forums held throughout the County. Approximately 620 individual stakeholders were invited to each of these forums, and a total of 120 attended.

Addressing Stakeholder Concerns

Although the response to the proposed Technology Suite was met with excitement and overwhelming support, the following concerns were expressed:

- Will peer navigators assist individuals discharged from the Psychiatric Health Facility in installing and using new applications?
- Will consumers have access to smartphones?
- Will privacy and security measures be adequate to safeguard protected health information?
- Will the applications have versions in Spanish?

All of these concerns will be addressed in the implementation of the project:

- Assisting clients discharged from the Psychiatric Health Facility (PHF): PHF staff members will be assigned to assist all clients with access to, and assistance with, 7 Cups software on a voluntary basis. A Peer Specialist will be assigned to the PHF and crisis services to train and help individuals gain access at the time of discharge.

- Providing consumer access to Smartphones: Peer staff in the Department of Behavioral Wellness currently assist consumers with benefits acquisition and support services. This includes access to smart phones that can support a variety of software applications for those who qualify. Free smartphones are provided by the Santa Barbara County Department of Social Services. Peer staff will work with Social Services to have 7 Cups software pre-loaded on client smartphones. In addition, the Santa Barbara County Department of Behavioral Wellness funds Community Learning Centers (RLCs) in each major region of the county (Santa Maria, Lompoc and Santa Barbara). RLCs provide free computer training and support, including a computer lab in which Internet access and 7 Cups will be provided. In addition to the RLCs, for individuals without computers and/or smartphones, local libraries countywide offer free Internet access.

- Ensuring Security and Client Privacy: There is no higher priority than ensuring security and the privacy of client protected health information. According to a July 2018 report on the Technology Suite prepared by CalMHSA, “In the initial start-up phase, experts will be brought in to guide early planning and decision-making. These experts will assist in, peer engagement within individual counties, evaluation design, legal issues for critical topics like privacy/security safeguards, intellectual property rights, etc., and recruitment

of long-term expert staff and/or contractors." Santa Barbara County IT professionals will leverage the expertise of the multi-county collaborative to adopt effective measures that ensure security and privacy. Santa Barbara County will initially only use 7 Cups software. We will consider adding additional software components only when we determine that they are completely secure and fully ensure client privacy.

- Spanish Version: Spanish is Santa Barbara County's only threshold language, and it is essential that individuals who prefer Spanish to English are served by this project. The Spanish version of 7 Cups is here: https://www.7cups.com/es/. In addition, we will require that at least 30% of the county and contracted peer project staff will be bilingual/bicultural.

Positive Stakeholder Feedback

Peers, contract agencies, and other concerned citizens expressed gratitude for expanded crisis services provided primarily by Triage teams. Stakeholders also appreciated the addition of new housing and crisis residential units, while also supporting client follow-up after the initial crisis contact and/or upon discharge at from crisis stabilization or the Psychiatric Health Facility.

- Some members of the Regional Recovery Learning Communities (RLCs) and some transition-age youth have voiced the need to communicate with other peers without having to travel, as transportation may be an issue.
- Those living with mental health needs, along with domestic violence issues, may seek to access support in a discreet way, which can be accomplished through digital communications.
- Finding referrals to providers on the mobile application may reduce the number of people using hospital emergency rooms for care.
- A mobile app is an innovative, multi-functional tool and an optional line of communication that may work well for individuals receiving public assistance who are now given smart phones.

New digital technologies offer the potential to address stakeholder concerns. For example, the following comments were offered during four MHSA stakeholder forums held in March 2018:

- A mobile application would allow those needing services and their families a way to navigate through a very difficult mental health system.
- Creating new, trusted lines of communications for peers and clinicians will help prevent crises, creating a new opportunity for clients to express concerns and receive referrals before challenges reach the crisis level.
- Transition-age youth are likely to embrace a mobile app; this is a common way of communicating for this age group.
- Working on a joint project with other counties is, in itself, quite innovative. Excitement about a collaborative multi-county project was expressed many times.

Robust TAY Participation

Transition-age youth (TAY) participation in the Innovation community planning process was robust. A diverse group of TAY stakeholders included youth from Future Leaders of America, TAY staff at Peer Employee Forums, and various local youth provider agencies, such as YMCA Youth and Family Services, Cal State University Channel Islands, and First 5 . In addition, the Department intends to work with TAY representatives from Future Leaders of America on feedback and direction for the Technology Suite roll-out. In addition,

Behavioral Wellness will require the inclusion of at least one TAY peer in the request for proposal (RFP) process for peer contract services.

## Santa Barbara County Demographics[3]

Santa Barbara County is part of California's central coast, between Ventura County to the south and San Luis Obispo County to the north. According to the US Census Bureau, as of July 1, 2017, the population of Santa Barbara County was 448,150. A mid-sized county, Santa Barbara County ranks 19th in population size among all California counties. The US Census for 2011 identified the three largest cities as Santa Maria (North County), 99,553; Santa Barbara (South County), 88,410; and Lompoc (Central County), 42,434.

The overall county Latino population was 41.9% in 2010, and this number has increased to 45%. The percentage of Santa Barbara County residents who are Latino increases as one heads north. For example, Santa Maria's population is 70.6% Latino. In addition, in recent years, Santa Barbara County has become increasingly diverse. 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.

