WELLNESS • RECOVERY • RESILIENCE

Mental Health Services
Oversight & Accountability Commission

February 28, 2019
PowerPoint Presentations and Handouts

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	• Handout	Position Letters Regarding Immigrant & Refugee Request for Proposal - Revision
Tab 3:	• PowerPoint:	Results-Based Strategic Planning 2018-19 Update and Check-in
	• Handout:	Organizational Roadmap
Tab 4:	• Handout:	Legislative Report to the Commission
	• Handout:	SB 10 (Beall) – Bill Text (as amended)
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Tab 5:	• PowerPoint:	Nevada County Homeless Outreach and Medical Engagement (HOME) Team
	• Handout:	Position Letters Regarding Nevada County Innovation Plan
Tab 6:	• PowerPoint:	Imperial County Link Crew Collaborative
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MHSOAC
Mental Health Services
Oversight & Accountability Commission

Immigrant & Refugee Request for Proposal – Revision

Norma Pate, Deputy Director
February 28, 2019

Background

- The Commission approved the proposed outline of the scope of work for the Immigrants and Refugees RFP and authorized the Executive Director to initiate a competitive bid process on January 24, 2019.
- While the outline of the scope of work was approved by the Commission, how the funds would be distributed was not determined.
- The Full RFP was developed and based on the approved outline and feedback from the Commission, and was released on February 15, 2019.

Concerns

- Awarding the contracts to the four highest scorers could result in all four contracts being awarded to organizations in the same county and or region, and/or potentially serving the same populations.
- The Commission discussed awarding funds by population, world regions, a California regional approach, and to the four highest overall scorers.

Distribution of Funding

Current plan is to award funding to the four highest scoring proposals based on a California regional approach.

- There are five regions in California: Central, Superior, Bay Area, Southern, and Los Angeles.
- As the approved outline only provided funds for four local programs, the Central and Superior regions are combined.
- There are insufficient funds for a contract to be awarded to one local program in each of the five California regions.

Recommendation

- A revision to the Immigrant and Refugee RFP to increase the number of local program contracts from four to five contracts.
- Award funding to one local program in each of the five regions of the state.
  - Making an award available to a local program in both the Central and Superior regions

Options to Fund a Fifth Contract

Option 1: Invest the full contract amount into local advocacy programs. Divide the total funding ($670,000 per year) into five contracts and eliminate the statewide contract.

	Contract 1	Contract 2	Contract 3	Contract 4	Contract 5
Year 1	$122,500	$122,500	$122,500	$122,500	$122,500
Year 2	$130,000	$130,000	$130,000	$130,000	$130,000
Year 3	$150 000	$150 000	$150 000	$150 000	$150 000

Options to Fund a Fifth Contract

Option 2: Keep the statewide funding of $200,000 per year in years 2 and 3, and divide the remaining funds into five local program contracts.

	State Level Contract	Local Contract 1	Local Contract 2	Local Contract 3	Local Contract 4	Local Contract 5
Year 1	0	$90,000	$90,000	$90,000	$90,000	$90,000
Year 2	$200,000	$110,000	$110,000	$110,000	$110,000	$110,000
Year 3	$200,000	$122,000	$122,000	$122,000	$122,000	$122,000

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Proposed Motion

- The Commission revises the January 2019 outline for the Immigrant and Refugees stakeholder contracts to: increase the number of local program contracts from four to five, one for each of the California regions; eliminate the statewide program contract; and distribute the total funding equally to each of the five local program contracts.
- The Commission directs the Executive Director to make the necessary changes to the RFP that was released on February 15, 2019.

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DIVERSITY IN HEALTH TRAINING INSTITUTE

February 26, 2019

Khatera Aslami-Tamplen
Chair
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Chair Aslami-Tamplen,

Our organization, Diversity in Health Training Institute (DHTI), serves the immigrant health professionals in the Bay Area and we have been following the development of the stakeholder advocacy grant for immigrants and refugees that the MHSOAC will be administering. Regarding **Item 2** on the agenda for your meeting on February 28th, the recommendation to revise the current RFP for this grant, we must oppose "Option 1" which would eliminate the state-level support and statewide advocacy for immigrant and refugee communities. We believe this component is integral to the success of the project as a whole.

We also oppose "Option 2", which although keeps the statewide funding of $200,000 per year in years 2 and 3, the remaining funds are divided into five local program contracts, resulting in smaller grants that are already funded at a minimal level for the amount of work required by the grant. Furthermore, we do not believe that the immigrant and refugee demographics for the Superior Region warrant a separate region and support the current RFP in combining this region with Central:

- the TOTAL population of the Superior Region is approximately 1 million people. The total population of the other regions is significantly larger. L.A. County (one region) alone is well over 9 million. The Bay Area Region contains well over 8 million. We believe that it does not make sense for an additional region with such a small population to get its own project.

- the proportion of the population of immigrants and refugees in the Superior region are even smaller than for the other regions. The Superior Region is made up of the following counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Serra, Siskiyou, Tehama and Trinity.

1900 Embarcadero Cove, Suite 305, Oakland, CA 94606 510.838.1110 info@dhti.org

DIVERSITY IN HEALTH
TRAINING INSTITUTE

DHTI supports retaining the language that is in the current RFP that was released on February 15th, 2019. This would allow for four (4) local advocacy programs and one (1) statewide advocacy and technical assistance program. We believe this is the best option for the most effective use of the funds and retains the spirit of the original intent of the RFP to give the immigrant communities a voice at the state level and in particular with the MHSOAC, similar to the other seven stakeholder advocacy groups that are funded by MHSOAC for underserved populations.

We are pleased that the MHSOAC has considered community input to create regional grants; at the same time, we were told that there would be a statewide component to support the regional advocacy work. All of these components, regional and statewide, are essential.

Unfortunately, I will not be able to attend the MHSOAC meeting on Thursday, February 28th, when you may be voting on this matter. If the MHSOAC decides to seek additional information and comments from the community in regard to this matter, I would be pleased to participate in whatever way possible for me.

Sincerely

Beatrice Lee
Executive Director

cc: All MHSOAC Commissioners

1900 Embarcadero Cove, Suite 305, Oakland, CA 94606 510.838.1110 info@dhti.org

MHSOAC Results-Based Strategic Planning 2018-19

Update and Check-in

MHSOAC Commission Meeting
February 28, 2019

Agenda Review

AGENDA

2/28/2019

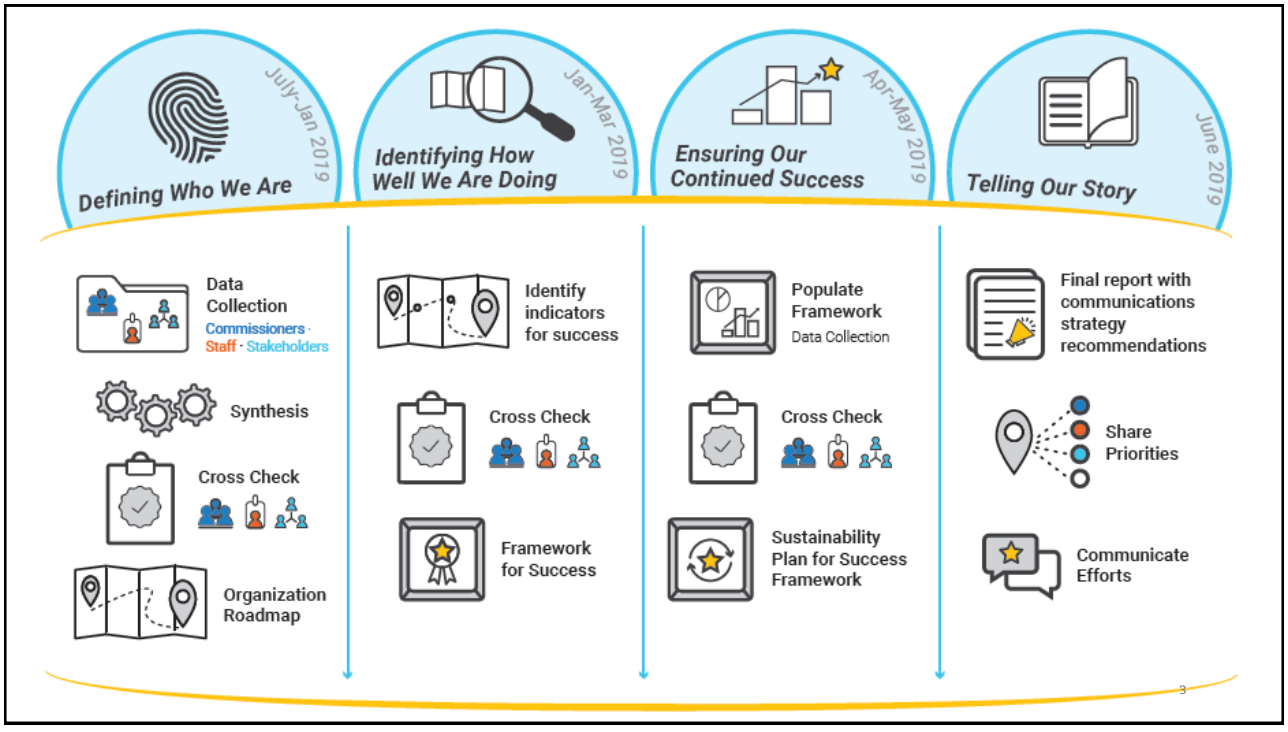
9:50 AM- 10:50 AM

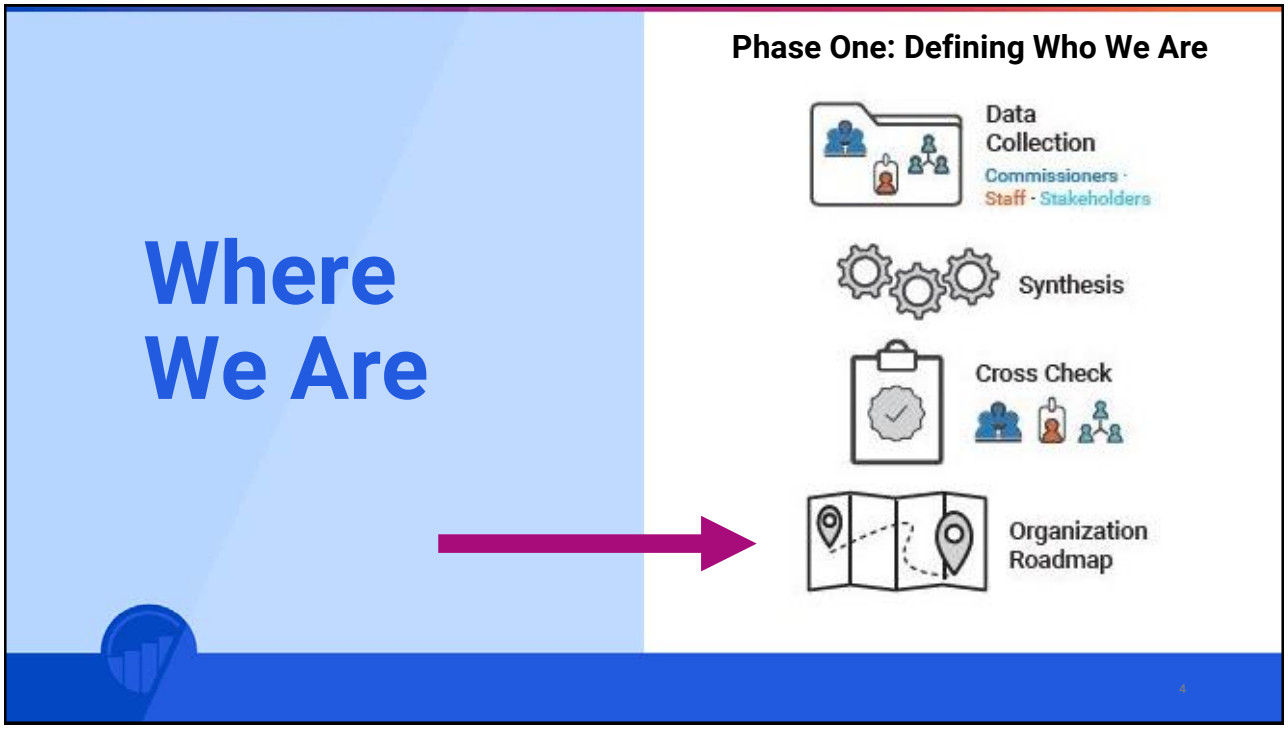
Attendees: ASR and MHSOAC

Purpose: Strategic Planning update, organizational roadmap discussion, and discussion with Commissioners

5 minutes	ASR Introduction - Setting the Stage	Lynne Ashbeck Toby Ewing
5 minutes	Check-in/Brief Process Update	Susan/All
15 minutes	Process Map Key Takeaways	Susan
15 minutes	Theory of Change - Organizational Roadmap	Lisa
20 minutes	Discussion with Commissioners	Susan/Lisa
3 minutes	Next Steps	Susan
2 minutes	Closing	Susan

2


July-Jan 2019
Defining Who We Are
Jan-Mar 2019
Identifying How Well We Are Doing
Apr-May 2019
Ensuring Our Continued Success
June 2019
Telling Our Story
Data Collection
Commissioners · Staff · Stakeholders
Synthesis
Cross Check
Organization Roadmap
Identify indicators for success
Cross Check
Framework for Success
Populate Framework
Data Collection
Cross Check
Sustainability Plan for Success Framework
Final report with communications strategy recommendations
Share Priorities
Communicate Efforts
3


Where We Are
Phase One: Defining Who We Are
Data Collection
Commissioners · Staff · Stakeholders
Synthesis
Cross Check
Organization Roadmap
4

Where are there patterns of agreement and what do they look like?

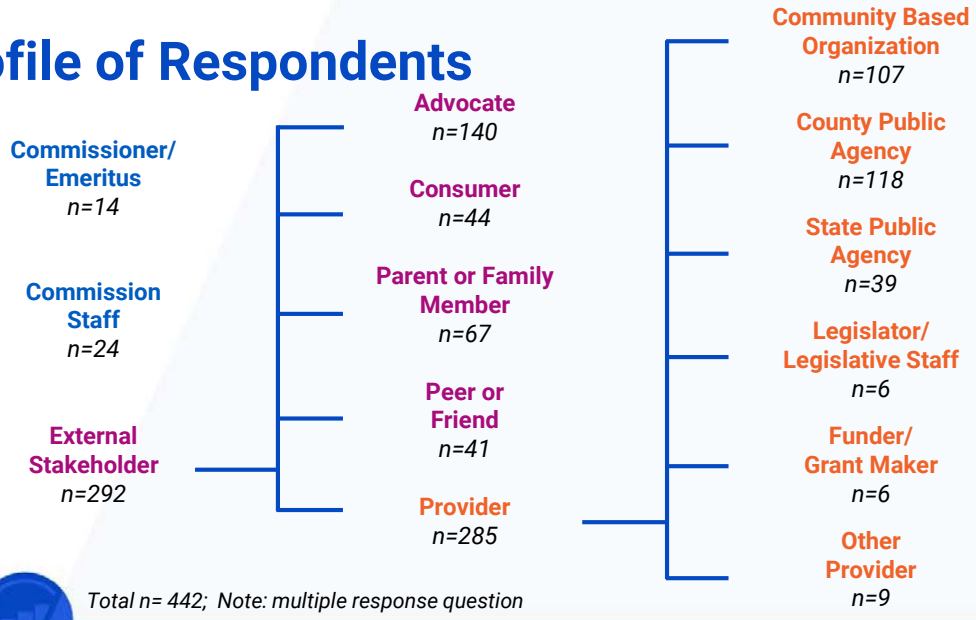
- Role and purpose
- Core values
- Short term and long term desired results
- Valued efforts

Process

We reached a total of 442 respondents through:

- Stakeholder key informant interviews (n = 29)
- Stakeholder survey MHSOAC (n = 373)
- Stakeholder survey requests (n = 14)
- Website post (n = 2)
- Staff survey (n = 24)

Profile of Respondents



Total n= 442; Note: multiple response question

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Summary of Themes

- Purpose and Role of MHSOAC
- 4 Core Functions:
  - Set Direction and Establish Priorities
  - Implement Priorities and Drive Change
  - Monitor and Evaluate What Works
  - Disseminate, Communicate, and Support
- Perceptions of higher valued work of MHSOAC

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Purpose and Role of MHSOAC

There was common agreement around the OAC's purpose and role:

- State and county oversight and accountability **(number of mentions: 453)**
- Innovation and the identification, sharing, and scaling up best practices **(192)**
- Be stewards of MHSA state-wide **(183)**
- Adopt principles / spirit of MHSA in all that is done **(87)**

However, many respondents mentioned the need for better clarification of the OAC's role **(96)**

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1st Core Function of MHSOAC:

SET DIRECTION AND ESTABLISH PRIORITIES

Respondents wanted the OAC to set and communicate shared priorities that reflect and include diverse interests:

- Ensure meaningful inclusion of diverse stakeholders (e.g., equity, cultural humility, diverse engagement) **(185)**
- Gather community and consumer input **(168)**
- Create shared definitions of innovation & PEI, and effective modalities **(106)**
- Identify priorities and bring focus to the commissions work **(57)**
- Identify common desired outcomes and metrics for populations, systems, and consumers **(37)**

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2nd Core Function of MHSOAC

IMPLEMENT PRIORITIES AND DRIVE CHANGE

Respondents agreed that this core function should serve as the heart of OAC's daily activities:

- Create tools to aid implementation (e.g., local planning guides, standards of practice, innovation consultations) **(160)**
- Assure fiscal accountability and transparency **(147)**
- Train counties and facilitate technical assistance **(103)**

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3rd Core Function of MHSOAC:

MONITOR AND EVALUATE WHAT WORKS

Respondents desire to learn from the OAC what is working:

- Share what works (and what doesn't) per target population **(59)**
- Create a bank of best practices **(51)**
- Synthesize county outcomes **(37)**

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4th Core Function of MHSOAC:

DISSEMINATE, COMMUNICATE, AND SUPPORT

Respondents felt that OAC's longer term success requires:

- Promote collaboration between state agencies and improve partnerships **(70)**
- Using what works as a basis for continuous quality improvement, replication, scaling, advocacy, and sustainability **(58)**

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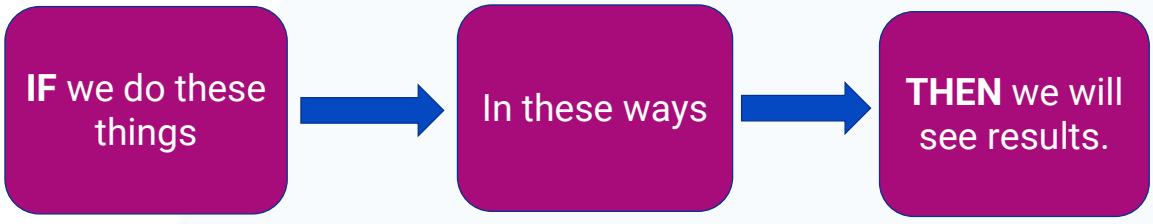
Theory of Change/Organizational Roadmap



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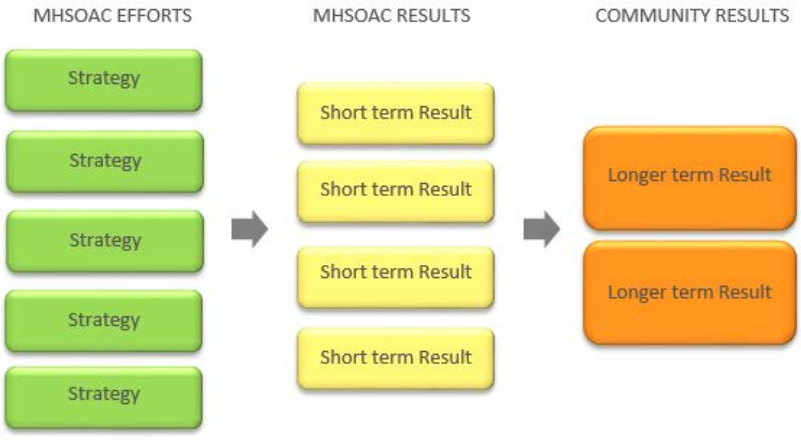
Theory or "Roadmap" of Change



Mental Health Services
Oversight & Accountability Commission

The Commission pursues transformational change for California's mental health system by implementing these core functions and projects…	…to affect change in access, quality, and appropriateness of care at two levels…	So that….

SET DIRECTION AND ESTABLISH PRIORITIES
- Policy projects
- Legislative positions
- Incentive funding
- Research and data analysis

IMPLEMENT PRIORITIES AND DRIVE CHANGE
- Regulations for PEI and innovation
- Technical assistance
- Stakeholder contracts
- Triage grants for crisis intervention
- Early Psychosis Plus
- Workplace mental health standards

MONITOR AND EVALUATE WHAT WORKS
- Transparency projects (fiscal, services, outcomes)
- Mental health metrics
- Evaluation

DISSEMINATE, COMMUNICATE, AND SUPPORT
- Communication

Counties will continuously improve access, quality, and outcomes

Across the state, there will be:
- Public will to support mental health as essential part of overall health and wellbeing
- Scaling up of effective strategies
- Policy, funding, and regulatory barriers addressed
- Public-private partnerships to support mental health

Mental health system is transformed

Everybody who needs care gets care when they need it

Questions or Comments?