**2010 Santa Barbara County Population, Race and Income**

| | | |
|---|---|---|
| Total population | 419,793 | |
| White | 320,583 | 76.4% |
| Black or African American | 7,752 | 1.8% |
| American Indian or Alaska Native | 4,191 | 1.0% |
| Asian | 20,905 | 5.0% |
| Native Hawaiian or other Pacific Islander | 880 | 0.2% |
| Some other race | 50,121 | 11.9% |
| Two or more races | 15,361 | 3.7% |
| Hispanic or Latino (of any race) | 175,692 | 41.9% |
| Per capita income | $30,330 | |
| Median household income | $61,896 | |
| Median family income | $71,695 | |

**Innovation Project Background**

Recently the Department of Behavioral Wellness became aware of the multi-county technology collaboration focused on a Technology Suite of online communications designed to meet the need of mental health clients. In August 2017, a presentation by Los Angeles County suggested that use of the Tech Suite could advance outreach and engagement of behavioral health clients in participating counties. As of April 12, 2018, 20 counties have expressed interest in participating in the Tech Suite; the Mental Health Oversight and Accountability Commission has approved at least four plans. CalMHSA will be acting as the fiscal agent for the project.

According to Orange County, "this project represents a new approach and service modality for the overall mental health system, including prevention and early intervention. The innovation will provide diverse

populations with free, voluntary access to mobile applications [to] connect individuals seeking help in real time and increase user access to mental health services when needed." [4]

The Technology Suite and other digital applications offer an array of potentially life-changing tools to advance the well-being and recovery of many of behavioral health clients in Santa Barbara County. We are very interested in deploying new internet-based solutions that will extend access to services, empower consumer and family peers and reduce client isolation and feelings of hopelessness.

We know that online communications are not a panacea, but we believe that digital technology may be used effectively to engage people who would otherwise not receive adequate support and to motivate some individuals to seek face-to-face services. Innovation funding offers an opportunity to expand digital peer-to-peer communications, test strategies for specific target populations and conduct evaluation to ensure continuous quality improvement and successful outcomes. New technological approaches may contribute to solutions to stakeholder issues raised during past MHSA updates, including access, reaching underserved populations and improving communications.

**Existing Approaches**

Many healthcare agencies recognize the importance of online support in contributing to recovery. For example, the Mayo Clinic lists the benefits of support groups no matter what the format, in-person, telephone and online[5]:

- Feeling less lonely, isolated or judged
- Gaining a sense of empowerment and control
- Improving your coping skills and sense of adjustment
- Talking openly and honestly about your feelings
- Reducing distress, depression, anxiety or fatigue
- Developing a clearer understanding of what to expect with your situation
- Getting practical advice or information about treatment options
- Comparing notes about resources, such as doctors and alternative options

Mental Health America notes, "Some organizations now offer online support groups, discussion boards, blogs, and online communities as additional ways to connect with others in similar situations. These can be helpful additions to in-person support groups and can be especially helpful if there are no groups in your area."[6]

As a joint project, the Orange County Innovation Proposal on Mental Health Technology Solutions succinctly addressed existing approaches to the use of technology: "As described in the proposals of the currently approved counties (Los Angeles, Kern, Mono): technology-based mental health support and services has been increasing access for individuals who do not seek traditional means of treatment. Private-industry technology-based services have been utilized with universities and public health institutions; however, a project utilizing technology-based services and supports to increase access and linkage has never-before been tested by multiple counties. It is anticipated that:

- Digital therapeutic technology platforms, such as applications or websites that utilize trained peers to deliver support and manualized interventions, will serve as a valuable service portal for individuals with mental health concerns, family members needing support and offer a possible entry portal into the public mental health system;

- Developing and implementing an application that individuals can download and voluntarily agree to use that utilizes passive information, in the way a FitBit does, will help an individual identify changes in behavior, feelings or thoughts and suggest a course of action (increasing behavioral activation, talk to a friend, etc.)
- Strategic use of passive data may help identify individuals at risk of developing mental health disorders and could play a role in reducing the functional impact of mental disorders."[7]

**Proposed Project**

The Department of Behavioral Wellness proposes focusing on at least one component of the Technology Suite – Peer to Peer Chat and Digital Therapeutics (PPCDT) – for three at-risk and/or underserved populations:

1) adults discharged from psychiatric hospitals and/or recipients of crisis services;
2) transition-age youth who are students at colleges and universities; and
3) individuals age 16 and over living in geographically isolated communities, such as Guadalupe, New Cuyama and others.

We seek to deploy the PPCDT to improve peer support services and access to care focused on prevention, early intervention, family support and social connection to reduce hospitalizations and use of emergency services among individuals 16 and older.

We propose initially working only with 7 Cups, an online, "on-demand emotional health and well-being service." We will review additional digital therapeutic applications once we gain confidence in all the personal information security and use of the application technology. During the Santa Barbara County community planning process, some stakeholders, although excited about the prospect of using new technology, were concerned about security not being adequate to protect private health information. As a result, we anticipate starting with 7 Cups with and introducing other applications only when security concerns are fully addressed.

To ensure 24/7 coverage, we propose to use both county peer staff and contracted peer staff with community-based nonprofits. If we fall short of 24/7 staffing, we will happily hire peers with 7 Cups to ensure 24/7 coverage. In addition, we are considering developing a local pool of on-call peer specialists. These individuals would be paid a salary for serving in an on-call basis, and whenever they are activated their salary would increase.