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Check-in with the Commissioners

18

Closing and Next Steps

Susan Brutschy
susan@appliedsurveyresearch.org

Lisa Colvig-Niclai
Lisa@appliedsurveyresearch.org

www.appliedsurveyresearch.org
@ASRImpact
@appliedsurveyresearch
ASRlinkedin

MHSOAC
Mental Health Services
Oversight & Accountability Commission

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2019 Legislative Report to the Commission
February 26, 2019

SPONSORED LEGISLATION

Senate Bill 12 (Beall)
Title: Mental health services: youth.

Summary: This bill would require the commission, subject to the availability of funds for these purposes, to administer an Integrated Youth Mental Health Program for purposes of establishing local centers to provide integrated youth mental health services, as specified. The bill would authorize the commission to establish the core components of the program, subject to specified criteria, and would require the commission to develop the selection criteria and process for awarding funding to local entities for these purposes. The bill would authorize the commission to implement these provisions by means of an informational letter, bulletins, or similar instructions.

Status/Location: 2/19/19 From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.

Assembly Bill 46 (Carrillo)
Title: Individuals with mental illness: change of term.

Summary: Current law refers to an insane or mentally defective person in provisions relating to, among other things, criminal proceedings, correctional facilities, and property tax exemptions. This bill would state the intent of the Legislature to enact legislation to replace derogatory terms, including, but not limited to, “insane” and “mentally defective,” with more culturally sensitive terms when referring to individuals with mental illness.

Status/Location: 12/4/18 From printer. May be heard in committee January 3.

CO-SPONSORED LEGISLATION

Senate Bill 10 (Beall)

Title: Mental health services: peer, parent, transition-age, and family support specialist certification.

Summary: Would require the State Department of Health Care Services to establish, no later than July 1, 2020, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialist, transition-age youth peer support specialist, family peer support specialist, and parent peer support specialist.

Status/Location: 1/23/19 From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

Co-Sponsors: Steinberg Institute

Senate Bill 11 (Beall)

Title: Health care coverage: mental health parity.

Summary: Would require a health care service plan and a health insurer to submit an annual report to the Department of Managed Health Care or the Department of Insurance, as appropriate, certifying compliance with state and federal mental health parity laws, as specified. The bill would require the departments to review the reports submitted by health care service plans to ensure compliance with state and federal mental health parity laws, and would require the departments to make the reports and the results of the reviews available upon request and to post the reports and the results of the reviews on the departments' Internet Web site.

Status/Location: 1/16/19 Referred to Com. on HEALTH.

Co-Sponsors: The Kennedy Forum; Steinberg Institute

AMENDED IN SENATE JANUARY 23, 2019

SENATE BILL No. 10

Introduced by Senator Beall
(Principal coauthor: Assembly Member Waldron)
(Coauthor: Senator Nielsen)
(Coauthor: Assembly Member Carrillo)

December 3, 2018

An act to add Article 1.4 (commencing with Section 14045.10) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 10, as amended, Beall. Mental health services: peer, parent, transition-age, and family support specialist certification.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive ~~health care~~ *healthcare* benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid *program* provisions. Existing law ~~provides for~~ *establishes* a schedule of benefits under the Medi-Cal program and provides for various services, including various behavioral and mental health services.

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The act also requires funds to be reserved for the costs of the State Department of Health Care Services, the California ~~Mental~~ *Behavioral* Health Planning Council, the Office of Statewide Health

Planning and Development (OSHPD), the Mental Health Services Oversight and Accountability Commission, the State Department of Public Health, and any other state agency to implement all duties pursuant to certain programs provided for by the act, subject to appropriation in the annual Budget Act. The act provides that it may be amended by the Legislature by a ⅔ vote of each house as long as the amendment is consistent with, and furthers the intent of, the act, and that the Legislature may also clarify procedures and terms of the act by majority vote.

This bill would require the State Department of Health Care Services to establish, no later than July 1, 2020, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialist, transition-age youth peer support specialist, family peer support specialist, and parent peer support specialist. The certification program's components would include, among others, defining responsibilities and practice guidelines, determining curriculum and core competencies, specifying training and continuing education requirements, establishing a code of ethics, and determining a certification revocation process. The bill would require an applicant for the certification as a peer, parent, transition-age, or family support specialist to meet specified requirements, including successful completion of the curriculum and training requirements.

This bill would require the department to consult with OSHPD and other stakeholders in implementing the certification program, including requiring quarterly stakeholder meetings. The bill would authorize the department to use funding provided through the MHSA, upon appropriation, to develop and administer the certification program, and would authorize the use of these MHSA funds to serve as the state's share of funding to claim federal financial participation under the Medicaid ~~Program.~~ *program.*

This bill would authorize the department to establish a certification fee schedule and to require remittance of fees as contained in the schedule, for the purpose of supporting the department's activities associated with the ongoing administration of the certification program.

~~This~~

This bill would require the department to amend the Medicaid state plan to include a certified peer, parent, transition-age, and family peer

support specialist as a provider type for purposes of the Medi-Cal program and to include peer support specialist services as a distinct service type for purposes of the Medi-Cal program. The bill would require Medi-Cal reimbursement for peer support specialist services to be implemented only if, and to the extent that, federal financial participation is available and the department obtains all necessary federal approvals. The bill also would authorize the department to implement, interpret, or make specific its provisions by means of ~~informational~~ *informal* notices, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, until regulations are adopted. The bill would require the department to adopt regulations by July 1, 2022, and, commencing July 1, 2020, would require the department to provide semiannual status reports to the Legislature until regulations have been adopted.

This bill would declare that it clarifies terms and procedures under the Mental Health Services Act.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Article 1.4 (commencing with Section 14045.10) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 1.4. Peer, Parent, Transition-Age, and Family Support Specialist Certification Program

14045.10. This article shall be known, and may be cited, as the Peer, Parent, Transition-Age, and Family Support Specialist Certification Act of 2019.

14045.11. The Legislature finds and declares all of the following:

(a) With the enactment of the Mental Health Services Act in 2004, support to include peer providers identified as consumers, parents, and family members for the provision of services has been on the rise.

(b) There are over 6,000 peer providers in California who provide individualized support, coaching, facilitation, and education to clients with mental ~~health care~~ *healthcare* needs and

substance use ~~disorder,~~ *disorders,* in a variety of settings, yet no statewide scope of practice, standardized curriculum, training standards, supervision standards, or certification protocol is available.

(c) The United States Department of Veterans Affairs and over 30 states utilize standardized curricula and certification protocols for peer support services.

(d) The federal Centers for Medicare and Medicaid Services (CMS) recognizes that the experiences of peer support specialists, as part of an evidence-based model of care, can be an important component in a state's delivery of effective mental health and substance use disorder treatment. The CMS encourages states to offer comprehensive programs.

(e) A substantial number of research studies demonstrate that peer supports improve client functioning, increase client satisfaction, reduce family burden, alleviate depression and other symptoms, reduce hospitalizations and hospital days, increase client activation, and enhance client self-advocacy.

(f) Certification can encourage an increase in the number, diversity, and availability of peer support specialists.

14045.12. It is the intent of the Legislature that the peer, parent, transition-age, and family support specialist certification program, established under this article, achieve all of the following:

(a) Support the ongoing provision of services for beneficiaries experiencing mental ~~health care~~ *healthcare* needs, substance use disorder needs, or both by certified peer support specialists.

(b) Support coaching, linkage, and skill building of beneficiaries with mental health needs, substance use disorder needs, or both, and to families or significant support persons.

(c) Increase family support by building on the strengths of families and helping them achieve a better understanding of mental illness in order to help beneficiaries achieve desired outcomes.

(d) Provide part of a continuum of services, in conjunction with other community mental health services and other substance use disorder treatment.

(e) Collaborate with others providing care or support to the beneficiary or family.

(f) Assist parents, families, and beneficiaries in developing coping mechanisms and problem-solving skills in order to help beneficiaries achieve desired outcomes.

(g) Promote skill building for beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

(h) Encourage employment under the peer, parent, transition-age, and family support specialist certification to reflect the culture, ethnicity, sexual orientation, gender identity, mental health service experiences, and substance use disorder experiences of the people whom they serve.

14045.13. For purposes of this article, the following definitions shall apply:

(a) "Adult peer support specialist" means a person who is 18 years of age or older and who has self-identified as having lived experience of recovery from mental illness, substance use disorder, or both, and the skills learned in formal training to deliver peer support services in a behavioral setting to promote mind-body recovery and resiliency for adults.

(b) "Certification" means the activities of the certifying body related to the verification that an individual has met all of the requirements under this article and that the individual may provide mental health services and substance use disorder treatment pursuant to this article.

(c) "Certified" means all federal and state requirements have been satisfied by an individual who is seeking designation under this article, including completion of curriculum and training requirements, testing, and agreement to uphold and abide by the code of ethics.

(d) "Code of ethics" means the standards to which a peer support specialist is required to adhere.

(e) "Core competencies" are the foundational and essential knowledge, skills, and abilities required for peer specialists.

(f) "Cultural competence" means a set of congruent behaviors, attitudes, and policies that come together in a system or agency that enables that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates, at all levels, the importance of language and culture, intersecting identities, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge, and

adaptation of services to meet culturally unique needs to provide services in a culturally competent manner.

(g) "Department" means the State Department of Health Care Services.

(h) "Family peer support specialist" means a person with lived experience as a self-identified family member of an individual experiencing mental illness, substance use disorder, or both, and the skills learned in formal training to assist and empower families of individuals experiencing mental illness, substance use disorder, or both. For the purpose of this subdivision, "family member" includes a sibling or kinship caregiver, and a partner of that family member.

(i) "Parent" means a person who is parenting or has parented a child or individual experiencing mental illness, substance use disorder, or both, and who can articulate ~~his or her~~ *the parent's* understanding of ~~his or her~~ *their* experience with another parent or caregiver. This person may be a birth parent, adoptive parent, or family member standing in for an absent parent.

(j) "Parent peer support specialist" means a parent with formal training to assist and empower families parenting a child or individual experiencing mental illness, substance use disorder, or both.

(k) "Peer support specialist services" means culturally competent services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, identification of strengths, and maintenance of skills learned in other support services. Peer support specialist services shall include, but are not limited to, support, coaching, facilitation, or education to Medi-Cal beneficiaries that is individualized to the beneficiary and is conducted by a certified adult peer support specialist, a certified transition-age youth peer support specialist, a certified family peer support specialist, or a certified parent peer support specialist.

(*l*) "Recovery" means a process of change through which an individual improves ~~his or her~~ *their* health and wellness, lives a self-directed life, and strives to reach ~~his or her~~ *their* full potential. This process of change recognizes cultural diversity and inclusion, and honors the different routes to resilience and recovery based on the individual and ~~his or her~~ *their* cultural community.

(m) "Transition-age youth peer support specialist" means a person who is 18 years of age or older and who has self-identified as having lived experience of recovery from mental illness, substance use disorder, or both, and the skills learned in formal training to deliver peer support services in a behavioral setting to promote mind-body recovery and resiliency for transition-age youth, including adolescents and young adults.

14045.14. No later than July 1, 2020, the department shall do all of the following:

(a) Establish a certifying body, either through contract or through an interagency agreement, to provide for the certification activities described in this article.

(b) Provide for a statewide certification for each of the following categories of peer support specialists, as contained in federal guidance issued by the Centers for Medicare and Medicaid Services, State Medicaid Director Letter (SMDL) #07-011:

(1) Adult peer support specialists, who may serve individuals across the lifespan.

(2) Transition-age youth peer support specialists.

(3) Family peer support specialists.

(4) Parent peer support specialists.

(c) Define the range of responsibilities and practice guidelines for the categories of peer support specialists listed in subdivision (b), by utilizing best practice materials published by the federal Substance Abuse and Mental Health Services Administration, the federal Department of Veterans Affairs, and related notable experts in the field as a basis for development.

(d) Determine curriculum and core competencies required for certification of an individual as a peer support specialist, including curriculum that may be offered in areas of specialization, including, but not limited to, transition-age youth, veterans, gender identity, sexual orientation, and any other areas of specialization identified by the department. Core competencies-based curriculum shall include, at a minimum, training related to all of the following elements:

(1) The concepts of hope, recovery, and wellness.

(2) The role of advocacy.

(3) The role of consumers and family members.

(4) Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.

(5) Cultural competence training.
(6) Trauma-informed care.
(7) Group facilitation skills.
(8) Self-awareness and self-care.
(9) Cooccurring disorders of mental health and substance use.
(10) Conflict resolution.
(11) Professional boundaries and ethics.
(12) Safety and crisis planning.
(13) Navigation of, and referral to, other services.
(14) Documentation skills and standards.
(15) Study and test-taking skills.
(16) Confidentiality.

(e) Specify training requirements, including core-competencies-based training and specialized training necessary to become certified under this article, allowing for multiple qualified training entities, and requiring training to include people with lived experience as consumers and family members.

(f) Establish a code of ethics.

(g) Determine continuing education requirements for biennial certification renewal.

(h) Determine the process for biennial certification renewal.

(i) Determine a process for investigation of complaints and corrective action, which may include suspension and revocation of certification.

(j) Determine a process for an individual employed as a peer support specialist on January 1, 2020, to obtain certification under this article.

14045.15. (a) In order to be certified as an adult peer support specialist, an individual shall, at a minimum, satisfy all of the following requirements:

(1) Be at least 18 years of age.

(2) Have or have had a primary diagnosis of mental illness, substance use disorder, or both, that is self-disclosed.

(3) Have received, or be receiving, mental health services, substance use disorder services, or both.

(4) Be willing to share ~~his or her~~ *the individual's* experience of recovery.

(5) Demonstrate leadership and advocacy skills.

(6) Have a strong dedication to recovery.

(7) Agree, in writing, to abide by a code of ethics. A copy of the code of ethics shall be signed by the applicant.

(8) Successfully complete the curriculum and training requirements for an adult peer support specialist.

(9) Pass a certification examination approved by the department for an adult peer support specialist.

(10) Successfully complete any required continuing education, training, and recertification requirements.

(11) Meet all applicable federal requirements.

(b) To maintain certification pursuant to this section, an adult peer support specialist shall do both of the following:

(1) Abide by the code of ethics and biennially sign an affirmation.

(2) Complete any required continuing education, training, and recertification requirements.

14045.16. (a) In order to be certified as a transition-age youth peer support specialist, an individual shall, at a minimum, satisfy all of the following requirements:

(1) Be at least 18 years of age.

(2) Have or have had a primary diagnosis of mental illness, substance use disorder, or both, that is self-disclosed.

(3) Have received, or be receiving, mental health services, substance use disorder addiction services, or both.

(4) Be willing to share ~~his or her~~ *the individual's* experience of recovery.

(5) Demonstrate leadership and advocacy skills.

(6) Have a strong dedication to recovery.

(7) Agree, in writing, to abide by a code of ethics. A copy of the code of ethics shall be signed by the applicant.

(8) Successfully complete the curriculum and training requirements for a transition-age youth peer support specialist.

(9) Meet all applicable federal requirements.

(b) To maintain certification pursuant to this section, a transition-age youth peer support specialist shall do both of the following:

(1) Abide by the code of ethics and biennially sign an affirmation.

(2) Complete any required continuing education, training, and recertification requirements.

14045.17. (a) In order to be certified as a family peer support specialist, an individual shall, at a minimum, satisfy all of the following requirements:

(1) Be at least 18 years of age.

(2) Be self-identified as a family member of ~~an individual~~ *a person* experiencing mental illness, substance use disorder, or both.

(3) Be willing to share ~~his or her~~ *the individual's* experience.

(4) Demonstrate leadership and advocacy skills.

(5) Have a strong dedication to recovery.

(6) Agree, in writing, to abide by a code of ethics. A copy of the code of ethics shall be signed by the applicant.

(7) Successfully complete the curriculum and training requirements for a family peer support specialist.

(8) Pass a certification examination approved by the department for a family peer support specialist.

(9) Meet all applicable federal requirements.

(b) To maintain certification pursuant to this section, a family peer support specialist shall do both of the following:

(1) Abide by the code of ethics and biennially sign an affirmation.

(2) Complete any required continuing education, training, and recertification requirements.

14045.18. (a) In order to be certified as a parent peer support specialist, an individual shall, at a minimum, satisfy all of the following requirements:

(1) Be at least 18 years of age.

(2) Be self-identified as a parent.

(3) Be willing to share ~~his or her~~ *the individual's* experience.

(4) Demonstrate leadership and advocacy skills.

(5) Have a strong dedication to recovery.

(6) Agree, in writing, to abide by a code of ethics. A copy of the code of ethics shall be signed by the applicant.

(7) Successfully complete the curriculum and training requirements for a parent peer support specialist.

(8) Meet all applicable federal requirements.

(b) To maintain certification pursuant to this section, a parent peer support specialist shall do both of the following:

(1) Abide by the code of ethics and biennially sign an affirmation.

(2) Complete any required continuing education, training, and recertification requirements.

14045.19. (a) This article shall not be construed to imply that an individual who is certified pursuant to this article is qualified to, or authorized to, diagnose an illness, prescribe medication, or provide clinical services.

(b) This article does not alter the scope of practice for a ~~health care~~ *healthcare* professional or authorize the delivery of ~~health care~~ *healthcare* services in a setting or manner that is not authorized pursuant to the Business and Professions Code or the Health and Safety Code.

14045.20. The department shall consult with the Office of Statewide Health Planning and Development (OSHPD), peer support and family organizations, mental health services and substance use disorder treatment providers and organizations, the County Behavioral Health Directors Association of California, and the California Behavioral Health Planning Council in implementing this article. Consultation shall initially include, at a minimum, quarterly stakeholder meetings. The department may additionally conduct technical workgroups upon the request of stakeholders.

14045.21. To facilitate early intervention for mental health services, community health workers may partner with peer, parent, transition-age, and family support specialists to improve linkage to services for the beneficiary.

~~14045.22. The Legislature does not intend, in enacting this article, to modify the Medicaid state plan in any manner that would otherwise change or nullify the requirements, billing, or reimbursement of the "other qualified provider" provider type, as currently authorized by the Medicaid state plan.~~

14045.22. (a) The department shall amend its Medicaid state plan to do both of the following:

(1) Include each category of peer, parent, transition-age, and family support specialist listed in subdivision (b) of Section 14045.14 and certified pursuant to this article as a provider type for purposes of this chapter.

(2) Include peer support specialist services as a distinct service type for purposes of this chapter, which may be provided to eligible Medi-Cal beneficiaries who are enrolled in either a Medi-Cal managed care plan or a mental health plan.

(b) The department may seek any federal waivers or other state plan amendments as necessary to implement the certification program provided for under this article.

14045.23. The department may utilize Mental Health Services Act moneys to fund state administrative costs related to developing and administering this article, subject to an express appropriation in the annual Budget Act for these purposes, and to the extent authorized under the Mental Health Services Act. These funds shall be available for purposes of claiming federal financial participation under Title XIX of the federal Social Security Act (42 U.S.C. Sec. ~~1396),~~ *1396 et seq.),* contingent upon federal approval.

14045.24. Medi-Cal reimbursement for peer support specialist services shall be implemented only if, and to the extent that, federal financial participation under Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.) is available and all necessary federal approvals have been obtained.

14045.25. The department may establish a certification fee schedule and may require remittance as contained in the certification fee schedule for the purpose of supporting the activities associated with the ongoing administration of the peer, parent, transition-age, and family support specialist certification program. Certification fees charged by the department shall reasonably reflect the expenditures directly applicable to the ongoing administration of the peer, parent, transition-age, and family support specialist certification program.

14045.26. For the purpose of implementing this article, the department may enter into exclusive or nonexclusive contracts on a bid or negotiated basis, including contracts for the purpose of obtaining subject matter expertise or other technical assistance.

14045.27. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this article by means of informal notices, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, until the time regulations are adopted. The department shall adopt regulations by July 1, 2022, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Commencing July 1, 2020, the department shall provide semiannual

status reports to the Legislature, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

SEC. 2. The Legislature finds and declares that this act clarifies procedures and terms of the Mental Health Services Act within the meaning of Section 18 of the Mental Health Services Act.

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AMENDED IN SENATE FEBRUARY 19, 2019

SENATE BILL No. 12

Introduced by ~~Senator Beall~~ *Senators Beall and Portantino (Coauthor: Senator Hertzberg)*

(Coauthors: Assembly Members Berman, Carrillo, Diep, Cristina Garcia, Eduardo Garcia, Lackey, Maienschein, Robert Rivas, and Wicks)

December 3, 2018

An act *to add Part 3.35 (commencing with Section 5833) to Division 5 of the Welfare and Institutions Code,* relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 12, as amended, Beall. Mental health services: youth.

Existing law, the Children's Mental Health Services Act, establishes an interagency system of care for the delivery of mental health services to seriously emotionally and behaviorally disturbed children and their families. *Existing law, the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, also funds a system of county mental health plans for the provision of mental health services, as specified. Existing law provides for the operation and administration of various mental health programs by the Mental Health Services Oversight and Accountability Commission.*

This bill would require the commission, subject to the availability of funds for these purposes, to administer an Integrated Youth Mental Health Program for purposes of establishing local centers to provide integrated youth mental health services, as specified. The bill would authorize the commission to establish the core components of the program, subject to specified criteria, and would require the commission

to develop the selection criteria and process for awarding funding to local entities for these purposes. The bill would authorize the commission to implement these provisions by means of an informational letter, bulletins, or similar instructions.

~~Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs.~~

~~Existing law authorizes the act to be amended by a ⅔ vote of the Legislature if the amendments are consistent with, and further the intent of, the act. Existing law authorizes the Legislature to add provisions to clarify procedures and terms of the act by majority vote.~~

~~This bill would declare the intent of the Legislature to enact legislation that would authorize the state and local governments to establish a series of at least 100 centers statewide to address the mental health needs of California youth. The bill would declare the intent of the Legislature to enact legislation to allocate or encourage the allocation of funding for that purpose, as specified. The bill would make related findings and declarations.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ *yes*. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. (a) The Legislature finds and declares all of the following:

(1) Adolescence and young adulthood, from 12 to 25 years of age, comprise a critical developmental period in a person's life. The brain is highly malleable, so forming healthy habits of mind and body can have a powerful, lifelong impact on the overall wellness of each child. Recent research demonstrates how especially important it is to establish this foundation during adolescence and young adulthood.

(2) One-half of adolescents meet the criteria for a mental disorder at some point in their lives.

(3) Seventy-nine percent of youth and young adults with mental health issues do not access care.

(4) Seventeen percent of students seriously considered attempting suicide in prior years.

(5) Twenty percent of youth abuse alcohol on a monthly basis.

(6) Rates of youth marijuana use have reached the highest levels in history.

(b) Further complicating the critical mental health service crisis for young people is the reality that most adolescents and young adults are reluctant to seek help for a variety of reasons, including, but not limited to, the following:

(1) Lack of awareness and understanding of mental illness.

(2) Stigma associated with mental illness.

(3) Lack of age-appropriate, youth-friendly mental health services.

(4) Concerns about confidentiality and embarrassment in disclosing mental health concerns.

(5) Doubts about the effectiveness of the treatment available.

(6) Lack of affordable services and inadequate transportation to service locations.

SEC. 2. Part 3.35 (commencing with Section 5833) is added to Division 5 of the Welfare and Institutions Code, to read:

PART 3.35. INTEGRATED YOUTH MENTAL HEALTH PROGRAM

5833. (a) There is hereby established the Integrated Youth Mental Health Program.

(b) The objective of this program is to establish, throughout the State of California, centers that provide integrated mental health, substance use, physical health, social support, and other services for youths 12 years of age to 25 years of age, inclusive, and their families. The program is intended to approach youth wellness in an innovative, comprehensive, and youth-friendly way, reaching adolescents and young adults in clinical sites, online, in schools, or other venues.

(c) Subject to the availability of funds for these purposes, the Mental Health Services Oversight and Accountability Commission shall administer the Integrated Youth Mental Health Program. Counties, counties acting jointly, cities, or other local entities, as determined by the commission, are eligible to receive funds from the commission pursuant to this section.

(d) The commission shall establish core components of the program, which may include the following:

(1) Youth-informed design for integrated youth mental health services.

(2) A focus that supports individuals with mental health needs, including mild to moderate mental health issues, anxiety, and depression.

(3) A one-stop site for access to integrated care services, including mental health, physical health, substance use, and educational, vocational, and peer support.

(4) Accessibility, such that the services will be affordable, destigmatizing, appealing to youth, and confidential pursuant to existing state and federal laws.

(5) Staff that includes, but is not limited to, psychiatrists, psychologists, physicians, substance use treatment counselors, peer and family support, and others.

(6) A focus on vulnerable and marginalized youth including, but not limited to, LGBTQ, homeless, and indigenous youth.

(e) The commission shall develop selection criteria and the process for awarding the funding. At a minimum, the commission may consider the following factors when selecting recipients and determining the amount of grant awards:

(1) Description of need, including potential gaps in local services.

(2) Description of the funding request and how it will be used to facilitate the objectives and anticipated outcomes.

(3) Ability to measure key outcomes, including improved access to mental health services.

(4) Ability to obtain federal Medicaid reimbursement, when applicable.

(5) Ability to provide additional funding support to the project, including public or private funding, grants, foundation support, and other collaborative efforts.

(6) Ability to sustain the project.

(7) Level of community engagement and commitment to the project.

(8) Level of youth involvement in designing and implementing the project.

(9) Geographic areas or regions of the state, including rural, suburban, and urban areas.

(f) Funds awarded by the commission to eligible local entities under this section shall, at the discretion of the commission, be

for a period of five years. The commission shall determine the funding level for each program and has discretion to consider the level of need, population to be served, and related criteria, as described in subdivision (d).

(g) Funds awarded by the commission for purposes of this section may be used to supplement, but not supplant, existing financial and resource commitments of a county, counties acting jointly, or a city mental health department that receives a grant under this section.

(h) A reasonable percentage of the total annual funding shall be reserved for the commission to expend on administrative, research and evaluation, and technical assistance costs.

(1) The commission shall develop a strategy for monitoring implementation of the program.

(2) The commission shall develop a strategy for technical assistance, support, and evaluation to support the successful implementation of the objectives of the program.

(i) Notwithstanding any other law, the commission, without taking regulatory action, may implement, interpret, or make specific this section by means of informational letters, bulletins, or similar instructions.

~~SECTION 1. (a) The Legislature finds and declares all of the following:~~

~~(1) Adolescence and young adulthood, from 12 to 25 years of age, comprise a critical developmental period in a person's life. The brain is highly malleable, so forming healthy habits of mind and body can have a powerful, lifelong impact on the overall wellness of each child. Recent research demonstrates how especially important it is to establish this foundation during adolescence and young adulthood.~~

~~(A) One-half of adolescents meet the criteria for a mental disorder at some point in their lives.~~

~~(B) Seventy-nine percent of youth and young adults with mental health issues do not access care.~~

~~(C) Seventeen percent of students seriously considered attempting suicide in prior years.~~

~~(D) Twenty percent of youth abuse alcohol on a monthly basis.~~

~~(E) Rates of youth marijuana use have reached the highest levels in history.~~

~~(2) Further complicating the critical mental health service crisis for young people is the reality that most adolescents and young adults are reluctant to seek help, for a variety of reasons, including, but not limited to, the following:~~

~~(A) Lack of awareness and understanding of mental illness.~~

~~(B) Stigma associated with mental illness.~~

~~(C) Lack of age-appropriate, youth-friendly mental health services.~~

~~(D) Concerns about confidentiality and embarrassment in disclosing mental health concerns.~~

~~(E) Doubts about the effectiveness of the treatment available.~~

~~(F) Lack of affordable services and inadequate transportation to service locations.~~

~~(3) Accordingly, a headspace model will be established and funded in this state that will approach youth wellness in an innovative, comprehensive, and youth-friendly way, reaching adolescents and young adults in clinical sites, and ultimately online and in schools. The core components of the model will include, but not be limited to, the following:~~

~~(A) A focus on mild to moderate mental health issues, including anxiety and depression.~~

~~(B) A one-stop site for access to integrated care services, including mental health, physical health, substance use, and educational or vocational support.~~

~~(C) Accessibility, such that the services will be affordable, destigmatized, appealing to youth, and confidential pursuant to existing state and federal laws.~~

~~(4) (A) The staff of these centers will be made up of psychiatrists, psychologists, physicians, substance use treatment counselors, and others to provide culturally and linguistically inclusive mental health services to all youth, regardless of insurance status, and no child will be turned away.~~

~~(B) These centers should provide a special focus on vulnerable and marginalized young people, including LGBTQ, homeless, and indigenous youth.~~

~~(5) In Australia, a network of 100 mental health centers serves 355,000 people throughout the country, each one with its own personality.~~

~~(b) Therefore, it is the intent of the Legislature to enact legislation that would authorize the state and local governments~~

~~to establish a series of at least 100 centers statewide to address the unmet mental health needs of California youth through a collaborative process of knowledge sharing and funding.~~

~~(c) It is further the intent of the Legislature to enact legislation to allocate or encourage the allocation of funding pursuant to county Mental Health Services Act (MHSA) funds or by the Mental Health Services Oversight and Accountability Commission, county behavioral health services departments, and relevant stakeholders to provide technical assistance to entities that will establish a headspace model.~~

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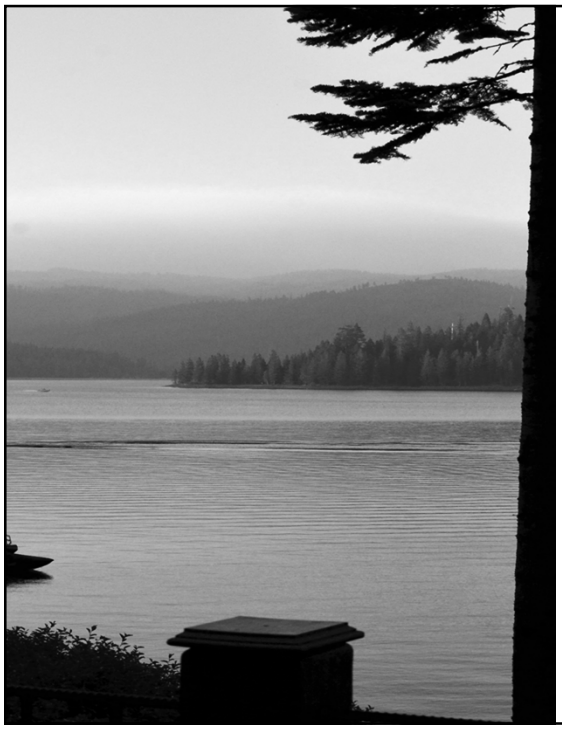

HOMELESS OUTREACH AND MEDICAL ENGAGEMENT (HOME) TEAM

NEVADA COUNTY BEHAVIORAL HEALTH INNOVATION PLAN

February 28, 2019

Phebe Bell
Director
Nevada County
Behavioral Health

Priya Kannall
MHSA Coordinator
Nevada County
Behavioral Health

Gayatri Havighurst, RN
Peer Specialist
SPIRIT Peer
Empowerment Center

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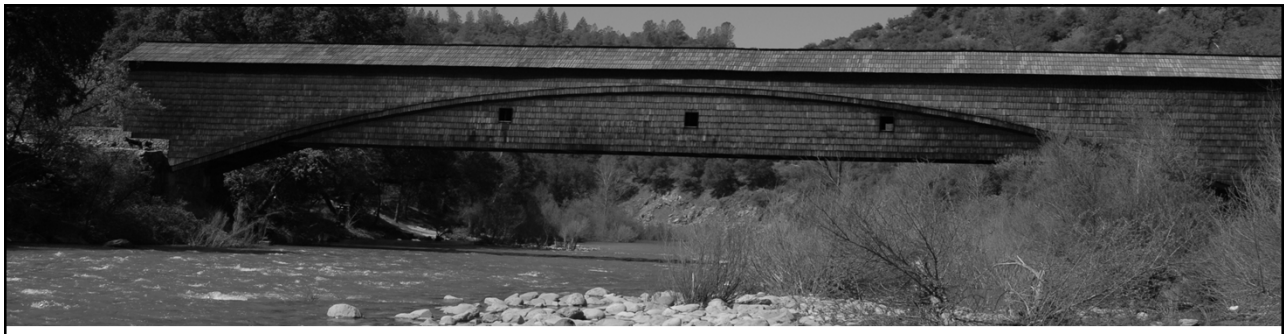

NEVADA COUNTY OVERVIEW

- Small, rural county spanning 974 square miles with 99,814 residents
- 3 incorporated cities: Nevada City, Grass Valley, and Truckee
  - 68% of the County's population lives in unincorporated area
- Unique characteristics that attract residents to live in Nevada County

2

THE NEED

- **Rural homelessness looks different than urban homelessness**
  - Large geography
  - Limited services
  - Attitude of government distrust
- **We are failing to interrupt the cycle of homelessness**
  - 44% chronically homeless versus state average of 28%
  - 41% chronic health condition; 43% physical disability
- **Addressing homelessness is the top community priority**

Photo credit ***The Union*** October 2016

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PROPOSED INNOVATIVE SOLUTION

Homeless **O**utreach **M**edical **E**ngagement (**HOME**) Team

- **Team composition**
  - Peer Specialist
  - Nurse
  - Personal Services Coordinator
- **Mobility**
- **Low barrier housing**
  - Housing Personal Services Coordinator

4

CRITICAL ELEMENTS OF SUCCESS

- Less stigma associated with physical health needs than mental health needs
- Low-barrier master-leased housing units
- Criminal justice collaboration
- Will engage 30-50 individuals/year, and fund housing for 12-15 people/year
- Design based on consumer feedback

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Photo credit ***The Union*** January 2017

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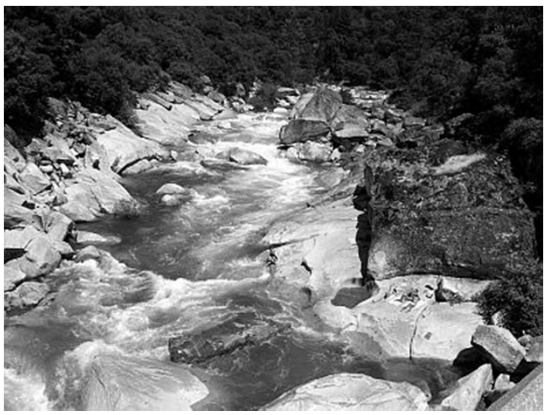
EVALUATION



- **GOAL: Reduce percentage of chronically homeless to state average or lower**

Other Indicators:

- Housing status and housing stability
- Linkage to health care services
- Linkage to mental health and/or substance use services, including residential treatment
- Development of positive social connections
- Engagement & enrollment in services and benefits (CalFresh, Medi-Cal, SSI/SSDI)
- Reduced arrests/recidivism rates

BUDGET

Expenditures	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	TOTAL
Personnel Costs (Salaries)	$247,993.33	$252,953.19	$258,012.26	$263,830.84	$269,107.46	$1,291,897.09
Operating Costs (Client Flex Funds, Rent, Deposits, Furniture, etc)	$159,086.67	$259,212.08	$259,336.67	$259,463.75	$259,593.38	$1,196,692.53
Non-recurring costs (Vehicle)	$30,000.00	$0.00	$0.00	$0.00	$0.00	$30,000.00
Consultant Costs (Program Evaluation)	$16,000.00	$12,000.00	$12,000.00	$12,000.00	$12,000.00	$64,000.00
Total Innovation Budget	**$453,079.99**	**$524,165.27**	**$529,348.93**	**$535,294.59**	**$540,700.84**	**$2,582,589.62**

8

SUSTAINABILITY

- Potential for Medi-Cal and/or Drug Medi-Cal billing
- HUD permanent supportive housing vouchers and No Place Like Home
- Collaboration with local partners
- MHSA CSS and/or PEI funds

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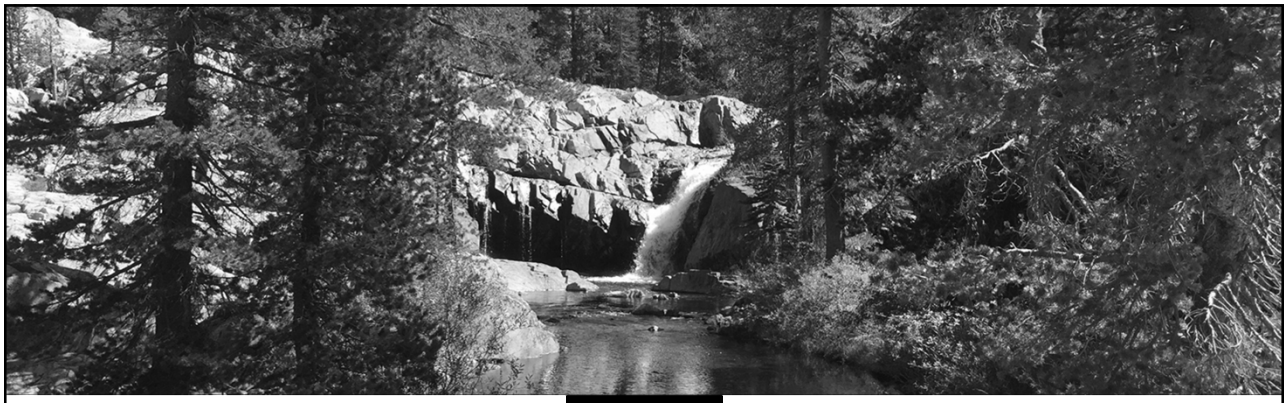


QUESTIONS & ANSWERS

THANK YOU!

PROPOSED MOTION

MHSOAC approves Nevada County's Innovation Project as follows:

Name:	**Homeless Outreach and Medical Engagement (HOME) Team**
Amount:	**$2,395,892.02**
Project Length:	**Five (5) Years**

11

OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF NEVADA

CLIFFORD H. NEWELL
DISTRICT ATTORNEY

CHRIS WALSH
ASSISTANT DISTRICT ATTORNEY

RANDALL BILLINGSLEY
CHIEF INVESTIGATOR

January 11, 2019

To Whom It May Concern,

The Nevada County District Attorney's Office is pleased to express our enthusiastic support for the Nevada County proposed Homeless Outreach and Medical Engagement (HOME) 5-Year Innovation project.

This project complements our work/mission supporting those experiencing homelessness in our community. The HOME team will fill a dire gap in our community for some of our most vulnerable and difficult to reach residents. This population often suffers from unmet physical health needs that create a barrier to other services such as mental health, substance use services, and housing. This challenge is compounded by a housing crisis and extremely low vacancy rate, with very few supported housing opportunities in our rural community. The low-barrier supported housing is an essential component of the HOME project and will provide much-needed stability for those experiencing long-term homelessness.

When homeless residents of our community come into contact with the criminal justice system it is very difficult to divert them when their most basic need of shelter is unmet. This program will meld nicely with our efforts in the criminal justice system to divert them out of the system.

The HOME team is an essential addition to the continuum of care for our homeless residents, and we are looking forward to the learnings that will be gained through this project.
If you have any questions, please do not hesitate to contact me at (530)265-1432 or, Clifford.Newell@co.nevada.ca.us.

Sincerely,

201 COMMERCIAL STREET, NEVADA CITY, CALIFORNIA 95959
PHONE: (530) 265-1301
FAX: (530) 478-1871

Dignity Health.
Sierra Nevada Memorial Hospital

155 Glasson Way
Grass Valley, CA 95945
530 274.6000
530 274.6614 fax

January 25, 2019

RE: Support Letter for Nevada County Homeless Outreach Project

To Whom It May Concern:

Sierra Nevada Memorial Hospital is pleased to express our enthusiastic support for the Nevada County proposed Homeless Outreach and Medical Engagement (HOME) 5-Year Innovation project.

Dignity Health's mission is to provide compassionate care to all members of our community while also addressing the underlying causes of poor health, especially for the most vulnerable. That is particularly important for homeless members of our communities. At Sierra Nevada Memorial Hospital, we share Nevada County's concern about the care and shelter of our vulnerable homeless population and know that connecting patients to adequate supportive services when they are able to leave the hospital is something many hospitals nationwide are struggling to address. We face this challenge on a daily basis and work hard to assist any patient in need when medically cleared to leave the hospital, which may include food, clothing, transportation, and lodging options, and needed follow up medical care. Our mission is to provide basic human care to any patient that walks through our doors.

This project complements our work/mission supporting those experiencing homelessness in our community. The HOME team will fill a dire gap in our community for some of our most vulnerable and difficult to reach residents. This population often suffers from unmet physical health needs that create a barrier to other services such as mental health, substance use services, and housing. This challenge is compounded by a housing crisis and extremely low vacancy rate, with very few supported housing opportunities in our rural community. The low-barrier supported housing is an essential component of the HOME project and will provide much-needed stability for those experiencing long-term homelessness.

The HOME team is an essential addition to the continuum of care for our homeless residents, and we are looking forward to the learnings that will be gained through this project.

If you have any questions, please do not hesitate to contact me at Brian.D.Evans@DignityHealth.org.