**Innovative Component**

The PPCDT proposal combines the proven, evidence-based tool of peer support and emerging online technology:

*Peer Support:* As with crisis services, in recent years, the Santa Barbara County Behavioral Wellness has substantially expanded peer participation in behavioral healthcare service delivery. Consumer and family member peers serve on crisis triage and Assertive Community Treatment (ACT teams), in children's programs, at Recovery Learning Communities and in other programs. We continually explore ways to increase the incorporation of peers into service delivery. From both experience and published research, we know that consistent engagement of clients through peer support advances wellness and recovery.[8]

This project will be Santa Barbara County's first opportunity to apply the long-desired peer employment ladder that will provide greater opportunities for peers serving in the behavioral health system. The Consumer Empowerment Manager/WET Manager will design the team that will be led by a Peer-Preferred Project

Manager. During the recruitment for the position, preference points will be awarded to those who are peers and meet the requirements of a project team manager. The Peer-Preferred Project Manager will oversee a Peer Outreach Coordinator, county Peer Support Specialists and additional Peer Support Specialists hired through a community-based, nonprofit organization enlisted through our standard Request for Proposal (RFP) process. 7 Cups peer staff will be hired if 24/7 coverage cannot be achieved through hiring county-based peers.

Peers will provide active listening, recommendations for local resources and customized peer support. Among the trainings peer staff will receive are Recovery 101 (based on SAMHSA), Peer Support 101 (Workforce Integration Support and Education - WISE), Ethics, Boundaries and Confidentiality (WISE), HIPAA, Active Listening, Cultural Competency and an overview of Santa Barbara County behavioral health and social service resources.

*Online communications:* It is beyond dispute that digital communications are firmly established in the fabric of contemporary American life. Estimates find that in 2018, 65% of US adults 65 and over use the internet. Internet use by people 50-64 is 87%; 30-49 is 97% and 18-29 is 98%.[9] While the Santa Barbara County Department of Wellness uses a website, electronic health records and frequent stakeholder emails, we have barely tapped the potential of online communications to promote client wellbeing and recovery.

Harnessing the well-documented power of peer support with the internet offers new opportunities for client engagement. Consequently, the Department of Behavioral Wellness seeks Innovation funding to test, implement and evaluate the Peer-to-Peer Chat and Digital Therapeutics module with three underserved and/or at-risk populations. This would constitute the first initiative of its kind in Santa Barbara County.
Santa Barbara County's Proposed Participation in Tech Solutions Project.

Santa Barbara County proposes to participate in the Tech Solutions project for a total of five years and plans to implement Peer to Peer Chat and Digital Therapeutics (PPCDT), including:

| Component | Description |
|---|---|
| Peer to Peer Chat and Digital Therapeutics (PPCDT) | Establish peer chat support available 24/7 available in English and Spanish; link to department website and disseminate software. |
| Community Engagement and Outreach | Strategic approaches to access points that will expose individuals in target populations to the Peer to Peer Chat and Digital Therapeutics service. |
| Outcome Evaluation | Outcome evaluations of all elements of the project, including research and outcomes. |

**Target Populations and Strategies**

The free, voluntary mobile PPCDT application will be available to interested adults residing in Santa Barbara County. Specifically, we emphasize the promotion of its adoption and sustained use among three target adult populations: individuals discharged from psychiatric hospitals and/or recipients of crisis services, adults living in geographically isolated areas and transition-age youth enrolled in colleges and universities at risk for severe mental illness and/or suicide. We estimate the total target population to be 6,688 individuals.

Individuals Discharged from Psychiatric Hospitals and/or Recipients of Crisis Services

According to client data for FY 2016-17 pulled on May 1, 2018, approximately **2,504 unduplicated Department of Behavioral Wellness clients** receive crisis services and/or were discharged from psychiatric hospitals. At the time of discharge, a hospital staff member will introduce the patient to the PPCDT.

The project Outreach Coordinator will establish a system to monitor hospital, crisis stabilization, and crisis residential discharges of Behavioral Wellness clients and ensure that these individuals are offered PPCDT software and provided follow-up guidance and support in its use. Peer staff will provide follow-up with individuals who may not be using the PPCDT following discharge, solve problems related to use of the tool, and reintroduce them to the application or other community resources if needed.

Behavioral Wellness Adult Clients Residing in Geographically Isolated Areas

According to FY 2016-2017 data for clients age 16 and older pulled on May 1, 2018, **684 individuals** live in geographically isolated areas. We define "geographically isolated" areas as any communities outside of the county's three largest cities with Department of Behavioral Wellness service centers, Santa Barbara, Santa Maria and Lompoc. The target communities are Carpinteria, Guadalupe, Los Alamos, Casmalia, Los Olivos, New Cuyama, Santa Ynez and Buellton. Due to geographic location and population size, these areas have fewer providers and community resources than the county's three largest population centers.

We will reach out to local community leaders as one means of getting the word out about the PPCDT. For example, the Department of Behavioral Wellness has long worked with Amrita Salm and HopeNet of Carpinteria, a citizens' advocacy group focused on reducing suicides and ensuring access to behavioral healthcare. Guadalupe has few resources, and more than 85% of its residents identify as Latino. Bilingual/bicultural outreach workers will work closely with trusted local leaders and organizations to encourage use of the PPCDT.

A full-time peer outreach coordinator will work with community partners at key access points to distribute materials, provide training, and offer support to individuals assigned to promoting the applications and/or creating protocols for download and follow-up.