Sincerely yours,

Brian D. Evans, M.D.
President / CEO
Sierra Nevada Memorial Hospital

Hospitality House *Providing Pathways to Housing*

February 11, 2019

Nevada County Behavioral Health
500 Crown Point Circle
Suite 120
Grass Valley, CA 95945

Dear Ms. Bell,

Hospitality House is pleased to express our enthusiastic support for the Nevada County proposed Homeless Outreach and Medical Engagement (HOME) 5-Year Innovation project. Hospitality House's Outreach Team knows first-hand the level of susceptibility and need for support services in our community.

This project complements our work/mission in supporting those who are experiencing homelessness in our community. The HOME team will fill a dire gap in our community for some of our most vulnerable and difficult to reach residents. This population often suffers from unmet physical health needs that create a barrier to other services such as mental health, substance use services, and housing. This challenge is compounded by a housing crisis and extremely low vacancy rate, with very few supported housing opportunities in our rural community. The low-barrier supported housing is an essential component of the HOME project and will provide much-needed stability for those experiencing long-term homelessness.

The HOME team is an essential addition to the continuum of care for our homeless residents, and we are looking forward to the learnings that will be gained through this project.

If you have any questions, please do not hesitate to contact me at (530) 615-0807.

Sincerely,

Nancy S. Baglietto,
Executive Director/CEO

NAMI
National Alliance on Mental Illness
Nevada County

PO Box 1313 Grass Valley CA 95945 www.naminevadacounty.org

January 28, 2019

To Whom It May Concern,

NAMI Nevada County ardently supports Nevada County's proposed Mental Health Services Act (MHSA) Innovation project which will address a grave need in our community faced by individuals with mental illnesses. The Homeless Outreach and Medical Engagement (HOME) project uniquely addresses realities that our homeless citizens with mental illnesses experience.

We in NAMI know first-hand the issues involved, including incarceration and death. Our family members include those who are homeless, untreated, and struggling to live. Building trust is essential, as is meeting individuals where they are both physically and emotionally. Because is it common for our community members who experience especially chronic homelessness to have multiple health needs, an interdisciplinary team that includes medical and behavioral health staff only makes sense.

We live in a rural environment (there are only three incorporated towns in the entire county) with very limited public transportation; hence, the mobility of this integrated team to help individuals access needed services and supports is vital. Our county also has a housing crisis and extremely low vacancy rate with very few supported housing opportunities in our rural community. Low-barrier supported housing is a critical component of the HOME project.

As original and continual participants in the MHSA community planning process, we urge the approval of this project. We have lost members with severe mental illnesses who were homeless. This has to change.

Respectfully,

Lael Walz
President

NEVADA COUNTY PUBLIC DEFENDER

109 N. Pine St., Nevada City, CA 95959

Phone: (530) 265-1400 Fax: (530) 478-5626

Keri Klein
Public Defender
S.B. #178572

Susan Leff
Assistant Public Defender

Deputies

David Humphreys
Tamara Zuromskis
Micah Pierce
Thomas Angell
Hayley Dewey
Matthew Kellegrew

February 19, 2019

To Whom It May Concern,

The Nevada County Public Defender's Office is pleased to support the program activities envisioned by Nevada County's proposed Homeless Outreach and Medical Engagement (HOME) 5-Year Innovation project.

This project complements the work my office does as all of my clients are indigent and many experience homelessness. The HOME team will fill a dire gap in our community for some of our most vulnerable and difficult to reach residents. This population often suffers from unmet physical health needs that create a barrier to other services such as mental health, substance use services, and housing. This challenge is compounded by a housing crisis and extremely low vacancy rate, with very few supported housing opportunities in our rural community. Low-barrier supported housing is an essential component of the HOME project and will provide much-needed stability for those experiencing long-term homelessness.

The HOME team is an essential addition to the continuum of care for our homeless residents, and we are looking forward to all that we will learn through this project.

Please do not hesitate to contact me if you have any further questions.

Sincerely,

Keri C. P. Klein
Chief Public Defender

MHSA INNOVATION:
Link Crew Collaborative

John Grass, Deputy Director
Sylvia Bazan, Behavioral Health Manager
Youth & Young Adults Services

Presenting problem and need

* Transition from middle to high school can be challenging, and without sufficient support and guidance, some youth struggle resulting in low attendance, increased drop out, and the emergence of mental health disorders.
* Without successful transition a student can experience transitional conflicts that they are not equipped to handle. This can result in disappointments, disillusionment and failures which can have a long term effect on their academic success as well as their personal life.

Proposed solution

* The current program assists incoming freshman to feel connected supported and equips basic needs every student has: Safety, Information and Connection.
* In spite of the Link Crew activities to help students build connectedness and prevent poor academic achievement, it does not address early identification of mental illness that would result in impairments which prevent successful experiences in high school.
* Imperial County Behavioral Health will partner with local high schools to support an modified version of the Link Crew program, to include a behavioral health education, stigma reduction, guidance by a mental health practitioner, prevention/ early intervention and access to treatment if needed.

Program overview

* The innovation plan consist of collaboration between Imperial County Behavioral Health Services and local high schools by modifying their freshman student transition program to include a mental health component.
* Student mentors provide engagement activities with freshman students. This adaptation will add mental health awareness/education to the curriculum in order to equip mentors to engage freshmen who disclose social, behavioral and emotional problems.
* Engagement of students with transitional problems will allow ICBHS to provide prevention, early intervention and access to treatment if needed.

Evaluation component

- Data will be collected regarding school attendance, truancy, disciplinary actions and grades. This data will be collected at the start and 6 months after.
- Successfully transitioning to high school will be measured by a survey developed for this project, completed by the youth and parents, focusing on their experience transitioning to high school, academic success, social support, and attitudes about school.
- Baseline data on the categories cited above will be collected from the participating and comparison high schools.
- Data regarding increased enrollment in mental health services will be collected by tracking the number of referrals to the MHRT for a pre-screening and to the clinician for intake assessment.

Innovation: Link Crew Cost

FY 2018-19:	$144,037
FY 2019-20:	$398,825
FY 2020-2021	$590,447
FY 2021-22:	$535,613
FY 2022-23:	$274,808
Total 5 year cost:	$2,538,018

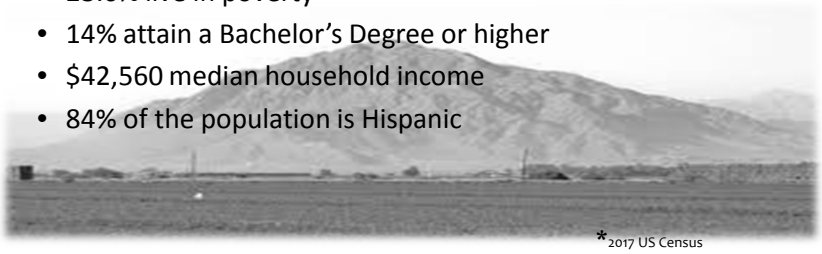
Innovation Project: Positive Engagement Team (PET)

Leticia Plancarte-Garcia, Deputy Director
Maria Wyatt, Behavioral Health Manager
Children and Adolescents Outpatient Services

Imperial County Profile

Imperial County Characteristics

- 182,830 residents
- 4,597 square miles - 7 cities and 8 unincorporated communities
- 23.6% live in poverty
- 14% attain a Bachelor's Degree or higher
- $42,560 median household income
- 84% of the population is Hispanic



*2017 US Census

Community Needs

Behavioral Health Services

- Based on NAMI statistics, 1 in 5 adults in the US experience a mental illness in a give year.
- Based on Imperial County's population of 182, 830, approximately 36,566 (20%) residents may be in need of services.
- In FY 17/18 ICBHS provided services to 8,119 (4%).
- It is estimated that a total of 28,447 (16%) residents are underserved.

Mental Health Challenges

- Stigma related to mental health
- Low penetration rates
- Appointment attendance

Innovation Project
Positive Engagement Team (PET)

The goal is to *Increase Access to Services* by implementing a strategy that will integrate animals in outpatient clinics and outreach activities with the following objectives:

- Increase mental health awareness to reduce stigma associated with mental illness.
- Enhance engagement to improve attendance to appointments.

ICBHS will contract with the Humane Society of Imperial County and utilize trained dogs as a tool to increase access to services to unserved and underserved populations of Imperial County.

PET: What is Innovative?

The Innovation lies in the use of animals as the strategy to *increase access to services*. The PET Project will have the following two components:

Client Engagement

- Animals in outpatient clinics to develop a welcoming environment and promote trust

Community Outreach

- Animals during outreach activities will increase interest in mental health services and assist in reducing stigma

PET – Special Considerations

A comprehensive plan will be implemented to ensure the safety and needs of clients and staff are met, including the following:

- All animals used in this project will be trained in obedience by a trainer who is a member of the Association of Professional Dog Trainers (APDT).
- All animals will be provided by the Imperial County Humane Society. They will ensure animals are in good health, have all required vaccines, and are properly groomed.
- All animal handlers and staff involved in the project will be trained in proper animal handling.
- Individuals will be notified of the presence of animals by phone or by mail, prior to their scheduled appointments, giving them the option to request for the animal be removed, if necessary.

PET – Learning Goals

This Innovation project attempts to answer the following questions:

1. Will the presence of animals during outreach activities increase the number of individuals that will access mental health services?
2. Will the presence of animals during outreach activities improve individuals' perception of mental health and reduce stigma associated with mental illness?
3. Will the presence of animals in outpatient clinics or programs assist in engaging clients into treatment and reduce the number of individuals not attending appointments?
4. Will the presence of animals in outpatient clinics and programs improve individuals' perception of mental health and reduce stigma associated with mental illness?

PET - Evaluation

ICBHS will contract with Todd Sosna Consulting for the evaluation of this project.

The evaluation of this project will have the following components:

<u>Periodic Surveys</u>

- Consumers/parents/guardians/caregivers will complete surveys about their experience related to the presence of animals at the outpatient clinics.

<u>Semi-Structured Interviews</u>

- ICBHS staff will provide feedback on the perceived benefits of having animal in the clinics and in outreach activities.

PET – Evaluation (cont.)

Service-level data collection

- Number of outreach activities and referrals generated
- Pre & post data:
  - Number of individuals attending mental health appointments
  - Number of individuals accessing mental health services
- Demographic information on individuals completing the surveys
- Number of animals trained for the project

PET – Evaluation (cont.)

Reporting

- Information collected on surveys, interviews, and reports will be submitted to evaluator on quarterly basis.
- Evaluator will provide semi-annual outcome reports to ICBHS to determine the effectiveness of the project and make modifications if necessary.

Stakeholder Involvement

- Outcome data will be presented to stakeholders and to the community on an ongoing basis.
- Feedback will be obtained from stakeholders on ways to improve this project

PET - Budget

Fiscal Year	Revenue Allocated	Total
2018/2019 (Partial)	MHSA FY 08/09	$384,451
2019/2020	MHSA FY 09/10, 10/11	$593,675
2020/2021	MHSA FY 16/17, 17/18, 18/19	$553,563
2021/2022	MHSA FY 18/19, 19/20, 20/21	$633,448
2022/2023	MHSA FY 20/21, 21/22, 22/23	$645,884
2023/2024 (Partial)	MHSA FY 23/24	$310,604
	Total MHSA Revenue	**$3,120,109**
	Other Revenue	**$1,495**
	Total Revenue	**$3,121,604**

PET - Budget

Expenses	Total
ICBHS clinical and admin. staff	$1,936,493
Total Personnel	**$1,936,493**
Operating Exp.	
Training	$12,000
Evaluation	$55,000
Contracted Services	$635,333
Program Exp.	$198,996
Total Operating Expenses	**$901,329**
Total Administrative Expenses	**$283,782**
Total Expenses	**$3,121,604**

PET - Sustainability

Upon successful completion of this Innovation Plan, the program will be transitioned into the Prevention and Early Intervention (PEI) component and continue providing services to Imperial County residents.

Positive Engagement Team

Comments or Questions

Proposed Motions: The Commission approves Imperial County's Innovation plans as follows:

- **Name:** *Link Crew Collaborative*
- **Amount:** $1,911,084
- **Project Length:** Five (5) Years

- **Name:** *Positive Engagement Team (PET)*
- **Amount:** $3,120,109
- **Project Length:** Five (5) Years

SAN BERNARDINO COUNTY

Behavioral Health
Office of Innovation

Innovative Remote Onsite Assistance Delivery (InnROADs)

San Bernardino County

February 28, 2019

Hidden Homeless

Hidden Homeless

Hidden Homeless

Hidden Homeless

InnROADs Project

Create an intensive, field-based **engagement model** that supports **multidisciplinary/multiagency teams** that meet, engage and **provide treatment** to individuals experiencing homelessness where they live and are comfortable within their homeless communities.

- **Participating agencies:**
  - Department of Behavioral Health (DBH)
  - Department of Aging and Adult Services (DAAS)
  - Department of Public Health (DPH)
  - Sheriff's Department (Sheriff's)

Engagement and Treatment Teams:

- **Engagement Teams**
  - Social Service Practitioner/Social Worker (DAAS)
  - Peer and Family Advocate (DBH)
  - Clinician (DBH)
  - Nurse (PHD)
  - Alcohol and Drug Counselor (DBH)
  - Law enforcement representative (Sheriff's)

- **Treatment Team** (DBH)
  - Nurse Practitioner
  - Medical assistant
  - Mental Health Nurse

InnROADs will:

- Focus on engagement and relationship building.
- Provide incentives to build rapport.
- Provide help to non traditional family members, such as pets.
- Take basic physical and mental health care to the areas homeless individuals live in rural San Bernardino County.
- Connect individuals to the appropriate system of care.

InnROADs Innovation

- Multiagency multidisciplinary teams to allow for real-time problem solving.
- The use of the Listen, Empathize, Agree and Partner (LEAP) training by all agencies.
- Creation of a field-based engagement and treatment model where services are brought to the individual in need.
- Assisting pets instead of pets being a barrier, by creating an opportunity for pets to be the catalyst of engagement into services for homeless individuals.
- Utilizing Housing Problem Solving techniques as a proactive engagement strategy that focuses on multiple contacts to build trust.

Evaluation Components

Learning Goal 1: Examine the effectiveness of a mobile, multi-agency team effective in serving and supporting the needs of those individuals experiencing homelessness, as individuals, as family units and as communities. Analyze how collaboration to address multiple, interrelated needs "saves" time, and resources, for both consumers and partner agencies.

- **Expected Outcome:** Increased rates of underserved engaging in the project compared to standard; increased collaboration among agencies; increased number of clients served.

Learning Goal 2: Examine the relationship between consumer-centered engagement techniques and consumer readiness for treatment. Analyze which techniques are particularly well suited for different age groups, cultural groups, family structures and diagnoses.

- **Expected Outcome:** Increased rates of underserved engaging in the project compared to standard services; improved project outcomes, increased number or clients served, increase service penetration rate.

Evaluation Components

Learning Goal 3: Examine the effectiveness of behavioral health services and treatments in the field, including medication, therapy, rehabilitation and enhancing/strengthening support systems. Analyze which services and treatments are particularly well-suited for different age groups, cultural group, family structures and diagnosis.

- **Expected Outcome:** Increased rates of underserved engaging in the project comparted to standard services; improved project outcome compared to standard services, increased number of clients served, increased services penetration rate.

Learning Goal 4: Examine how geographic information system (GIS) can be used to as a collaborative tool to better understand patterns, needs and opportunities for continuous quality improvement by front line staff, supervisors, administrators and county level agencies.

- **Expected Outcome:** Improved project outcomes with regular collection, analysis and reporting of GIS data; increased rates of underserved participation; improved year over year outcomes.

Budget

	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	5 Year Total
Personnel Costs	$1,860,334	$1,916,144	$3,095,186	$3,188,042	$3,283,683	$13,343,389
Operating Expenses	$171,391	$171,391	$215,384	$215,384	$215,384	$988,934
One Time Costs	$157,477	$0	$108,000	$0	$0	$265,477
Consultant Costs	$50,000	$75,000	$100,000	$100,000	$100,000	$425,000
Other	$279,050	$287,422	$464,278	$478,206	$492,522	$2,001,508
Total INN Funding	$2,518,253	$2,449,957	$3,982,848	$3,981,632	$4,091,619	$17,024,309

Budget

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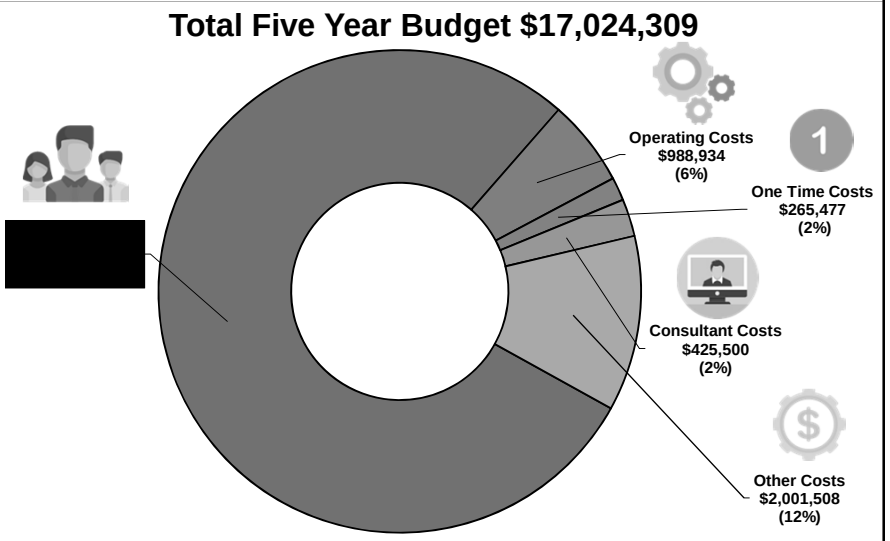

Questions

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Questions & Discussion

Thank you!

PROPOSED MOTION:

MHSOAC approves San Bernardino County's Innovation Project as follows:

Name:	**Innovative Remote Onsite Assistance Delivery (InnROADS)**
Amount:	**$17,024,309**
Project Length:	**Five (5) Years**

San Bernardino County Homeless Partnership

Interagency Council on Homelessness
Administrative Office
303 E. Vanderbilt Way, San Bernardino, CA 92415-0026
Office: (909) 386-8297

San Bernardino County HOMELESS PARTNERSHIP

January 23, 2019

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

Re: San Bernardino County Department of Behavioral Health's Innovative Remote Onsite Assistance Delivery Project

Dear Honorable Commissioners,

The Interagency Council on Homelessness (ICH) would like to express strong support for the San Bernardino County Department of Behavioral Health's proposed Innovative Remote Onsite Assistance Delivery Project (InnROADs). We believe this project has the potential to help end homelessness in San Bernardino County.

ICH is the policy making body for San Bernardino County's Homeless Provider Network (HPN). ICH, HPN and the Office of Homeless Services work together to develop a sustainable system of housing and homelessness prevention for persons residing within San Bernardino County.

ICH is aware that due to the county's vast geographical area and diverse terrain it faces unique challenges in its ability to provide services to all homeless residents living within the county. To truly serve all of our community members experiencing homelessness, it is vital to collaborate and test this innovative next step in program and service delivery.

The InnROADs project will bring together various county departments to provide the many aspects of care and treatment directly to members of an underserved population who currently are unable to participate in their care due to untreated behavioral health needs. All multiagency staff participating in InnROADs will be trained in the intensive, consumer driven, field-based engagement model. Utilizing this model across county departments, we envision a new framework for collaboration that includes enhanced standards in engagement, treatment, and recovery integrated across multiple systems. By collaborating with other agencies and community resources, we can take the positive steps toward a holistic approach to wellness, transitioning individuals and families into housing, and supporting them along their road to self-sufficiency.

The San Bernardino County ICH believes that this collaboration will inspire further integration amongst homeless and healthcare agencies to secure much needed client continuity of care and urges your approval of the InnROADs project.

Respectfully,

JOSIE GONZALES, Chair, Interagency Council on Homelessness
San Bernardino County Continuum of Care

Members of the Interagency Council on Homelessness

Members of the Board of Supervisors
City of Ontario
City of Victorville
City of Hesperia
City of San Bernardino
San Bernardino County Human Services
Community Action Partnership of San Bernardino County
Housing Authority of the County of San Bernardino
San Bernardino County Superintendent of Schools
Department of Community Development and Housing
City of Barstow
City of Redlands
City of Montclair
California State University of San Bernardino
Town of Yucca Valley
Department of Probation
Veteran Administration Loma Linda
Workforce Development Department
Members of the Homeless Provider Network
HMIS Lead Agency
City of Colton
City of Rancho Cucamonga
City of Upland
City of Fontana
Department of Behavioral Health
Department of Rehabilitation
211 United Way
Sheriff's Department
General Members-At-Large
Kaiser Permanente Hospital

351 N. Mountain View Ave., #303, San Bernardino, CA 92415 | Phone: 909.387.9146 | Fax: 909.387.6228
www.SBCounty.gov

SAN BERNARDINO COUNTY

Public Health
Administration

Trudy Raymundo
Director

Corwin Porter
Assistant Director

Maxwell Ohikhuare, M.D.
Health Officer

Dear Mental Health Services Oversight and Accountability Commissioners,

The San Bernardino County Department of Public Health is fully invested in protecting and improving the health of people in our communities. We know that homelessness is closely connected to declines in both physical and behavioral health, including many treatable conditions. Health problems among persons experiencing homelessness result for many reasons including system barriers, lack of access to adequate food, and limited resources. Due to a shortage of practitioners in rural areas, the individuals experiencing homelessness in these areas are not able to access medical and behavioral health care. We support the San Bernardino County Department of Behavioral Health's proposed Innovative Remote Onsite Assistance Delivery Project (InnROADs) and its creation of a field-based engagement and treatment model that allows for treatment and services to be brought directly to individuals experiencing homelessness. According to the 2018 Homeless Count and Subpopulation Survey Final Report for San Bernardino County, 19.2% of the individuals experiencing homelessness in our County live with a pet. We realize the significant physical and emotional benefits that having a pet can provide to a person experiencing homelessness, such as comfort, protection, companionship, and a sense of normalcy. Pets are considered to be "family" by many of these individuals. We agree with the idea that collaborating with community partners to provide needed assistance to pets will lead to increased opportunities for successful engagement and acceptance of behavioral health services.

Lastly, we urge you to consider the impact of homelessness on the environment and health of all community members. Waste and biohazards are of significant concern in homeless encampments. The only way to alleviate this is to eliminate homelessness. By using a collaborative approach to address all aspects of a person's needs, the InnROADs project will help to reduce these public risks by improving the physical and mental health of individuals experiencing homelessness in our County and linking them to the appropriate system of care.

The San Bernardino County Department of Public Health is proud to be a part of this innovative project and asks you to please approve the InnROADs project.

Sincerely,

Trudy Raymundo

784 E. Hospitality Lane, San Bernardino, CA 92415-0640 | Phone: 909.891.3917 | Fax: 909.891.9077
www.SBCounty.gov

SAN BERNARDINO COUNTY

Aging and Adult Services

Sharon Nevins
Director
Public Guardian

February 21, 2019

Dear Mental Health Services Oversight and Accountability Commissioners:

The San Bernardino County Department of Aging and Adult Services-Office of the Public Guardian (DAAS-OPG) has a long-standing collaborative relationship with the County of San Bernardino Department of Behavioral Health (DBH), ensuring dependable, high quality services to our mutual clients. As the County's Area Agency on Aging, DAAS-OPG is dedicated to helping seniors to maintain choice, independence, and quality of life. As the population continues to grow, many older adults living in rural areas experience homelessness and have a need for behavioral health services. DAAS-OPG is honored to support DBH in their ongoing efforts to expand services designed to prevent homelessness among elder and dependent adults.

The number of elderly individuals experiencing homelessness is expected to increase three-fold nationwide over the next decade according to recent published studies by the University of Pennsylvania and the University of California, Los Angeles. On January 25, 2018, the San Bernardino County Homeless Partnership (SBCHP) conducted its annual Point-In-Time Count and Subpopulation Survey and identified 2,118 individuals who identified as unsheltered or sheltered but experiencing homelessness. Of those individuals, 31% were identified as elder adults. This vulnerable population is more likely to experience a higher rate of poverty, increased isolation, and decline in their overall physical and mental health which contribute to a higher premature mortality rate compared to the general population. The proposed Innovated Remote Onsite Assistance Delivery (InnROADs) Project would provide much needed services to address the critical needs of this at-risk population.

We fully support DBH's continuing efforts to improve the quality of life of older and dependent adults in San Bernardino County. As we seek to effectively serve this vulnerable population, we look forward to your unwavering support for this innovative initiative. It is our strong belief that the proposed InnROADs project will provide much needed additional resources and supports by integrating behavioral health professionals and aging and adult practitioners in bringing services directly to these individuals, no matter where they reside in our county. This project will align with the County's vision of a sustainable system of high-quality education, community health, public safety, housing, retail, and recreation for all residents.

We look forward to continued and strengthened partnership with DBH through ongoing collaboration to ensure San Bernardino County's elder and dependent adult population may safely age in place with dignity, supportive housing, and behavioral health services that will promote overall recovery, resiliency, and wellness.

Should you have any questions or need additional information, please do not hesitate to contact my office at (909)891-3917.

Kind Regards,

Sharon Nevins, LCSW, MA-PPM
Director/Public Guardian

JOHN McMAHON, SHERIFF - CORONER

February 20, 2019

Dear Mental Health Services Oversight and Accountability Commissioners,

The San Bernardino County Sheriff's Department's mission is to provide collaborative law enforcement solutions that meet the needs of our communities and partners by delivering quality professional services. Homelessness is a societal issue on the rise in San Bernardino County. The Sheriff's Department does not view homelessness as a crime, instead, we see it as a challenge we must all overcome, together. According to the 2018 Point-In-Time Count, of the 2,118 individuals without a permanent home, 1,443 of them were considered to be unsheltered. Many of these individuals are in rural areas that are difficult to access and where there are no services readily available. We see the San Bernardino County Department of Behavioral Health's proposed Innovative Remote Onsite Assistance Delivery Project (InnROADs) as an opportunity to partner and bring the much needed services to help homeless individuals get into housing.

The Sheriff Department's Homeless Outreach and Proactive Enforcement (H.O.P.E.) Team, has been working to reduce the rate of recidivism and the current costs associated to homeless related crime. The HOPE Team aims to balance outreach with enforcement of the law, while connecting members of the homeless population with resources that may help them transition from homelessness. Although the HOPE Team has done a great job of engaging individuals, we've learned that it takes many consistent engagements to gain trust and to accurately assess an individual's barriers, needs, and abilities in order to provide a permanent solution to ending their homelessness. Additionally, individuals experiencing homelessness are often protecting their space and belongings, which results in them constantly evaluating the intentions of the people they encounter, especially law enforcement. This defensive demeanor dictates an adversarial relationship with law enforcement, with the individual experiencing homelessness expecting arrest rather than assistance. The HOPE team has been dedicated to changing this negative perception and been successful. The additional human and service resources presented in InnROADs will have a beneficial impact on relationships already established with our homeless residents.

The San Bernardino County Sheriff's Department requests that you help us in taking the next step to bridge the gaps that exist to fully engage our rural population experiencing mental illness and homelessness to build the long-term trust needed to get individuals off the streets, in regular treatment, and in a stable environment. We are confident that with your approval of the proposed InnROADs project, you will be helping us to do exactly that.

Thank you,

John McMahon, Sheriff-Coroner

Please copy and distribute to all MHSOAC Commissioners

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

Dear MHSOAC Commissioners,

Vote no on San Bernardino county's Innroads innovation plan because the plan shows there was little general public involvement formulating the plan and most respondents are county staff. Using Mental Health funding for vision and dental services is an inappropriate use of funds designated for mental health services. The majority of this expensive project funds county staff agency meetings rather than services for the homeless. There are already many sources of homeless funds whose programs have multi-agency collaboration. The mental health services in the plan are redundant of services provided by other programs and there is nothing innovative to measure and evaluate. As there is a shortage of psychiatrists and mental health therapists for existing programs it is irresponsible to use funding for highly paid professionals to spend most of their time traveling from place to place instead of providing services.

Respectfully,

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Immigrant & Refugee Request for Proposal – Revision

Norma Pate, Deputy Director
February 28, 2019

Background

- The Commission approved the proposed outline of the scope of work for the Immigrants and Refugees RFP and authorized the Executive Director to initiate a competitive bid process on January 24, 2019.
- While the outline of the scope of work was approved by the Commission, how the funds would be distributed was not determined.
- The Full RFP was developed and based on the approved outline and feedback from the Commission, and was released on February 15, 2019.

Concerns

- Awarding the contracts to the four highest scorers could result in all four contracts being awarded to organizations in the same county and or region, and/or potentially serving the same populations.
- The Commission discussed awarding funds by population, world regions, a California regional approach, and to the four highest overall scorers.

Distribution of Funding

Current plan is to award funding to the four highest scoring proposals based on a California regional approach.

- There are five regions in California: Central, Superior, Bay Area, Southern, and Los Angeles.
- As the approved outline only provided funds for four local programs, the Central and Superior regions are combined.
- There are insufficient funds for a contract to be awarded to one local program in each of the five California regions.

Recommendation

- A revision to the Immigrant and Refugee RFP to increase the number of local program contracts from four to five contracts.
- Award funding to one local program in each of the five regions of the state.
  - Making an award available to a local program in both the Central and Superior regions

Options to Fund a Fifth Contract

Option 1: Invest the full contract amount into local advocacy programs. Divide the total funding ($670,000 per year) into five contracts and eliminate the statewide contract.

	Contract 1	Contract 2	Contract 3	Contract 4	Contract 5
Year 1	$122,500	$122,500	$122,500	$122,500	$122,500
Year 2	$130,000	$130,000	$130,000	$130,000	$130,000
Year 3	$150 000	$150 000	$150 000	$150 000	$150 000

Options to Fund a Fifth Contract

Option 2: Keep the statewide funding of $200,000 per year in years 2 and 3, and divide the remaining funds into five local program contracts.

	State Level Contract	Local Contract 1	Local Contract 2	Local Contract 3	Local Contract 4	Local Contract 5
Year 1	0	$90,000	$90,000	$90,000	$90,000	$90,000
Year 2	$200,000	$110,000	$110,000	$110,000	$110,000	$110,000
Year 3	$200,000	$122,000	$122,000	$122,000	$122,000	$122,000

WELLNESS • RECOVERY • RESILIENCE

Proposed Motion

- The Commission revises the January 2019 outline for the Immigrant and Refugees stakeholder contracts to: increase the number of local program contracts from four to five, one for each of the California regions; eliminate the statewide program contract; and distribute the total funding equally to each of the five local program contracts.
- The Commission directs the Executive Director to make the necessary changes to the RFP that was released on February 15, 2019.

WELLNESS • RECOVERY • RESILIENCE

DIVERSITY IN HEALTH TRAINING INSTITUTE

February 26, 2019

Khatera Aslami-Tamplen
Chair
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Chair Aslami-Tamplen,

Our organization, Diversity in Health Training Institute (DHTI), serves the immigrant health professionals in the Bay Area and we have been following the development of the stakeholder advocacy grant for immigrants and refugees that the MHSOAC will be administering. Regarding **Item 2** on the agenda for your meeting on February 28th, the recommendation to revise the current RFP for this grant, we must oppose "Option 1" which would eliminate the state-level support and statewide advocacy for immigrant and refugee communities. We believe this component is integral to the success of the project as a whole.

We also oppose "Option 2", which although keeps the statewide funding of $200,000 per year in years 2 and 3, the remaining funds are divided into five local program contracts, resulting in smaller grants that are already funded at a minimal level for the amount of work required by the grant. Furthermore, we do not believe that the immigrant and refugee demographics for the Superior Region warrant a separate region and support the current RFP in combining this region with Central:

- the TOTAL population of the Superior Region is approximately 1 million people. The total population of the other regions is significantly larger. L.A. County (one region) alone is well over 9 million. The Bay Area Region contains well over 8 million. We believe that it does not make sense for an additional region with such a small population to get its own project.

- the proportion of the population of immigrants and refugees in the Superior region are even smaller than for the other regions. The Superior Region is made up of the following counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Serra, Siskiyou, Tehama and Trinity.

1900 Embarcadero Cove, Suite 305, Oakland, CA 94606 510.838.1110 info@dhti.org

DIVERSITY IN HEALTH
TRAINING INSTITUTE

DHTI supports retaining the language that is in the current RFP that was released on February 15th, 2019. This would allow for four (4) local advocacy programs and one (1) statewide advocacy and technical assistance program. We believe this is the best option for the most effective use of the funds and retains the spirit of the original intent of the RFP to give the immigrant communities a voice at the state level and in particular with the MHSOAC, similar to the other seven stakeholder advocacy groups that are funded by MHSOAC for underserved populations.

We are pleased that the MHSOAC has considered community input to create regional grants; at the same time, we were told that there would be a statewide component to support the regional advocacy work. All of these components, regional and statewide, are essential.

Unfortunately, I will not be able to attend the MHSOAC meeting on Thursday, February 28th, when you may be voting on this matter. If the MHSOAC decides to seek additional information and comments from the community in regard to this matter, I would be pleased to participate in whatever way possible for me.

Sincerely

Beatrice Lee
Executive Director

cc: All MHSOAC Commissioners

1900 Embarcadero Cove, Suite 305, Oakland, CA 94606 510.838.1110 info@dhti.org

MHSOAC Results-Based Strategic Planning 2018-19

Update and Check-in

MHSOAC Commission Meeting
February 28, 2019

Agenda Review

AGENDA

2/28/2019

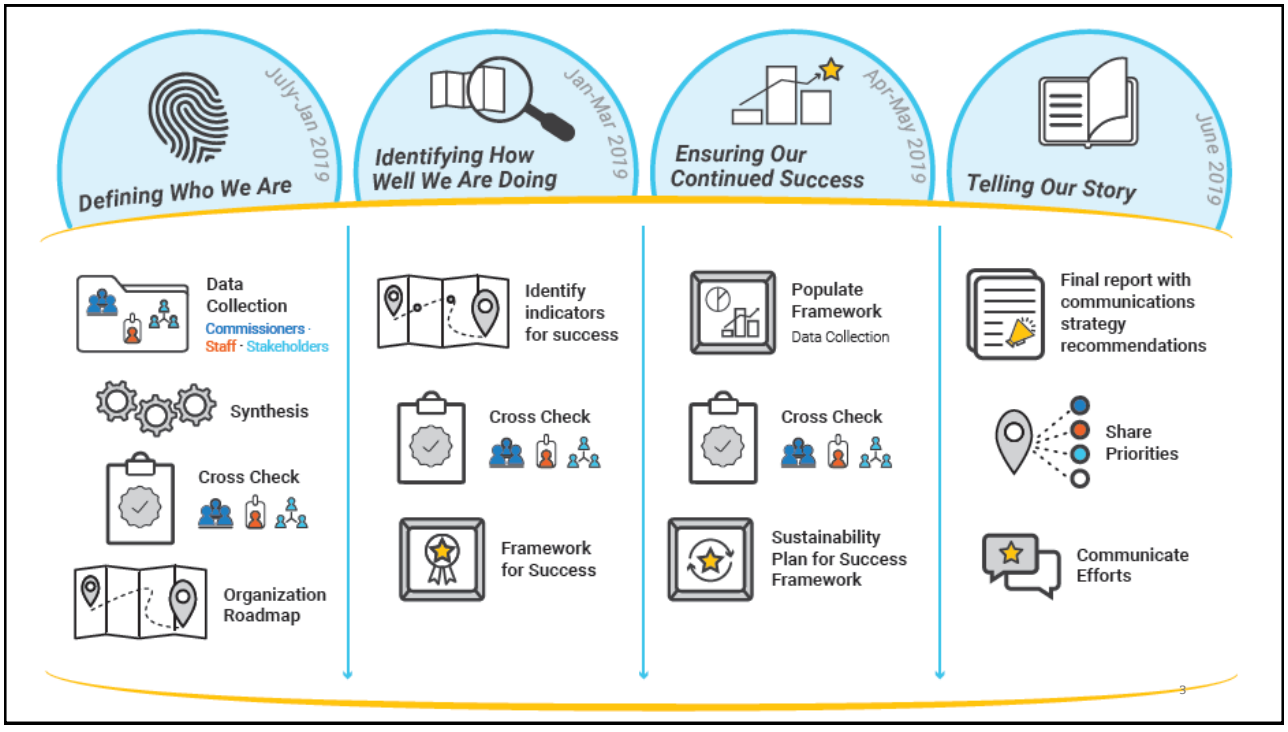
9:50 AM- 10:50 AM

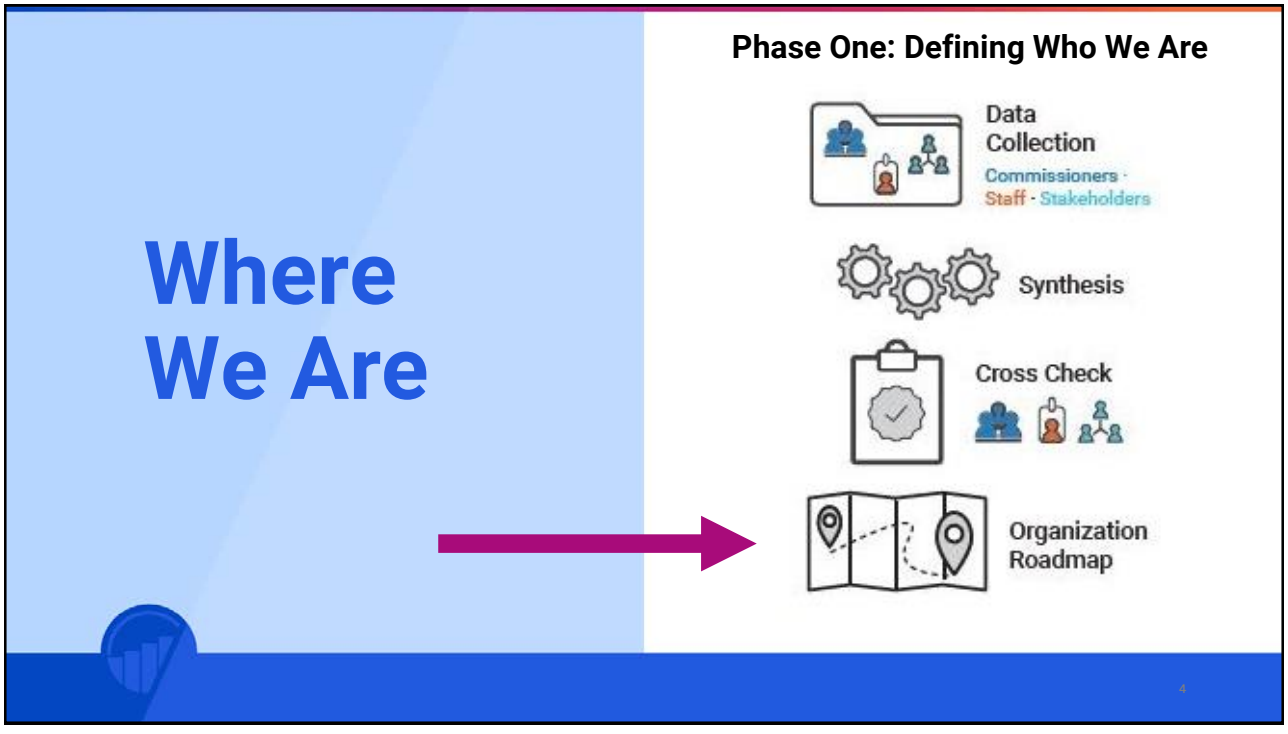
Attendees: ASR and MHSOAC

Purpose: Strategic Planning update, organizational roadmap discussion, and discussion with Commissioners

5 minutes	ASR Introduction - Setting the Stage	Lynne Ashbeck Toby Ewing
5 minutes	Check-in/Brief Process Update	Susan/All
15 minutes	Process Map Key Takeaways	Susan
15 minutes	Theory of Change - Organizational Roadmap	Lisa
20 minutes	Discussion with Commissioners	Susan/Lisa
3 minutes	Next Steps	Susan
2 minutes	Closing	Susan

2


July-Jan 2019
Defining Who We Are
Jan-Mar 2019
Identifying How Well We Are Doing
Apr-May 2019
Ensuring Our Continued Success
June 2019
Telling Our Story
Data Collection
Commissioners · Staff · Stakeholders
Synthesis
Cross Check
Organization Roadmap
Identify indicators for success
Cross Check
Framework for Success
Populate Framework
Data Collection
Cross Check
Sustainability Plan for Success Framework
Final report with communications strategy recommendations
Share Priorities
Communicate Efforts
3


Where We Are
Phase One: Defining Who We Are
Data Collection
Commissioners · Staff · Stakeholders
Synthesis
Cross Check
Organization Roadmap
4

Where are there patterns of agreement and what do they look like?