In addition, mailers will be sent to members of the target populations encouraging them to obtain access to the PPCDT from the Behavioral Wellness Department website. Also, orientation groups will guide new users, offer support and answer technical questions. These ongoing groups will be designed and implemented by the Peer Outreach Coordinator and held in all regions of the county. These PPCDT groups will supplement the new client welcoming groups that occur in the adult Behavioral Wellness outpatient clinics on a regular basis.

TAY Enrolled in Colleges and Universities

Transition-age youth (TAY) age 16-25 are at relatively high risk for onset of psychosis, other behavioral health disorders and suicide. Based on campus profiles of the three largest colleges and universities in Santa Barbara County, the University of California, Santa Barbara (UCSB), Santa Barbara City College and Allan Hancock College, almost 35,000 college students under the age of 26 attend university and colleges in Santa Barbara County. Depending on the type of condition, prevalence rates for suicide and serious mental illness typically range from about 7-11%.[10] According to research highlighted by the advocacy group Active Minds, "Almost one third of all college students report having felt so depressed that they had trouble functioning."[11] If one applies a prevalence rate of 10% to Santa Barbara County college students under 26, **an estimated 3,500 students** may be in need of behavioral health interventions at some point during their studies.

When the Department of Behavioral Wellness implemented a Substance Abuse and Mental Health Services Administration (SAMHSA)-funded first episode psychosis (FEP) grant, strong collaborative relationships were established to educate students about behavioral health challenges We will work

closely with the counseling centers and student leaders at Santa Barbara City College, the University of California, Santa Barbara (UCSB) and Allan Hancock College to ensure the Peer to Peer Chat and Digital Therapeutics application reaches as many students as possible.

Specific outreach will include developing ongoing partnerships with each campus's youth wellness connection or mental health center. In partnership with these groups, the PPCDT team will coordinate tabling at health fairs and student orientation events on campuses, participate in campus community events with guest speakers, promote PPCDT in campus newspapers, post marketing materials at student health clinics, and join campus wide mental health activities such as mental health awareness month and suicide prevention week. Of course, TAY not enrolled in a college or university will not be prohibited from using PPCDT.

The three at-risk and/or underserved populations are diverse. Collectively they represent an excellent cross-section of individuals for studying, evaluating and considering the expansion of the Innovation project, such as the adoption of additional Technology Suite applications.

**Evaluation and Learning Plan:**

We will coordinate the creation of a Santa Barbara County evaluation plan and work in partnership with other participating counties, their evaluators and CalMHSA to ensure common data collection, metrics and goals. Local evaluation responsibilities, including data collection, will be assigned to the Department's research team. A local evaluator will be engaged if local metrics are needed outside of CalMHSA or if CalMHSA ceases operations prior to the conclusion of the five-year term.

**Learning Goals / Project Aims:**

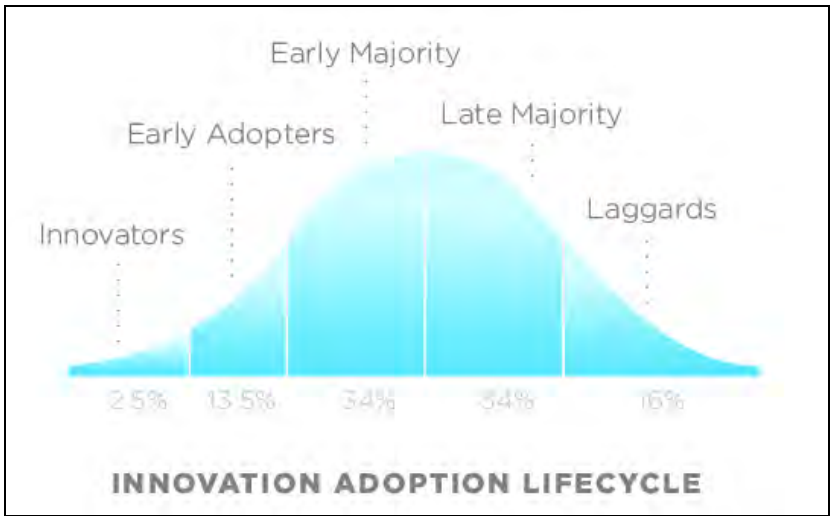
Statewide learning objectives, as of July 26, 2018, are:

1) Detect and acknowledge mental health symptoms sooner;
2) Reduce stigma associated with mental illness by promoting mental wellness;
3) Increase access to the appropriate level of support and care;
4) Increase purpose, belonging, and social connectedness of individuals served; and,
5) Analyze and collect data to improve mental health needs assessment and service delivery.

Santa Barbara County will work closely with the statewide evaluators to contribute data to measure progress toward achieving collaborative objectives listed above**.** As currently conceptualized, Santa Barbara County's specific learning goals are:

1) **Initiate and sustain peer-to-peer digital communications with members of each of the three at-risk and/or underserved target populations.**

Research suggests that adoption of innovations often follows a bell curve, with just 15% innovators and early adopters, 34% in the early majority, 34% in the late majority and 16% laggards in adopting innovation.




To understand uptake, patterns in use and potential relationships to outcomes, initiation and utilization will be tracked by the Mental Health Plan (MHP).

2) **Decrease isolation and feelings of hopelessness among individuals in each of the three target populations** (Collaborative objective 4).

To measure feelings of isolation and hopelessness, we will use data gathered by the statewide evaluator and our local research associate:

- at baseline
- over time, at a predetermined interval (after a certain number of sessions or days of use, for example)

Santa Barbara County will work with the evaluator to develop strategies for effective data collection. For example, we may create a baseline survey that clients will complete upon installation of the application. Each time a session ends, or the application is closed, a brief 1-3 question satisfaction survey will pop up, and a larger survey (3-5 questions) will pop up at the predetermined intervals. Data will be analyzed over time to assess whether clients feel less isolated and more hopeful. We will also attempt to determine if there is a relationship between the use of the application and changes in feelings.

3) **Reduce negative life events, such as hospitalization, visits to Emergency Rooms and incarceration among members of each of the three target populations**. (Relevant to Collaborative objective 4.)

For users engaged in the behavioral health service system prior to the introduction of 7 Cups, baseline data could be captured by aggregating each relevant metric during the prior year (or a longer period) as compared to periods in which the program is used. Service data from electronic health records (EHR) and incarceration data to be obtained from the jail/probation will be used. The data for emergency room visits could be pulled for 5150 holds, and we will determine how to receive this from hospital emergency departments. The life events could be pulled from MORS or CANS data if included in the EHR for those who already in our system of care.

Specific questions for which we will seek answers are:

1. Will an organized, countywide system of peer-to-peer digital communications be effective in producing measurable reductions in feelings of isolation and feelings of hopelessness among a significant percentage of clients in each of the three target populations? (Collaborative objective 4.)

2. Will an organized system of peer-to-peer digital communications contribute to a measurable increase or decrease in the use of crisis and emergency services? (Relevant to Collaborative objective 4.)

3. What are the patterns in uptake and utilization of PPCDT? (For example, will clients use the PPCDT on a regular basis once the initial novelty has worn off?)

4. Will the use of the Peer to Peer Chat and Digital Therapeutics (PPCDT) component of the Technology Suite produce sufficient positive outcomes to justify the expansion to other client populations? (Relevant to Collaborative objectives 1,2,3,4).

5. Do online communications reduce the reluctance of clients to recognize, discuss and seek treatment for behavioral health challenges? If so, how does this vary among the target populations? (Relevant to Collaborative objectives 1,2,3,4).

**Implementation Plan**

Implementation will consist of the following components: selecting a software vendor, installation and testing of software, publicity, marketing and outreach, contracting and recruitment of peer staff, evaluation design and training. A county staff position will be created for a Peer-Preferred Project Manager, who will be responsible for overseeing all aspects of implementation with the Consumer Empowerment Manager.

Installation and Testing

PPCDT software will be installed and linked to the Behavioral Wellness Department website. The chat room application, including distribution to users will be tested by December 2018 by local community groups and by other participating counties. Department of Behavioral Wellness peer employees will be engaged in the testing and feedback phase. In addition, the Department will convene at least two additional peer employee forums, in May and September 2019, to obtain guidance and feedback during the development phase.

Publicity, Marketing and Outreach

The Outreach Coordinator, in conjunction with CalMHSA, will initiate publicity and outreach, including, but not limited to, the following:

- Email information to a comprehensive staff and stakeholder mailing list.
- Enlist the support of campus counselors/networks, other county agencies, community-based organizations, advocacy groups.
- Create a flyer and business card with the URL.
- Publish announcements in the Behavioral Wellness Department Director's Report.
- Notify local print and broadcast media.
- Take business cards/flyers to health fairs, community-based organization meetings, supported housing complexes, public libraries, Recovery Learning Communities, etc.

In consultation with CalMHSA's marketing firm, the Outreach Coordinator will research and deploy appropriate marketing tools, which may include some or all of the following:

- Newspapers/articles/advertising inserts
- Business cards
- Social media advertising, including in Facebook, Instagram and Twitter
- Bus ads
- Mall ads
- Radio ads in threshold languages (English and Spanish)
- Movie theater promotions
- Branded items

Marketing and advertising will focus on the target populations, although no transition-age youth and adults in Santa Barbara County will be prohibited from using the PPCDT.

Recruitment of Peer Staff

Some peer staff will be hired through the County hiring process and some will be contracted to a community-based organization following a request for proposal. The Project Manager will monitor and evaluate their performance on an ongoing basis.

Evaluation and Monitoring

A part-time FTE research staff member with the Department of Behavioral Wellness and outside CalMHSA research contractor will monitor evaluation. Bi-weekly meetings between community-based organizations (CBO) and the Project Manager will track evaluation progress. The peer goals will be included in the contract, and a report that tracks outcomes will be submitted quarterly for review by the Behavioral Wellness Department Contracts Unit. Evaluation tools will be designed in partnership with the evaluation staff, research contractor, CalMHSA, other participating counties, the peer contractor and project staff.

Training of Behavioral Wellness and Community-Based Organization Peer Staff

Peer staff will be trained in how to use and distribute PPCDT software, HIPAA/confidentiality, how to recognize potential suicide attempts, ethics, code of conduct, duty to warn/protect against threats of violence, how to link chat users to services, peer support, active listening, Recovery 101, how to engage users and how to make referrals. In partnership with the Department's Quality Care Management team, peer certification will be provided to staff, including all necessary trainings required by the software vendor and curricula created by Santa Barbara County's Consumer Empowerment Manager and CalMHSA.

Partner agencies, community-based organizations, advocacy groups and other stakeholders will be trained in how to install and use the software.

**Certifications**

Santa Barbara County received Board of Supervisors approval to join the Technology Solutions project on July 17, 2018.

The MHSA Certification and MHSA Fiscal Accountability documents are in progress. It is anticipated that the Santa Barbara County will join the second cohort of participating counties in October 2018, following Mental Health Services Oversight and Accountability Commission (MHSOAC) approval in September 2018.