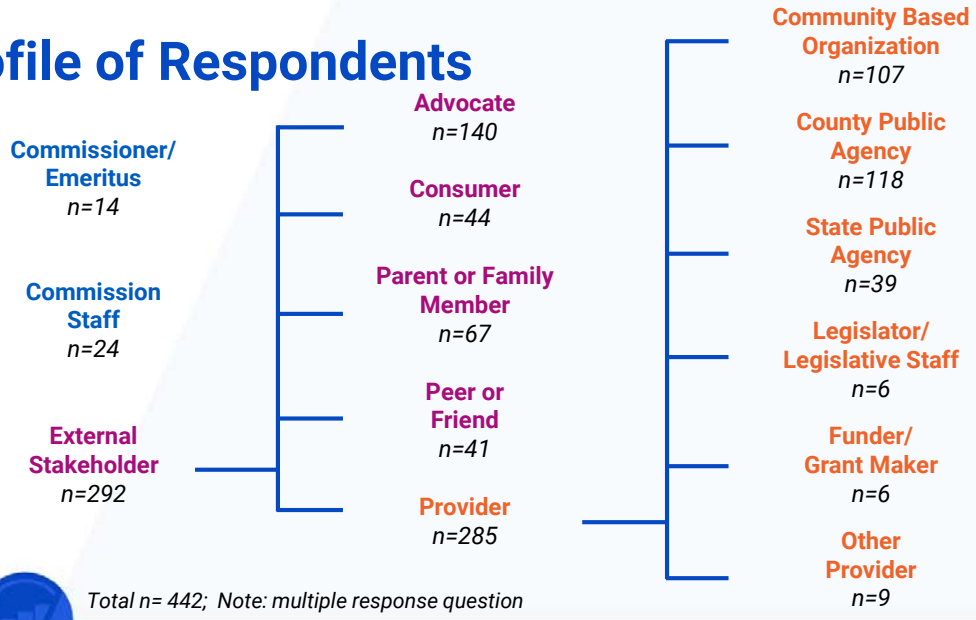
- Role and purpose
- Core values
- Short term and long term desired results
- Valued efforts

Process

We reached a total of 442 respondents through:

- Stakeholder key informant interviews (n = 29)
- Stakeholder survey MHSOAC (n = 373)
- Stakeholder survey requests (n = 14)
- Website post (n = 2)
- Staff survey (n = 24)

Profile of Respondents



Total n= 442; Note: multiple response question

7

Summary of Themes

- Purpose and Role of MHSOAC
- 4 Core Functions:
  - Set Direction and Establish Priorities
  - Implement Priorities and Drive Change
  - Monitor and Evaluate What Works
  - Disseminate, Communicate, and Support
- Perceptions of higher valued work of MHSOAC

8

Purpose and Role of MHSOAC

There was common agreement around the OAC's purpose and role:

- State and county oversight and accountability **(number of mentions: 453)**
- Innovation and the identification, sharing, and scaling up best practices **(192)**
- Be stewards of MHSA state-wide **(183)**
- Adopt principles / spirit of MHSA in all that is done **(87)**

However, many respondents mentioned the need for better clarification of the OAC's role **(96)**

9

1st Core Function of MHSOAC:

SET DIRECTION AND ESTABLISH PRIORITIES

Respondents wanted the OAC to set and communicate shared priorities that reflect and include diverse interests:

- Ensure meaningful inclusion of diverse stakeholders (e.g., equity, cultural humility, diverse engagement) **(185)**
- Gather community and consumer input **(168)**
- Create shared definitions of innovation & PEI, and effective modalities **(106)**
- Identify priorities and bring focus to the commissions work **(57)**
- Identify common desired outcomes and metrics for populations, systems, and consumers **(37)**

10

2nd Core Function of MHSOAC

IMPLEMENT PRIORITIES AND DRIVE CHANGE

Respondents agreed that this core function should serve as the heart of OAC's daily activities:

- Create tools to aid implementation (e.g., local planning guides, standards of practice, innovation consultations) **(160)**
- Assure fiscal accountability and transparency **(147)**
- Train counties and facilitate technical assistance **(103)**

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3rd Core Function of MHSOAC:

MONITOR AND EVALUATE WHAT WORKS

Respondents desire to learn from the OAC what is working:

- Share what works (and what doesn't) per target population **(59)**
- Create a bank of best practices **(51)**
- Synthesize county outcomes **(37)**

12

4th Core Function of MHSOAC:

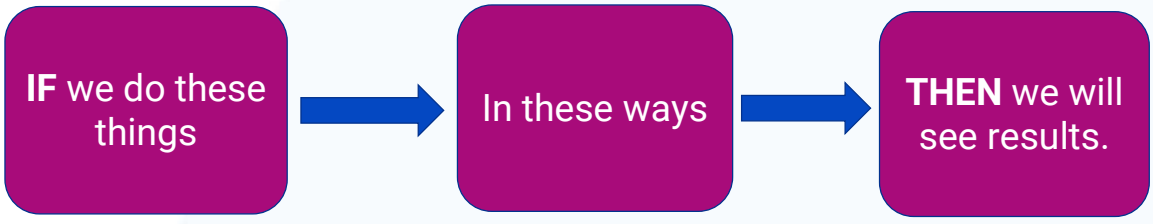
DISSEMINATE, COMMUNICATE, AND SUPPORT

Respondents felt that OAC's longer term success requires:

- Promote collaboration between state agencies and improve partnerships **(70)**
- Using what works as a basis for continuous quality improvement, replication, scaling, advocacy, and sustainability **(58)**

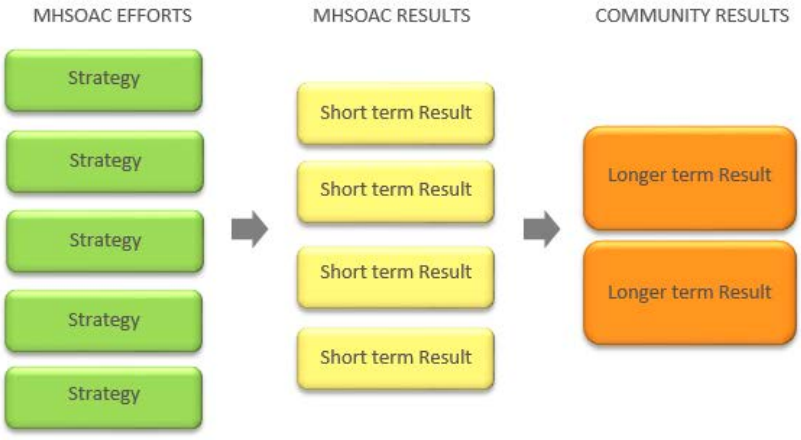
13

Theory of Change/Organizational Roadmap



14

Theory or "Roadmap" of Change



Mental Health Services
Oversight & Accountability Commission

The Commission pursues transformational change for California's mental health system by implementing these core functions and projects…	…to affect change in access, quality, and appropriateness of care at two levels…	So that….

SET DIRECTION AND ESTABLISH PRIORITIES
- Policy projects
- Legislative positions
- Incentive funding
- Research and data analysis

IMPLEMENT PRIORITIES AND DRIVE CHANGE
- Regulations for PEI and innovation
- Technical assistance
- Stakeholder contracts
- Triage grants for crisis intervention
- Early Psychosis Plus
- Workplace mental health standards

MONITOR AND EVALUATE WHAT WORKS
- Transparency projects (fiscal, services, outcomes)
- Mental health metrics
- Evaluation

DISSEMINATE, COMMUNICATE, AND SUPPORT
- Communication

Counties will continuously improve access, quality, and outcomes

Across the state, there will be:
- Public will to support mental health as essential part of overall health and wellbeing
- Scaling up of effective strategies
- Policy, funding, and regulatory barriers addressed
- Public-private partnerships to support mental health

Mental health system is transformed

Everybody who needs care gets care when they need it

Questions or Comments?

17

Check-in with the Commissioners

18

Closing and Next Steps

Susan Brutschy
susan@appliedsurveyresearch.org

Lisa Colvig-Niclai
Lisa@appliedsurveyresearch.org

www.appliedsurveyresearch.org
@ASRImpact
@appliedsurveyresearch
ASRlinkedin

MHSOAC
Mental Health Services
Oversight & Accountability Commission

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Mental health system is transformed

Everybody who needs care gets care when they need it

2019 Legislative Report to the Commission
February 26, 2019

SPONSORED LEGISLATION

Senate Bill 12 (Beall)
Title: Mental health services: youth.

Summary: This bill would require the commission, subject to the availability of funds for these purposes, to administer an Integrated Youth Mental Health Program for purposes of establishing local centers to provide integrated youth mental health services, as specified. The bill would authorize the commission to establish the core components of the program, subject to specified criteria, and would require the commission to develop the selection criteria and process for awarding funding to local entities for these purposes. The bill would authorize the commission to implement these provisions by means of an informational letter, bulletins, or similar instructions.

Status/Location: 2/19/19 From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.

Assembly Bill 46 (Carrillo)
Title: Individuals with mental illness: change of term.

Summary: Current law refers to an insane or mentally defective person in provisions relating to, among other things, criminal proceedings, correctional facilities, and property tax exemptions. This bill would state the intent of the Legislature to enact legislation to replace derogatory terms, including, but not limited to, “insane” and “mentally defective,” with more culturally sensitive terms when referring to individuals with mental illness.

Status/Location: 12/4/18 From printer. May be heard in committee January 3.

CO-SPONSORED LEGISLATION

Senate Bill 10 (Beall)

Title: Mental health services: peer, parent, transition-age, and family support specialist certification.

Summary: Would require the State Department of Health Care Services to establish, no later than July 1, 2020, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialist, transition-age youth peer support specialist, family peer support specialist, and parent peer support specialist.

Status/Location: 1/23/19 From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

Co-Sponsors: Steinberg Institute

Senate Bill 11 (Beall)

Title: Health care coverage: mental health parity.

Summary: Would require a health care service plan and a health insurer to submit an annual report to the Department of Managed Health Care or the Department of Insurance, as appropriate, certifying compliance with state and federal mental health parity laws, as specified. The bill would require the departments to review the reports submitted by health care service plans to ensure compliance with state and federal mental health parity laws, and would require the departments to make the reports and the results of the reviews available upon request and to post the reports and the results of the reviews on the departments' Internet Web site.

Status/Location: 1/16/19 Referred to Com. on HEALTH.

Co-Sponsors: The Kennedy Forum; Steinberg Institute

AMENDED IN SENATE JANUARY 23, 2019

SENATE BILL No. 10

Introduced by Senator Beall
(Principal coauthor: Assembly Member Waldron)
(Coauthor: Senator Nielsen)
(Coauthor: Assembly Member Carrillo)

December 3, 2018

An act to add Article 1.4 (commencing with Section 14045.10) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 10, as amended, Beall. Mental health services: peer, parent, transition-age, and family support specialist certification.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive ~~health care~~ *healthcare* benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid *program* provisions. Existing law ~~provides for~~ *establishes* a schedule of benefits under the Medi-Cal program and provides for various services, including various behavioral and mental health services.

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The act also requires funds to be reserved for the costs of the State Department of Health Care Services, the California ~~Mental~~ *Behavioral* Health Planning Council, the Office of Statewide Health

Planning and Development (OSHPD), the Mental Health Services Oversight and Accountability Commission, the State Department of Public Health, and any other state agency to implement all duties pursuant to certain programs provided for by the act, subject to appropriation in the annual Budget Act. The act provides that it may be amended by the Legislature by a ⅔ vote of each house as long as the amendment is consistent with, and furthers the intent of, the act, and that the Legislature may also clarify procedures and terms of the act by majority vote.

This bill would require the State Department of Health Care Services to establish, no later than July 1, 2020, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialist, transition-age youth peer support specialist, family peer support specialist, and parent peer support specialist. The certification program's components would include, among others, defining responsibilities and practice guidelines, determining curriculum and core competencies, specifying training and continuing education requirements, establishing a code of ethics, and determining a certification revocation process. The bill would require an applicant for the certification as a peer, parent, transition-age, or family support specialist to meet specified requirements, including successful completion of the curriculum and training requirements.

This bill would require the department to consult with OSHPD and other stakeholders in implementing the certification program, including requiring quarterly stakeholder meetings. The bill would authorize the department to use funding provided through the MHSA, upon appropriation, to develop and administer the certification program, and would authorize the use of these MHSA funds to serve as the state's share of funding to claim federal financial participation under the Medicaid ~~Program.~~ *program.*

This bill would authorize the department to establish a certification fee schedule and to require remittance of fees as contained in the schedule, for the purpose of supporting the department's activities associated with the ongoing administration of the certification program.

~~This~~

This bill would require the department to amend the Medicaid state plan to include a certified peer, parent, transition-age, and family peer

support specialist as a provider type for purposes of the Medi-Cal program and to include peer support specialist services as a distinct service type for purposes of the Medi-Cal program. The bill would require Medi-Cal reimbursement for peer support specialist services to be implemented only if, and to the extent that, federal financial participation is available and the department obtains all necessary federal approvals. The bill also would authorize the department to implement, interpret, or make specific its provisions by means of ~~informational~~ *informal* notices, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, until regulations are adopted. The bill would require the department to adopt regulations by July 1, 2022, and, commencing July 1, 2020, would require the department to provide semiannual status reports to the Legislature until regulations have been adopted.

This bill would declare that it clarifies terms and procedures under the Mental Health Services Act.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Article 1.4 (commencing with Section 14045.10) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 1.4. Peer, Parent, Transition-Age, and Family Support Specialist Certification Program

14045.10. This article shall be known, and may be cited, as the Peer, Parent, Transition-Age, and Family Support Specialist Certification Act of 2019.

14045.11. The Legislature finds and declares all of the following:

(a) With the enactment of the Mental Health Services Act in 2004, support to include peer providers identified as consumers, parents, and family members for the provision of services has been on the rise.

(b) There are over 6,000 peer providers in California who provide individualized support, coaching, facilitation, and education to clients with mental ~~health care~~ *healthcare* needs and

substance use ~~disorder,~~ *disorders,* in a variety of settings, yet no statewide scope of practice, standardized curriculum, training standards, supervision standards, or certification protocol is available.

(c) The United States Department of Veterans Affairs and over 30 states utilize standardized curricula and certification protocols for peer support services.

(d) The federal Centers for Medicare and Medicaid Services (CMS) recognizes that the experiences of peer support specialists, as part of an evidence-based model of care, can be an important component in a state's delivery of effective mental health and substance use disorder treatment. The CMS encourages states to offer comprehensive programs.

(e) A substantial number of research studies demonstrate that peer supports improve client functioning, increase client satisfaction, reduce family burden, alleviate depression and other symptoms, reduce hospitalizations and hospital days, increase client activation, and enhance client self-advocacy.

(f) Certification can encourage an increase in the number, diversity, and availability of peer support specialists.

14045.12. It is the intent of the Legislature that the peer, parent, transition-age, and family support specialist certification program, established under this article, achieve all of the following:

(a) Support the ongoing provision of services for beneficiaries experiencing mental ~~health care~~ *healthcare* needs, substance use disorder needs, or both by certified peer support specialists.

(b) Support coaching, linkage, and skill building of beneficiaries with mental health needs, substance use disorder needs, or both, and to families or significant support persons.

(c) Increase family support by building on the strengths of families and helping them achieve a better understanding of mental illness in order to help beneficiaries achieve desired outcomes.

(d) Provide part of a continuum of services, in conjunction with other community mental health services and other substance use disorder treatment.

(e) Collaborate with others providing care or support to the beneficiary or family.

(f) Assist parents, families, and beneficiaries in developing coping mechanisms and problem-solving skills in order to help beneficiaries achieve desired outcomes.

(g) Promote skill building for beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

(h) Encourage employment under the peer, parent, transition-age, and family support specialist certification to reflect the culture, ethnicity, sexual orientation, gender identity, mental health service experiences, and substance use disorder experiences of the people whom they serve.

14045.13. For purposes of this article, the following definitions shall apply:

(a) "Adult peer support specialist" means a person who is 18 years of age or older and who has self-identified as having lived experience of recovery from mental illness, substance use disorder, or both, and the skills learned in formal training to deliver peer support services in a behavioral setting to promote mind-body recovery and resiliency for adults.

(b) "Certification" means the activities of the certifying body related to the verification that an individual has met all of the requirements under this article and that the individual may provide mental health services and substance use disorder treatment pursuant to this article.

(c) "Certified" means all federal and state requirements have been satisfied by an individual who is seeking designation under this article, including completion of curriculum and training requirements, testing, and agreement to uphold and abide by the code of ethics.

(d) "Code of ethics" means the standards to which a peer support specialist is required to adhere.

(e) "Core competencies" are the foundational and essential knowledge, skills, and abilities required for peer specialists.

(f) "Cultural competence" means a set of congruent behaviors, attitudes, and policies that come together in a system or agency that enables that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates, at all levels, the importance of language and culture, intersecting identities, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge, and

adaptation of services to meet culturally unique needs to provide services in a culturally competent manner.

(g) "Department" means the State Department of Health Care Services.

(h) "Family peer support specialist" means a person with lived experience as a self-identified family member of an individual experiencing mental illness, substance use disorder, or both, and the skills learned in formal training to assist and empower families of individuals experiencing mental illness, substance use disorder, or both. For the purpose of this subdivision, "family member" includes a sibling or kinship caregiver, and a partner of that family member.

(i) "Parent" means a person who is parenting or has parented a child or individual experiencing mental illness, substance use disorder, or both, and who can articulate ~~his or her~~ *the parent's* understanding of ~~his or her~~ *their* experience with another parent or caregiver. This person may be a birth parent, adoptive parent, or family member standing in for an absent parent.

(j) "Parent peer support specialist" means a parent with formal training to assist and empower families parenting a child or individual experiencing mental illness, substance use disorder, or both.

(k) "Peer support specialist services" means culturally competent services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, identification of strengths, and maintenance of skills learned in other support services. Peer support specialist services shall include, but are not limited to, support, coaching, facilitation, or education to Medi-Cal beneficiaries that is individualized to the beneficiary and is conducted by a certified adult peer support specialist, a certified transition-age youth peer support specialist, a certified family peer support specialist, or a certified parent peer support specialist.

(*l*) "Recovery" means a process of change through which an individual improves ~~his or her~~ *their* health and wellness, lives a self-directed life, and strives to reach ~~his or her~~ *their* full potential. This process of change recognizes cultural diversity and inclusion, and honors the different routes to resilience and recovery based on the individual and ~~his or her~~ *their* cultural community.

(m) "Transition-age youth peer support specialist" means a person who is 18 years of age or older and who has self-identified as having lived experience of recovery from mental illness, substance use disorder, or both, and the skills learned in formal training to deliver peer support services in a behavioral setting to promote mind-body recovery and resiliency for transition-age youth, including adolescents and young adults.

14045.14. No later than July 1, 2020, the department shall do all of the following:

(a) Establish a certifying body, either through contract or through an interagency agreement, to provide for the certification activities described in this article.

(b) Provide for a statewide certification for each of the following categories of peer support specialists, as contained in federal guidance issued by the Centers for Medicare and Medicaid Services, State Medicaid Director Letter (SMDL) #07-011:

(1) Adult peer support specialists, who may serve individuals across the lifespan.

(2) Transition-age youth peer support specialists.

(3) Family peer support specialists.

(4) Parent peer support specialists.

(c) Define the range of responsibilities and practice guidelines for the categories of peer support specialists listed in subdivision (b), by utilizing best practice materials published by the federal Substance Abuse and Mental Health Services Administration, the federal Department of Veterans Affairs, and related notable experts in the field as a basis for development.

(d) Determine curriculum and core competencies required for certification of an individual as a peer support specialist, including curriculum that may be offered in areas of specialization, including, but not limited to, transition-age youth, veterans, gender identity, sexual orientation, and any other areas of specialization identified by the department. Core competencies-based curriculum shall include, at a minimum, training related to all of the following elements:

(1) The concepts of hope, recovery, and wellness.

(2) The role of advocacy.

(3) The role of consumers and family members.

(4) Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.

(5) Cultural competence training.
(6) Trauma-informed care.
(7) Group facilitation skills.
(8) Self-awareness and self-care.
(9) Cooccurring disorders of mental health and substance use.
(10) Conflict resolution.
(11) Professional boundaries and ethics.
(12) Safety and crisis planning.
(13) Navigation of, and referral to, other services.
(14) Documentation skills and standards.
(15) Study and test-taking skills.
(16) Confidentiality.

(e) Specify training requirements, including core-competencies-based training and specialized training necessary to become certified under this article, allowing for multiple qualified training entities, and requiring training to include people with lived experience as consumers and family members.

(f) Establish a code of ethics.

(g) Determine continuing education requirements for biennial certification renewal.

(h) Determine the process for biennial certification renewal.

(i) Determine a process for investigation of complaints and corrective action, which may include suspension and revocation of certification.

(j) Determine a process for an individual employed as a peer support specialist on January 1, 2020, to obtain certification under this article.

14045.15. (a) In order to be certified as an adult peer support specialist, an individual shall, at a minimum, satisfy all of the following requirements:

(1) Be at least 18 years of age.

(2) Have or have had a primary diagnosis of mental illness, substance use disorder, or both, that is self-disclosed.

(3) Have received, or be receiving, mental health services, substance use disorder services, or both.

(4) Be willing to share ~~his or her~~ *the individual's* experience of recovery.

(5) Demonstrate leadership and advocacy skills.

(6) Have a strong dedication to recovery.

(7) Agree, in writing, to abide by a code of ethics. A copy of the code of ethics shall be signed by the applicant.

(8) Successfully complete the curriculum and training requirements for an adult peer support specialist.

(9) Pass a certification examination approved by the department for an adult peer support specialist.

(10) Successfully complete any required continuing education, training, and recertification requirements.

(11) Meet all applicable federal requirements.

(b) To maintain certification pursuant to this section, an adult peer support specialist shall do both of the following:

(1) Abide by the code of ethics and biennially sign an affirmation.