**Alignment with the MHSA Guiding Principles**

The Technology Solutions project will be consistent with the guiding principles of MHSA:

Community collaboration. This project will focus on bringing together a coordinated approach among the Department of Behavioral Wellness, other county partners, community-based organizations, consumer and family advocates, college counseling centers and other interested stakeholders. The Department of Behavioral Wellness will work with organizations serving TAY, adults and older adults who would benefit from technology-based mental health services and supports. This will include peer-run Recovery Learning Communities (RLCs) in each region of the county, senior centers, the National Alliance for Mental Illness, university and college student leaders and others.

Cultural competency. The Ethnic Services and Diversity Manager for the Department of Behavioral Wellness will advise on all phases of program development and implementation to ensure that the project is maximized to meet the needs of culturally underserved groups in the county. The PPCDT will be user friendly for people speaking Spanish, the county's threshold language. The project will be staffed with bilingual/bicultural Peer Specialists with lived experience in behavioral health recovery to further ensure culturally competent services.

Translation of all materials into Spanish will be required. Ongoing outreach to underserved, hard-to-reach and marginalized groups, such as LGBTQ and Latinos, will be implemented in coordination with the Cultural Competency and Diversity Action Team (CCDAT). The CCDAT will work with local area partner organizations and cultural groups to promote PPCDT through well-established and trusted advocacy and communications networks, including the Pacific Pride Foundation, La Casa de La Raza, faith-based organizations, NAACP and United Domestic Workers' Union.

Client-driven. This project requires active participation of the client or potential client seeking technology-based mental health support. Individuals using voluntary online or application-based services determine their role in care and frequency of interactions.

Family-driven. This project is inclusive of family members of children or adults living with mental health challenges who are seeking support and information. Interested family members will be welcome to download applications.

Wellness, Recovery and Resilience-Focused. Using virtual peer chat and online support communities, users are connected to peers with lived experience who can actively provide support and encouragement for individuals experiencing symptoms of mental illness or their family members. Services will be recovery-oriented and promote consumer choice, self-determination, flexibility and community integration to support wellness and recovery. Recovery principles incorporate hope, empowerment, self-responsibility and meaningful purpose in life.

Integrated Service Experience for Clients and Families. Although consumers and family members may experience support groups differently, both may use the same skills and supportive practices to work toward shared recovery goals.

**Cultural Competence and Stakeholder Involvement in Evaluation**

Stakeholder groups will provide continuous input into the Innovation project:

- The Cultural Competency and Diversity Action Team (CCDAT) consists of Department staff, community-based organizations, local advocacy groups, cultural and faith-based organizations and other stakeholders who seek to increase access to services for under-served populations, particularly in high poverty areas and minority groups. The CCDAT aims to increase the capacity of staff to work effectively with diverse cultural and linguistic populations and revise or develop policies on cultural competency and disparities to ensure relevance and consistency. The CCDAT will monitor the PPCDT project and provide feedback at its monthly meetings following regular reports from the PPCDT Project Team.

- Quarterly updates will be submitted to the Behavioral Wellness Leadership Team and to the Behavioral Wellness Commission. Discussion and feedback will be invited at Behavioral Wellness Commission meetings.

- Further stakeholder involvement will be conducted by the Project Team, which will consist of updates in the MHSA Three-Year and Annual Plans, peer employee meetings and other community events.

**Sustainability**

By the end of the five-year project period, analytics and comprehensive evaluation will inform sustainability. Factors that will be taken into consideration include user satisfaction, outcomes and overall effectiveness of the PPCDT. If deemed successful, Santa Barbara County will seek to sustain the project through other funding sources, and we will continuously monitor potential opportunities. Also, if passed into law, proposed California legislation to create a peer certification and funding for an array of peer-provided services may offer a future source of support.

**Communication Plan**

As part of a multi-county effort, Santa Barbara County will share learning throughout California. Within Santa Barbara County, Innovation staff will provide regular updates through a variety of Department of Behavioral Wellness media and forums, including:

- MHSA Plan Updates
- Department of Behavioral Wellness Annual Reports
- Director's Report (published monthly)
- Updates for the Cultural Competency and Diversity Action Team, the Consumer and Family Member Advisory Committee and Behavioral Wellness Commission (each meets monthly)

In addition, Santa Barbara County will seek to present the project and its outcomes at statewide conferences and meetings and through other venues such as the County Behavioral Health Directors' Association (CBHDA).

**Implementation Timeline**

The anticipated timeframe appears below; however, due to the complex and multi-faceted nature of this project, actual implementation steps may deviate in terms of sequence and/or start times.

| Date | Activity |
|---|---|
| 5/1/18 | Development of PPCDT Project Team |
| 6/1/18 | Post Innovation Proposal to Department website for 30-day public comment period; notify stakeholders of posting via email. |
| 6/20/18 | Bring proposal to the Behavioral Wellness Commission for approval. |
| 7/17/18 | Seek Board of Supervisors approval. |
| 9/18 | Seek MHSOAC approval to join the project. |
| 9/30/18 | Finalize Participant Agreement with CalMHSA. |
| 10/1/18 | Begin staffing project: Recruit Project Coordinator and issue an RFP for contracted peer services through a community-based organization. |
| 10/1/18 | Participate in multi-county Tech Solutions Steering Committee meetings. |
| 10/31/18 | Identify analytics to be collected and report on, including developing reporting framework. |
| 11/30/18 | Selection and award of contracts with qualified software and project evaluation vendors. |
| 12/1/18 | Initiate reports to the Behavioral Wellness Commission, Cultural Competency and Diversity Action Team and Behavioral Wellness Department Leadership Team. |
| 12/31/18 | Customize PPCDT for Santa Barbara County. |
| 1/1/19 | Develop marketing content. |
| 2/1/19 | Begin promotional activities. |
| 3/31/19 | Complete testing of the PPCDT; adjust as needed. |
| 5/1/19 | Launch of PPCDT on the Department's website and through identified strategic access points, including schools, libraries, NAMI, Recovery Learning Communities, social media, senior centers, etc. |

## Budget Narrative

**Reversion Funds**

We propose not using reversion funds for this project.