(2) Complete any required continuing education, training, and recertification requirements.

14045.16. (a) In order to be certified as a transition-age youth peer support specialist, an individual shall, at a minimum, satisfy all of the following requirements:

(1) Be at least 18 years of age.

(2) Have or have had a primary diagnosis of mental illness, substance use disorder, or both, that is self-disclosed.

(3) Have received, or be receiving, mental health services, substance use disorder addiction services, or both.

(4) Be willing to share ~~his or her~~ *the individual's* experience of recovery.

(5) Demonstrate leadership and advocacy skills.

(6) Have a strong dedication to recovery.

(7) Agree, in writing, to abide by a code of ethics. A copy of the code of ethics shall be signed by the applicant.

(8) Successfully complete the curriculum and training requirements for a transition-age youth peer support specialist.

(9) Meet all applicable federal requirements.

(b) To maintain certification pursuant to this section, a transition-age youth peer support specialist shall do both of the following:

(1) Abide by the code of ethics and biennially sign an affirmation.

(2) Complete any required continuing education, training, and recertification requirements.

14045.17. (a) In order to be certified as a family peer support specialist, an individual shall, at a minimum, satisfy all of the following requirements:

(1) Be at least 18 years of age.

(2) Be self-identified as a family member of ~~an individual~~ *a person* experiencing mental illness, substance use disorder, or both.

(3) Be willing to share ~~his or her~~ *the individual's* experience.

(4) Demonstrate leadership and advocacy skills.

(5) Have a strong dedication to recovery.

(6) Agree, in writing, to abide by a code of ethics. A copy of the code of ethics shall be signed by the applicant.

(7) Successfully complete the curriculum and training requirements for a family peer support specialist.

(8) Pass a certification examination approved by the department for a family peer support specialist.

(9) Meet all applicable federal requirements.

(b) To maintain certification pursuant to this section, a family peer support specialist shall do both of the following:

(1) Abide by the code of ethics and biennially sign an affirmation.

(2) Complete any required continuing education, training, and recertification requirements.

14045.18. (a) In order to be certified as a parent peer support specialist, an individual shall, at a minimum, satisfy all of the following requirements:

(1) Be at least 18 years of age.

(2) Be self-identified as a parent.

(3) Be willing to share ~~his or her~~ *the individual's* experience.

(4) Demonstrate leadership and advocacy skills.

(5) Have a strong dedication to recovery.

(6) Agree, in writing, to abide by a code of ethics. A copy of the code of ethics shall be signed by the applicant.

(7) Successfully complete the curriculum and training requirements for a parent peer support specialist.

(8) Meet all applicable federal requirements.

(b) To maintain certification pursuant to this section, a parent peer support specialist shall do both of the following:

(1) Abide by the code of ethics and biennially sign an affirmation.

(2) Complete any required continuing education, training, and recertification requirements.

14045.19. (a) This article shall not be construed to imply that an individual who is certified pursuant to this article is qualified to, or authorized to, diagnose an illness, prescribe medication, or provide clinical services.

(b) This article does not alter the scope of practice for a ~~health care~~ *healthcare* professional or authorize the delivery of ~~health care~~ *healthcare* services in a setting or manner that is not authorized pursuant to the Business and Professions Code or the Health and Safety Code.

14045.20. The department shall consult with the Office of Statewide Health Planning and Development (OSHPD), peer support and family organizations, mental health services and substance use disorder treatment providers and organizations, the County Behavioral Health Directors Association of California, and the California Behavioral Health Planning Council in implementing this article. Consultation shall initially include, at a minimum, quarterly stakeholder meetings. The department may additionally conduct technical workgroups upon the request of stakeholders.

14045.21. To facilitate early intervention for mental health services, community health workers may partner with peer, parent, transition-age, and family support specialists to improve linkage to services for the beneficiary.

~~14045.22. The Legislature does not intend, in enacting this article, to modify the Medicaid state plan in any manner that would otherwise change or nullify the requirements, billing, or reimbursement of the "other qualified provider" provider type, as currently authorized by the Medicaid state plan.~~

14045.22. (a) The department shall amend its Medicaid state plan to do both of the following:

(1) Include each category of peer, parent, transition-age, and family support specialist listed in subdivision (b) of Section 14045.14 and certified pursuant to this article as a provider type for purposes of this chapter.

(2) Include peer support specialist services as a distinct service type for purposes of this chapter, which may be provided to eligible Medi-Cal beneficiaries who are enrolled in either a Medi-Cal managed care plan or a mental health plan.

(b) The department may seek any federal waivers or other state plan amendments as necessary to implement the certification program provided for under this article.

14045.23. The department may utilize Mental Health Services Act moneys to fund state administrative costs related to developing and administering this article, subject to an express appropriation in the annual Budget Act for these purposes, and to the extent authorized under the Mental Health Services Act. These funds shall be available for purposes of claiming federal financial participation under Title XIX of the federal Social Security Act (42 U.S.C. Sec. ~~1396),~~ *1396 et seq.),* contingent upon federal approval.

14045.24. Medi-Cal reimbursement for peer support specialist services shall be implemented only if, and to the extent that, federal financial participation under Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.) is available and all necessary federal approvals have been obtained.

14045.25. The department may establish a certification fee schedule and may require remittance as contained in the certification fee schedule for the purpose of supporting the activities associated with the ongoing administration of the peer, parent, transition-age, and family support specialist certification program. Certification fees charged by the department shall reasonably reflect the expenditures directly applicable to the ongoing administration of the peer, parent, transition-age, and family support specialist certification program.

14045.26. For the purpose of implementing this article, the department may enter into exclusive or nonexclusive contracts on a bid or negotiated basis, including contracts for the purpose of obtaining subject matter expertise or other technical assistance.

14045.27. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this article by means of informal notices, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, until the time regulations are adopted. The department shall adopt regulations by July 1, 2022, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Commencing July 1, 2020, the department shall provide semiannual

status reports to the Legislature, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

SEC. 2. The Legislature finds and declares that this act clarifies procedures and terms of the Mental Health Services Act within the meaning of Section 18 of the Mental Health Services Act.

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AMENDED IN SENATE FEBRUARY 19, 2019

SENATE BILL No. 12

Introduced by ~~Senator Beall~~ *Senators Beall and Portantino (Coauthor: Senator Hertzberg)*

(Coauthors: Assembly Members Berman, Carrillo, Diep, Cristina Garcia, Eduardo Garcia, Lackey, Maienschein, Robert Rivas, and Wicks)

December 3, 2018

An act *to add Part 3.35 (commencing with Section 5833) to Division 5 of the Welfare and Institutions Code,* relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 12, as amended, Beall. Mental health services: youth.

Existing law, the Children's Mental Health Services Act, establishes an interagency system of care for the delivery of mental health services to seriously emotionally and behaviorally disturbed children and their families. *Existing law, the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, also funds a system of county mental health plans for the provision of mental health services, as specified. Existing law provides for the operation and administration of various mental health programs by the Mental Health Services Oversight and Accountability Commission.*

This bill would require the commission, subject to the availability of funds for these purposes, to administer an Integrated Youth Mental Health Program for purposes of establishing local centers to provide integrated youth mental health services, as specified. The bill would authorize the commission to establish the core components of the program, subject to specified criteria, and would require the commission

to develop the selection criteria and process for awarding funding to local entities for these purposes. The bill would authorize the commission to implement these provisions by means of an informational letter, bulletins, or similar instructions.

~~Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs.~~

~~Existing law authorizes the act to be amended by a ⅔ vote of the Legislature if the amendments are consistent with, and further the intent of, the act. Existing law authorizes the Legislature to add provisions to clarify procedures and terms of the act by majority vote.~~

~~This bill would declare the intent of the Legislature to enact legislation that would authorize the state and local governments to establish a series of at least 100 centers statewide to address the mental health needs of California youth. The bill would declare the intent of the Legislature to enact legislation to allocate or encourage the allocation of funding for that purpose, as specified. The bill would make related findings and declarations.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ *yes*. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. (a) The Legislature finds and declares all of the following:

(1) Adolescence and young adulthood, from 12 to 25 years of age, comprise a critical developmental period in a person's life. The brain is highly malleable, so forming healthy habits of mind and body can have a powerful, lifelong impact on the overall wellness of each child. Recent research demonstrates how especially important it is to establish this foundation during adolescence and young adulthood.

(2) One-half of adolescents meet the criteria for a mental disorder at some point in their lives.

(3) Seventy-nine percent of youth and young adults with mental health issues do not access care.

(4) Seventeen percent of students seriously considered attempting suicide in prior years.

(5) Twenty percent of youth abuse alcohol on a monthly basis.

(6) Rates of youth marijuana use have reached the highest levels in history.

(b) Further complicating the critical mental health service crisis for young people is the reality that most adolescents and young adults are reluctant to seek help for a variety of reasons, including, but not limited to, the following:

(1) Lack of awareness and understanding of mental illness.

(2) Stigma associated with mental illness.

(3) Lack of age-appropriate, youth-friendly mental health services.

(4) Concerns about confidentiality and embarrassment in disclosing mental health concerns.

(5) Doubts about the effectiveness of the treatment available.

(6) Lack of affordable services and inadequate transportation to service locations.

SEC. 2. Part 3.35 (commencing with Section 5833) is added to Division 5 of the Welfare and Institutions Code, to read:

PART 3.35. INTEGRATED YOUTH MENTAL HEALTH PROGRAM

5833. (a) There is hereby established the Integrated Youth Mental Health Program.

(b) The objective of this program is to establish, throughout the State of California, centers that provide integrated mental health, substance use, physical health, social support, and other services for youths 12 years of age to 25 years of age, inclusive, and their families. The program is intended to approach youth wellness in an innovative, comprehensive, and youth-friendly way, reaching adolescents and young adults in clinical sites, online, in schools, or other venues.

(c) Subject to the availability of funds for these purposes, the Mental Health Services Oversight and Accountability Commission shall administer the Integrated Youth Mental Health Program. Counties, counties acting jointly, cities, or other local entities, as determined by the commission, are eligible to receive funds from the commission pursuant to this section.

(d) The commission shall establish core components of the program, which may include the following:

(1) Youth-informed design for integrated youth mental health services.

(2) A focus that supports individuals with mental health needs, including mild to moderate mental health issues, anxiety, and depression.

(3) A one-stop site for access to integrated care services, including mental health, physical health, substance use, and educational, vocational, and peer support.

(4) Accessibility, such that the services will be affordable, destigmatizing, appealing to youth, and confidential pursuant to existing state and federal laws.

(5) Staff that includes, but is not limited to, psychiatrists, psychologists, physicians, substance use treatment counselors, peer and family support, and others.

(6) A focus on vulnerable and marginalized youth including, but not limited to, LGBTQ, homeless, and indigenous youth.

(e) The commission shall develop selection criteria and the process for awarding the funding. At a minimum, the commission may consider the following factors when selecting recipients and determining the amount of grant awards:

(1) Description of need, including potential gaps in local services.

(2) Description of the funding request and how it will be used to facilitate the objectives and anticipated outcomes.

(3) Ability to measure key outcomes, including improved access to mental health services.

(4) Ability to obtain federal Medicaid reimbursement, when applicable.

(5) Ability to provide additional funding support to the project, including public or private funding, grants, foundation support, and other collaborative efforts.

(6) Ability to sustain the project.

(7) Level of community engagement and commitment to the project.

(8) Level of youth involvement in designing and implementing the project.

(9) Geographic areas or regions of the state, including rural, suburban, and urban areas.

(f) Funds awarded by the commission to eligible local entities under this section shall, at the discretion of the commission, be

for a period of five years. The commission shall determine the funding level for each program and has discretion to consider the level of need, population to be served, and related criteria, as described in subdivision (d).

(g) Funds awarded by the commission for purposes of this section may be used to supplement, but not supplant, existing financial and resource commitments of a county, counties acting jointly, or a city mental health department that receives a grant under this section.

(h) A reasonable percentage of the total annual funding shall be reserved for the commission to expend on administrative, research and evaluation, and technical assistance costs.

(1) The commission shall develop a strategy for monitoring implementation of the program.

(2) The commission shall develop a strategy for technical assistance, support, and evaluation to support the successful implementation of the objectives of the program.

(i) Notwithstanding any other law, the commission, without taking regulatory action, may implement, interpret, or make specific this section by means of informational letters, bulletins, or similar instructions.

~~SECTION 1. (a) The Legislature finds and declares all of the following:~~

~~(1) Adolescence and young adulthood, from 12 to 25 years of age, comprise a critical developmental period in a person's life. The brain is highly malleable, so forming healthy habits of mind and body can have a powerful, lifelong impact on the overall wellness of each child. Recent research demonstrates how especially important it is to establish this foundation during adolescence and young adulthood.~~

~~(A) One-half of adolescents meet the criteria for a mental disorder at some point in their lives.~~

~~(B) Seventy-nine percent of youth and young adults with mental health issues do not access care.~~

~~(C) Seventeen percent of students seriously considered attempting suicide in prior years.~~

~~(D) Twenty percent of youth abuse alcohol on a monthly basis.~~

~~(E) Rates of youth marijuana use have reached the highest levels in history.~~

~~(2) Further complicating the critical mental health service crisis for young people is the reality that most adolescents and young adults are reluctant to seek help, for a variety of reasons, including, but not limited to, the following:~~

~~(A) Lack of awareness and understanding of mental illness.~~

~~(B) Stigma associated with mental illness.~~

~~(C) Lack of age-appropriate, youth-friendly mental health services.~~

~~(D) Concerns about confidentiality and embarrassment in disclosing mental health concerns.~~

~~(E) Doubts about the effectiveness of the treatment available.~~

~~(F) Lack of affordable services and inadequate transportation to service locations.~~

~~(3) Accordingly, a headspace model will be established and funded in this state that will approach youth wellness in an innovative, comprehensive, and youth-friendly way, reaching adolescents and young adults in clinical sites, and ultimately online and in schools. The core components of the model will include, but not be limited to, the following:~~

~~(A) A focus on mild to moderate mental health issues, including anxiety and depression.~~

~~(B) A one-stop site for access to integrated care services, including mental health, physical health, substance use, and educational or vocational support.~~

~~(C) Accessibility, such that the services will be affordable, destigmatized, appealing to youth, and confidential pursuant to existing state and federal laws.~~

~~(4) (A) The staff of these centers will be made up of psychiatrists, psychologists, physicians, substance use treatment counselors, and others to provide culturally and linguistically inclusive mental health services to all youth, regardless of insurance status, and no child will be turned away.~~

~~(B) These centers should provide a special focus on vulnerable and marginalized young people, including LGBTQ, homeless, and indigenous youth.~~

~~(5) In Australia, a network of 100 mental health centers serves 355,000 people throughout the country, each one with its own personality.~~

~~(b) Therefore, it is the intent of the Legislature to enact legislation that would authorize the state and local governments~~

~~to establish a series of at least 100 centers statewide to address the unmet mental health needs of California youth through a collaborative process of knowledge sharing and funding.~~

~~(c) It is further the intent of the Legislature to enact legislation to allocate or encourage the allocation of funding pursuant to county Mental Health Services Act (MHSA) funds or by the Mental Health Services Oversight and Accountability Commission, county behavioral health services departments, and relevant stakeholders to provide technical assistance to entities that will establish a headspace model.~~

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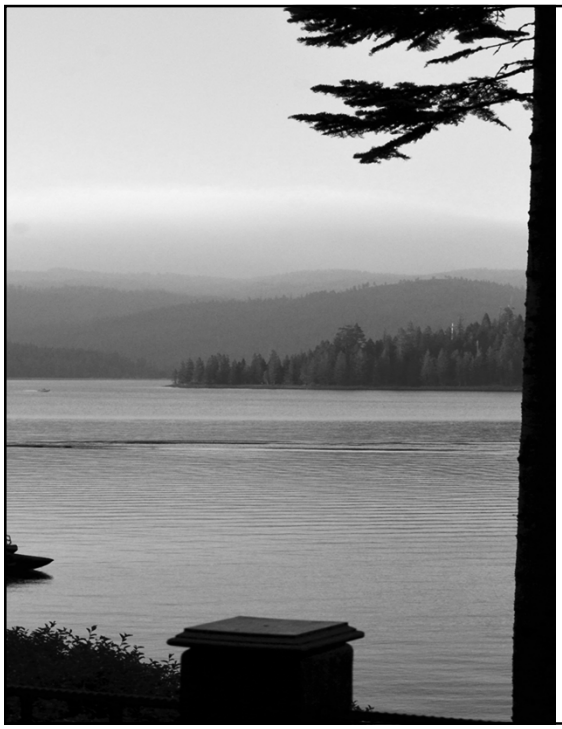


HOMELESS OUTREACH AND MEDICAL ENGAGEMENT (HOME) TEAM

NEVADA COUNTY BEHAVIORAL HEALTH INNOVATION PLAN

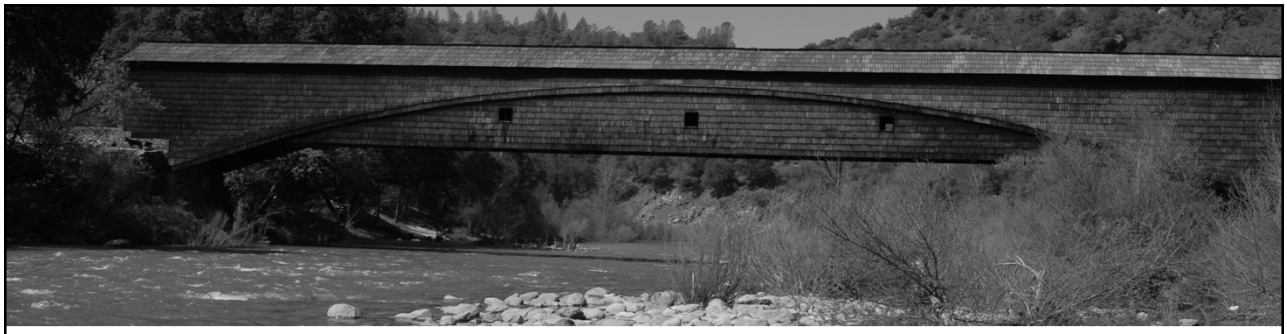
February 28, 2019

Phebe Bell
Director
Nevada County
Behavioral Health

Priya Kannall
MHSA Coordinator
Nevada County
Behavioral Health

Gayatri Havighurst, RN
Peer Specialist
SPIRIT Peer
Empowerment Center

1



NEVADA COUNTY OVERVIEW

- Small, rural county spanning 974 square miles with 99,814 residents
- 3 incorporated cities: Nevada City, Grass Valley, and Truckee
  - 68% of the County's population lives in unincorporated area
- Unique characteristics that attract residents to live in Nevada County

2

THE NEED

- **Rural homelessness looks different than urban homelessness**
  - Large geography
  - Limited services
  - Attitude of government distrust
- **We are failing to interrupt the cycle of homelessness**
  - 44% chronically homeless versus state average of 28%
  - 41% chronic health condition; 43% physical disability
- **Addressing homelessness is the top community priority**

Photo credit ***The Union*** October 2016

3

PROPOSED INNOVATIVE SOLUTION

Homeless **O**utreach **M**edical **E**ngagement (**HOME**) Team

- **Team composition**
  - Peer Specialist
  - Nurse
  - Personal Services Coordinator
- **Mobility**
- **Low barrier housing**
  - Housing Personal Services Coordinator

4

CRITICAL ELEMENTS OF SUCCESS

- Less stigma associated with physical health needs than mental health needs
- Low-barrier master-leased housing units
- Criminal justice collaboration
- Will engage 30-50 individuals/year, and fund housing for 12-15 people/year
- Design based on consumer feedback

5

Photo credit ***The Union*** January 2017

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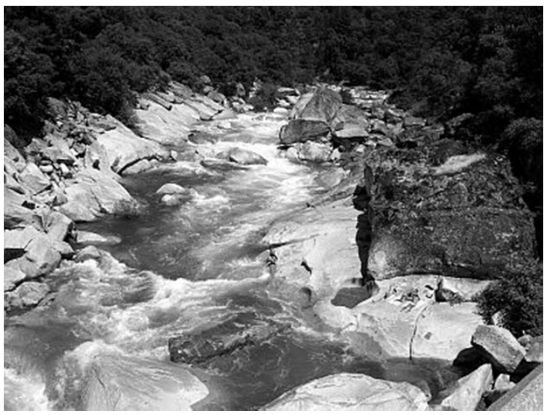
EVALUATION



- **GOAL: Reduce percentage of chronically homeless to state average or lower**

Other Indicators:

- Housing status and housing stability
- Linkage to health care services
- Linkage to mental health and/or substance use services, including residential treatment
- Development of positive social connections
- Engagement & enrollment in services and benefits (CalFresh, Medi-Cal, SSI/SSDI)
- Reduced arrests/recidivism rates

BUDGET

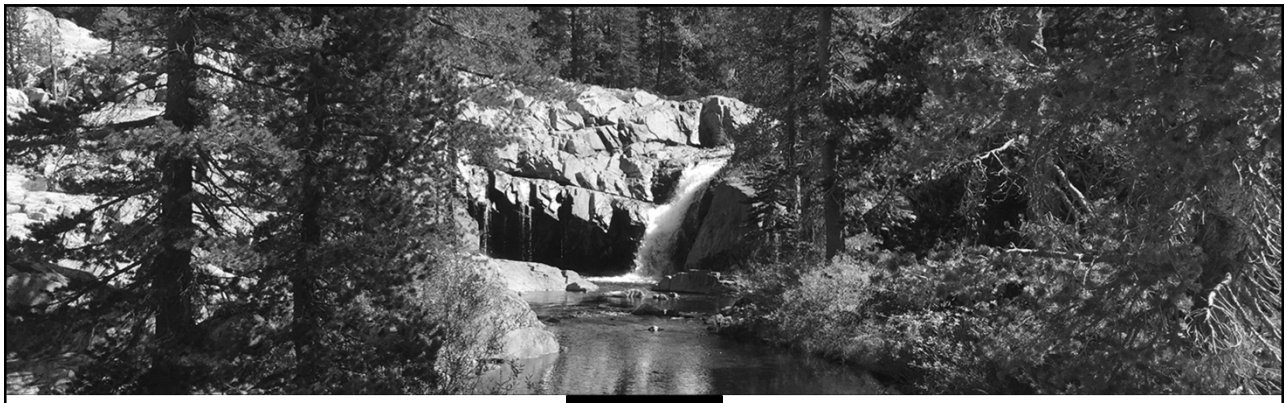
Expenditures	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	TOTAL
Personnel Costs (Salaries)	$247,993.33	$252,953.19	$258,012.26	$263,830.84	$269,107.46	$1,291,897.09
Operating Costs (Client Flex Funds, Rent, Deposits, Furniture, etc)	$159,086.67	$259,212.08	$259,336.67	$259,463.75	$259,593.38	$1,196,692.53
Non-recurring costs (Vehicle)	$30,000.00	$0.00	$0.00	$0.00	$0.00	$30,000.00
Consultant Costs (Program Evaluation)	$16,000.00	$12,000.00	$12,000.00	$12,000.00	$12,000.00	$64,000.00
Total Innovation Budget	**$453,079.99**	**$524,165.27**	**$529,348.93**	**$535,294.59**	**$540,700.84**	**$2,582,589.62**

8

SUSTAINABILITY

- Potential for Medi-Cal and/or Drug Medi-Cal billing
- HUD permanent supportive housing vouchers and No Place Like Home
- Collaboration with local partners
- MHSA CSS and/or PEI funds

9



QUESTIONS & ANSWERS

THANK YOU!