**24/7 Peer Chat Staffing.**

The staffing and elements for this component includes:

Peer Specialists: A total of six to eight full time equivalent (FTE) staff will be hired. At least one FTE will be a county staff designated at the Psychiatric Health Facility (PHF) and the other FTEs will be hired by a contract agency to provide active listening for application, training, and outreach as necessary. The budget includes eight FTE at $40,000 a year.

Peer Outreach Coordinator: A peer staff will be hired by the county to coordinate outreach strategies with the community and distribution of the application and follow up with all community groups on usage, successes and barriers. The budget estimates one FTE at $65,000 a year.

Project Manager: A county staff will be hired as a project manager to lead development, implementation, operations, and evaluation of the program. The manager will act as the liaison with software vendors, contract staff, CalMHSA, joint counties participating in project, and the community. The budget anticipates one FTE at $95,000 a year. Hiring efforts will attempt to recruit a peer with preference points. A peer ladder was designed to reflect staffing hourly rates, duties and reporting structure. (See the peer ladder summary at the end of this document.)

**Operations for Project**.

The operational costs for the project include, but are not limited to:

Content/Design for Marketing and Translation Services: Santa Barbara County plans to aggressively outreach and promote the project in Year 1 and 2 and reduce marketing activities for the remaining Years 3- 5.

The marketing component includes CalMHSA costs for the development and design of all materials. Advertising materials will be translated into Spanish. Strategies in Year 1 and year 2 will be the most comprehensive and may include development of:

1) Newspapers/articles/advertising inserts
2) Printing business cards
3) Facebook, Twitter, and Instagram advertisement
4) Ads at popular community sites, such as buses, malls, concert venues and signage near behavioral health providers
5) Campus newspaper advertisements
6) Radio promotion in threshold languages (English, Spanish)
7) Movie theater promos, including a 15-second spot
8) Branded items (e.g., pens, wrist bands, bumper stickers, leaflets, notepads, etc.,)

Advertising Materials: This component includes the costs of production and replication of all advertising content, such as brochures, flyers, advertisements, etc.

Program supplies: This portion of the budget includes costs for various program supplies, including but not limited to: kiosks, website, employee office, meeting materials, training tools, and general maintenance.

Travel: Travel by staff throughout the county and attendance at joint county meetings and conferences is anticipated in this portion of the budget.

Technological Application Software and Hardware: The application vendor contract including general maintenance and licensing along with hardware for application distribution.

Information Technology and Security Associate: HIPAA (Health Insurance Portability and Accountability Act of 1996) is United States legislation that provides data privacy and security provisions for safeguarding medical information. County information technology staff will be assigned to maintain information security, HIPAA privacy and oversight, and assist in development of regulatory compliance documents, such as technology user authorization, release of information, etc. This individual will coordinate with the technology teams from other counties participating in the project.

**Evaluation**. Staffing and elements include:

Evaluation Staff: A County Research Associate will set up and monitor evaluation with CalMHSA, process, and reporting to community and MHSOAC.

CalMHSA Contracted Evaluation: As with prior Santa Barbara County Innovation projects, a research entity will be sought to partner with the Project Team; initial plans are to use CalMHSA. Development and creation of an annual report will include CalMHSA established joint county participation metrics and pertinent Santa Barbara County data. The research associate will collaborate with the Project Team and vendors on data collection methods and strategies. In addition, a local evaluator, such as the University of California, Santa Barbara (UCSB) will be engaged if CalMHSA doesn't support evaluation during the entire duration of the project.

**Administrative**.

CalMHSA: Consistent with the agreement between CalMHSA and currently approved counties, 5% of the total project budget will be allocated to CalMHSA.

Department of Behavioral Wellness Administrative Costs: Administrative costs are calculated at 20% of operating costs. This rate is consistent with current County Auditor approved cost rate plan.

| Component | FTEs | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total | % Budget |
|---|---|---|---|---|---|---|---|---|
| **24/7 Peer Chat and Digital Therapeutics - Staffing** | | | | | | | | |
| Peer Specialist -5- 6 Contract Staff and 1-2 County Staff | 8.00 | $320,000 | $326,400 | $332,928 | $339,587 | $348,983 | $1,667,898 | |
| Peer Outreach Coordinator- County Staff | 1.00 | $65,000 | $66,300 | $67,626 | $68,979 | $70,358 | $338,263 | |
| Project Manager [Peer Preferred] - County Staff | 1.00 | $95,000 | $97,850 | $100,786 | $103,809 | $106,923 | $504,368 | |
| **Total** | | **$480,000** | **$490,550** | **$501,340** | **$512,374** | **$526,265** | **$2,510,528** | **51%** |
| | | | | | | | | |
| **Operations for Project** | | | | | | | | |
| Content/Design for Marketing | | $40,000 | $40,000 | $0 | $0 | $0 | $80,000 | |
| Translation Services | | $20,000 | $20,000 | $0 | $0 | $0 | $40,000 | |
| Advertising Materials | | $20,000 | $20,000 | $20,000 | $20,000 | $20,000 | $100,000 | |
| Program Supplies and Office Space | | $25,515 | $30,000 | $30,000 | $30,000 | $30,000 | $145,515 | |
| Travel | | $5,000 | $5,000 | $5,000 | $5,000 | $5,000 | $25,000 | |
| Technological Application Software and Hardware | | $110,000 | $110,000 | $110,000 | $110,000 | $110,000 | $550,000 | |
| Information Technology and Security Associate | 0.20 | $30,000 | $30,000 | $30,000 | $30,000 | $30,000 | $150,000 | |
| **Total** | | **$250,515** | **$255,000** | **$195,000** | **$195,000** | **$195,000** | **$1,090,515** | **22%** |
| | | | | | | | | |
| **Evaluation** | | | | | | | | |
| Research Associate | 0.20 | $30,000 | $30,900 | $31,827 | $32,782 | $33,765 | $159,274 | |
| Evaluation - Contractor / CALMHSA | | $50,000 | $51,500 | $53,045 | $54,636 | $56,275 | $265,457 | |
| **Total** | | **$80,000** | **$82,400** | **$84,872** | **$87,418** | **$90,041** | **$424,731** | **9%** |
| | | | | | | | | |
| **Administrative** | | | | | | | | |
| CalMHSA (5% of their proposed costs) | | $40,526 | $41,398 | | | | $81,923 | |
| BeWell Administrative Costs (20% of Direct Costs) | | $162,103 | $165,590 | $156,242 | $158,958 | $162,261 | $805,155 | |
| **Total** | | **$202,629** | **$206,988** | **$156,242** | **$158,958** | **$162,261** | **$887,078** | **18%** |
| | | | | | | | | |
| **Total Proposed Budget** | 10.40 | **$1,013,144** | **$1,034,938** | **$937,454** | **$953,751** | **$973,567** | **$4,912,852** | |

SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

# Tech Suite: Peer Career Ladder

| Contractor | Civil Service | Civil Service | Civil Service | Civil Service |
|---|---|---|---|---|
| **Step One:**<br>**Peer Navigator- Active Listeners** | **Step Two:** | **Step Three:**<br>**Peer Outreach Coordinator** | **Step Four:**<br>**Project Manager**<br>**• Peer Preferred** | **Step Five:**<br>**Peer Consumer Empowerment Managet (CEM)/Workforce Education and Training (WET) Manager** |
| **Hourly: $14.00 -$17.00**<br>**Monthly Salary Range: $2,426 - $2,947** | **Crisis Services Peer Navigator**<br>**Hourly: $18.00 - $21.00**<br>**Monthly Salary Range: $3,120 - 3,640** | **Hourly: $22.00 - $30.00**<br>**Monthly Salary Range: $3,813 - $5,200** | **Hourly: $32.18 - $40.00**<br>**Monthly Salary Range: $5,596 -$6,933** | **Hourly: $40.00 - $51.17**<br>**Monthly Salary Range: $6,933 - $8,901** |
| **Job Duties** | **Job Duties** | **Job Duties** | **Job Duties** | **Job Duties** |
| • Provide community, group and individual level outreach and engagement activities to connect consumers/end-users with the new Technology Suite application services; | •Provide training to PHF and crisis services clients upon discharge, outreach and engagement activities to connect consumers/end-users with the new Technology Suite application services; | • Responsible for all marketing materials for the Tech Suite | • Assists WET Manager in providing overall advocacy and guidance regarding Peer role standards and competencies and assurance that Peer Voice is represented at all levels of State and County Tech Suite activities. | • Provide overall advocacy and guidance regarding Peer role standards and competencies and assurance that Peer Voice is represented at all levels of State and County Tech Suite activities. |
| • Offer group and 1:1 information and user instructions about TS applications; | • Offer group and 1:1 information and user instructions about TS applications to PHF and crisis services clients upon discharge; | • Responsible for the recruitment of "Super Users" | • Assists WET Manager in developing and overseeing Peer engagement plans | • Advise on policy-level activities, interface with internal organizational leaders and external system partners and advocacy organizations; |
| • Gather end-user input and feedback on ease of use, content relevance, and personal benefit of the applications and recommendations for improvement. | • Gather end-user input and feedback on ease of use, content relevance, and personal benefit of the applications and recommendations for improvement from PHF and crisis clients. | • Interface with system providers and advocacy organizations regarding TS; Responsible for training | • Provides oversight of peer staff and coordination of Peer Staff local activities; particpates in outreach activities; provides reports on peer activities and monitoring of contracts | • Responsible for hiring, supervision, role development, and overall design of Tech Suite Peer activities; |
| • Act as active listeners with local users. | •Act as active user in night hours after PHF discharge. | • Provide outreach to community and oversight of these organizations | • Provides reports on peer activities, user engagement efforts and End-user feedback | • Provide administrative oversight and management of Tech Suite Peer activities for County and/or vendor organizations |
| | | • Create local connections from TS to provider agencies. | • Interface with system providers and advocacy organizations regarding the Tech Suite | • Attends State meetings |
| | | | • Reports outs to all partner committees | • Ensures Tech Suite Peers reflect the diverse needs of the community |

# References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