PROPOSED MOTION

MHSOAC approves Nevada County's Innovation Project as follows:

Name:	**Homeless Outreach and Medical Engagement (HOME) Team**
Amount:	**$2,395,892.02**
Project Length:	**Five (5) Years**

11

OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF NEVADA

CLIFFORD H. NEWELL
DISTRICT ATTORNEY

CHRIS WALSH
ASSISTANT DISTRICT ATTORNEY

RANDALL BILLINGSLEY
CHIEF INVESTIGATOR

January 11, 2019

To Whom It May Concern,

The Nevada County District Attorney's Office is pleased to express our enthusiastic support for the Nevada County proposed Homeless Outreach and Medical Engagement (HOME) 5-Year Innovation project.

This project complements our work/mission supporting those experiencing homelessness in our community. The HOME team will fill a dire gap in our community for some of our most vulnerable and difficult to reach residents. This population often suffers from unmet physical health needs that create a barrier to other services such as mental health, substance use services, and housing. This challenge is compounded by a housing crisis and extremely low vacancy rate, with very few supported housing opportunities in our rural community. The low-barrier supported housing is an essential component of the HOME project and will provide much-needed stability for those experiencing long-term homelessness.

When homeless residents of our community come into contact with the criminal justice system it is very difficult to divert them when their most basic need of shelter is unmet. This program will meld nicely with our efforts in the criminal justice system to divert them out of the system.

The HOME team is an essential addition to the continuum of care for our homeless residents, and we are looking forward to the learnings that will be gained through this project.
If you have any questions, please do not hesitate to contact me at (530)265-1432 or, Clifford.Newell@co.nevada.ca.us.

Sincerely,

201 COMMERCIAL STREET, NEVADA CITY, CALIFORNIA 95959
PHONE: (530) 265-1301
FAX: (530) 478-1871

Dignity Health.
Sierra Nevada Memorial Hospital

155 Glasson Way
Grass Valley, CA 95945
530 274.6000
530 274.6614 fax

January 25, 2019

RE: Support Letter for Nevada County Homeless Outreach Project

To Whom It May Concern:

Sierra Nevada Memorial Hospital is pleased to express our enthusiastic support for the Nevada County proposed Homeless Outreach and Medical Engagement (HOME) 5-Year Innovation project.

Dignity Health's mission is to provide compassionate care to all members of our community while also addressing the underlying causes of poor health, especially for the most vulnerable. That is particularly important for homeless members of our communities. At Sierra Nevada Memorial Hospital, we share Nevada County's concern about the care and shelter of our vulnerable homeless population and know that connecting patients to adequate supportive services when they are able to leave the hospital is something many hospitals nationwide are struggling to address. We face this challenge on a daily basis and work hard to assist any patient in need when medically cleared to leave the hospital, which may include food, clothing, transportation, and lodging options, and needed follow up medical care. Our mission is to provide basic human care to any patient that walks through our doors.

This project complements our work/mission supporting those experiencing homelessness in our community. The HOME team will fill a dire gap in our community for some of our most vulnerable and difficult to reach residents. This population often suffers from unmet physical health needs that create a barrier to other services such as mental health, substance use services, and housing. This challenge is compounded by a housing crisis and extremely low vacancy rate, with very few supported housing opportunities in our rural community. The low-barrier supported housing is an essential component of the HOME project and will provide much-needed stability for those experiencing long-term homelessness.

The HOME team is an essential addition to the continuum of care for our homeless residents, and we are looking forward to the learnings that will be gained through this project.

If you have any questions, please do not hesitate to contact me at Brian.D.Evans@DignityHealth.org.

Sincerely yours,

Brian D. Evans, M.D.
President / CEO
Sierra Nevada Memorial Hospital

Hospitality House *Providing Pathways to Housing*

February 11, 2019

Nevada County Behavioral Health
500 Crown Point Circle
Suite 120
Grass Valley, CA 95945

Dear Ms. Bell,

Hospitality House is pleased to express our enthusiastic support for the Nevada County proposed Homeless Outreach and Medical Engagement (HOME) 5-Year Innovation project. Hospitality House's Outreach Team knows first-hand the level of susceptibility and need for support services in our community.

This project complements our work/mission in supporting those who are experiencing homelessness in our community. The HOME team will fill a dire gap in our community for some of our most vulnerable and difficult to reach residents. This population often suffers from unmet physical health needs that create a barrier to other services such as mental health, substance use services, and housing. This challenge is compounded by a housing crisis and extremely low vacancy rate, with very few supported housing opportunities in our rural community. The low-barrier supported housing is an essential component of the HOME project and will provide much-needed stability for those experiencing long-term homelessness.

The HOME team is an essential addition to the continuum of care for our homeless residents, and we are looking forward to the learnings that will be gained through this project.

If you have any questions, please do not hesitate to contact me at (530) 615-0807.

Sincerely,

Nancy S. Baglietto,
Executive Director/CEO

NAMI
National Alliance on Mental Illness
Nevada County

PO Box 1313 Grass Valley CA 95945 www.naminevadacounty.org

January 28, 2019

To Whom It May Concern,

NAMI Nevada County ardently supports Nevada County's proposed Mental Health Services Act (MHSA) Innovation project which will address a grave need in our community faced by individuals with mental illnesses. The Homeless Outreach and Medical Engagement (HOME) project uniquely addresses realities that our homeless citizens with mental illnesses experience.

We in NAMI know first-hand the issues involved, including incarceration and death. Our family members include those who are homeless, untreated, and struggling to live. Building trust is essential, as is meeting individuals where they are both physically and emotionally. Because is it common for our community members who experience especially chronic homelessness to have multiple health needs, an interdisciplinary team that includes medical and behavioral health staff only makes sense.

We live in a rural environment (there are only three incorporated towns in the entire county) with very limited public transportation; hence, the mobility of this integrated team to help individuals access needed services and supports is vital. Our county also has a housing crisis and extremely low vacancy rate with very few supported housing opportunities in our rural community. Low-barrier supported housing is a critical component of the HOME project.

As original and continual participants in the MHSA community planning process, we urge the approval of this project. We have lost members with severe mental illnesses who were homeless. This has to change.

Respectfully,

Lael Walz
President

NEVADA COUNTY PUBLIC DEFENDER

109 N. Pine St., Nevada City, CA 95959

Phone: (530) 265-1400 Fax: (530) 478-5626

Keri Klein
Public Defender
S.B. #178572

Susan Leff
Assistant Public Defender

Deputies

David Humphreys
Tamara Zuromskis
Micah Pierce
Thomas Angell
Hayley Dewey
Matthew Kellegrew

February 19, 2019

To Whom It May Concern,

The Nevada County Public Defender's Office is pleased to support the program activities envisioned by Nevada County's proposed Homeless Outreach and Medical Engagement (HOME) 5-Year Innovation project.

This project complements the work my office does as all of my clients are indigent and many experience homelessness. The HOME team will fill a dire gap in our community for some of our most vulnerable and difficult to reach residents. This population often suffers from unmet physical health needs that create a barrier to other services such as mental health, substance use services, and housing. This challenge is compounded by a housing crisis and extremely low vacancy rate, with very few supported housing opportunities in our rural community. Low-barrier supported housing is an essential component of the HOME project and will provide much-needed stability for those experiencing long-term homelessness.

The HOME team is an essential addition to the continuum of care for our homeless residents, and we are looking forward to all that we will learn through this project.

Please do not hesitate to contact me if you have any further questions.

Sincerely,

Keri C. P. Klein
Chief Public Defender

MHSA INNOVATION:
Link Crew Collaborative

John Grass, Deputy Director
Sylvia Bazan, Behavioral Health Manager
Youth & Young Adults Services

Presenting problem and need

* Transition from middle to high school can be challenging, and without sufficient support and guidance, some youth struggle resulting in low attendance, increased drop out, and the emergence of mental health disorders.
* Without successful transition a student can experience transitional conflicts that they are not equipped to handle. This can result in disappointments, disillusionment and failures which can have a long term effect on their academic success as well as their personal life.

Proposed solution

* The current program assists incoming freshman to feel connected supported and equips basic needs every student has: Safety, Information and Connection.
* In spite of the Link Crew activities to help students build connectedness and prevent poor academic achievement, it does not address early identification of mental illness that would result in impairments which prevent successful experiences in high school.
* Imperial County Behavioral Health will partner with local high schools to support an modified version of the Link Crew program, to include a behavioral health education, stigma reduction, guidance by a mental health practitioner, prevention/ early intervention and access to treatment if needed.

Program overview

* The innovation plan consist of collaboration between Imperial County Behavioral Health Services and local high schools by modifying their freshman student transition program to include a mental health component.
* Student mentors provide engagement activities with freshman students. This adaptation will add mental health awareness/education to the curriculum in order to equip mentors to engage freshmen who disclose social, behavioral and emotional problems.
* Engagement of students with transitional problems will allow ICBHS to provide prevention, early intervention and access to treatment if needed.

Evaluation component

- Data will be collected regarding school attendance, truancy, disciplinary actions and grades. This data will be collected at the start and 6 months after.
- Successfully transitioning to high school will be measured by a survey developed for this project, completed by the youth and parents, focusing on their experience transitioning to high school, academic success, social support, and attitudes about school.
- Baseline data on the categories cited above will be collected from the participating and comparison high schools.
- Data regarding increased enrollment in mental health services will be collected by tracking the number of referrals to the MHRT for a pre-screening and to the clinician for intake assessment.

Innovation: Link Crew Cost

FY 2018-19:	$144,037
FY 2019-20:	$398,825
FY 2020-2021	$590,447
FY 2021-22:	$535,613
FY 2022-23:	$274,808
Total 5 year cost:	$2,538,018

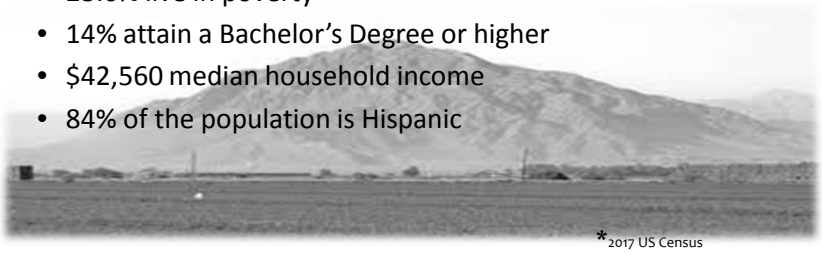
Innovation Project: Positive Engagement Team (PET)

Leticia Plancarte-Garcia, Deputy Director
Maria Wyatt, Behavioral Health Manager
Children and Adolescents Outpatient Services

Imperial County Profile

Imperial County Characteristics

- 182,830 residents
- 4,597 square miles - 7 cities and 8 unincorporated communities
- 23.6% live in poverty
- 14% attain a Bachelor's Degree or higher
- $42,560 median household income
- 84% of the population is Hispanic



*2017 US Census

Community Needs

Behavioral Health Services

- Based on NAMI statistics, 1 in 5 adults in the US experience a mental illness in a give year.
- Based on Imperial County's population of 182, 830, approximately 36,566 (20%) residents may be in need of services.
- In FY 17/18 ICBHS provided services to 8,119 (4%).
- It is estimated that a total of 28,447 (16%) residents are underserved.

Mental Health Challenges

- Stigma related to mental health
- Low penetration rates
- Appointment attendance

Innovation Project
Positive Engagement Team (PET)

The goal is to *Increase Access to Services* by implementing a strategy that will integrate animals in outpatient clinics and outreach activities with the following objectives:

- Increase mental health awareness to reduce stigma associated with mental illness.
- Enhance engagement to improve attendance to appointments.

ICBHS will contract with the Humane Society of Imperial County and utilize trained dogs as a tool to increase access to services to unserved and underserved populations of Imperial County.

PET: What is Innovative?

The Innovation lies in the use of animals as the strategy to *increase access to services*. The PET Project will have the following two components:

Client Engagement

- Animals in outpatient clinics to develop a welcoming environment and promote trust

Community Outreach

- Animals during outreach activities will increase interest in mental health services and assist in reducing stigma

PET – Special Considerations

A comprehensive plan will be implemented to ensure the safety and needs of clients and staff are met, including the following:

- All animals used in this project will be trained in obedience by a trainer who is a member of the Association of Professional Dog Trainers (APDT).
- All animals will be provided by the Imperial County Humane Society. They will ensure animals are in good health, have all required vaccines, and are properly groomed.
- All animal handlers and staff involved in the project will be trained in proper animal handling.
- Individuals will be notified of the presence of animals by phone or by mail, prior to their scheduled appointments, giving them the option to request for the animal be removed, if necessary.

PET – Learning Goals

This Innovation project attempts to answer the following questions:

1. Will the presence of animals during outreach activities increase the number of individuals that will access mental health services?
2. Will the presence of animals during outreach activities improve individuals' perception of mental health and reduce stigma associated with mental illness?
3. Will the presence of animals in outpatient clinics or programs assist in engaging clients into treatment and reduce the number of individuals not attending appointments?
4. Will the presence of animals in outpatient clinics and programs improve individuals' perception of mental health and reduce stigma associated with mental illness?

PET - Evaluation

ICBHS will contract with Todd Sosna Consulting for the evaluation of this project.

The evaluation of this project will have the following components:

<u>Periodic Surveys</u>

- Consumers/parents/guardians/caregivers will complete surveys about their experience related to the presence of animals at the outpatient clinics.

<u>Semi-Structured Interviews</u>

- ICBHS staff will provide feedback on the perceived benefits of having animal in the clinics and in outreach activities.

PET – Evaluation (cont.)

Service-level data collection

- Number of outreach activities and referrals generated
- Pre & post data:
  - Number of individuals attending mental health appointments
  - Number of individuals accessing mental health services
- Demographic information on individuals completing the surveys
- Number of animals trained for the project

PET – Evaluation (cont.)

Reporting

- Information collected on surveys, interviews, and reports will be submitted to evaluator on quarterly basis.
- Evaluator will provide semi-annual outcome reports to ICBHS to determine the effectiveness of the project and make modifications if necessary.

Stakeholder Involvement

- Outcome data will be presented to stakeholders and to the community on an ongoing basis.
- Feedback will be obtained from stakeholders on ways to improve this project

PET - Budget

Fiscal Year	Revenue Allocated	Total
2018/2019 (Partial)	MHSA FY 08/09	$384,451
2019/2020	MHSA FY 09/10, 10/11	$593,675
2020/2021	MHSA FY 16/17, 17/18, 18/19	$553,563
2021/2022	MHSA FY 18/19, 19/20, 20/21	$633,448
2022/2023	MHSA FY 20/21, 21/22, 22/23	$645,884
2023/2024 (Partial)	MHSA FY 23/24	$310,604
	Total MHSA Revenue	**$3,120,109**
	Other Revenue	**$1,495**
	Total Revenue	**$3,121,604**

PET - Budget

Expenses	Total
ICBHS clinical and admin. staff	$1,936,493
Total Personnel	**$1,936,493**
Operating Exp.	
Training	$12,000
Evaluation	$55,000
Contracted Services	$635,333
Program Exp.	$198,996
Total Operating Expenses	**$901,329**
Total Administrative Expenses	**$283,782**
Total Expenses	**$3,121,604**

PET - Sustainability

Upon successful completion of this Innovation Plan, the program will be transitioned into the Prevention and Early Intervention (PEI) component and continue providing services to Imperial County residents.

Positive Engagement Team

Comments or Questions

Proposed Motions: The Commission approves Imperial County's Innovation plans as follows:

- **Name:** *Link Crew Collaborative*
- **Amount:** $1,911,084
- **Project Length:** Five (5) Years

- **Name:** *Positive Engagement Team (PET)*
- **Amount:** $3,120,109
- **Project Length:** Five (5) Years

SAN BERNARDINO COUNTY

Behavioral Health
Office of Innovation

Innovative Remote Onsite Assistance Delivery (InnROADs)

San Bernardino County

February 28, 2019

Hidden Homeless

Hidden Homeless

Hidden Homeless

Hidden Homeless

InnROADs Project

Create an intensive, field-based **engagement model** that supports **multidisciplinary/multiagency teams** that meet, engage and **provide treatment** to individuals experiencing homelessness where they live and are comfortable within their homeless communities.

- **Participating agencies:**
  - Department of Behavioral Health (DBH)
  - Department of Aging and Adult Services (DAAS)
  - Department of Public Health (DPH)
  - Sheriff's Department (Sheriff's)

Engagement and Treatment Teams:

- **Engagement Teams**
  - Social Service Practitioner/Social Worker (DAAS)
  - Peer and Family Advocate (DBH)
  - Clinician (DBH)
  - Nurse (PHD)
  - Alcohol and Drug Counselor (DBH)
  - Law enforcement representative (Sheriff's)

- **Treatment Team** (DBH)
  - Nurse Practitioner
  - Medical assistant
  - Mental Health Nurse

InnROADs will:

- Focus on engagement and relationship building.
- Provide incentives to build rapport.
- Provide help to non traditional family members, such as pets.
- Take basic physical and mental health care to the areas homeless individuals live in rural San Bernardino County.
- Connect individuals to the appropriate system of care.

InnROADs Innovation

- Multiagency multidisciplinary teams to allow for real-time problem solving.
- The use of the Listen, Empathize, Agree and Partner (LEAP) training by all agencies.
- Creation of a field-based engagement and treatment model where services are brought to the individual in need.
- Assisting pets instead of pets being a barrier, by creating an opportunity for pets to be the catalyst of engagement into services for homeless individuals.
- Utilizing Housing Problem Solving techniques as a proactive engagement strategy that focuses on multiple contacts to build trust.

Evaluation Components

Learning Goal 1: Examine the effectiveness of a mobile, multi-agency team effective in serving and supporting the needs of those individuals experiencing homelessness, as individuals, as family units and as communities. Analyze how collaboration to address multiple, interrelated needs "saves" time, and resources, for both consumers and partner agencies.

- **Expected Outcome:** Increased rates of underserved engaging in the project compared to standard; increased collaboration among agencies; increased number of clients served.

Learning Goal 2: Examine the relationship between consumer-centered engagement techniques and consumer readiness for treatment. Analyze which techniques are particularly well suited for different age groups, cultural groups, family structures and diagnoses.

- **Expected Outcome:** Increased rates of underserved engaging in the project compared to standard services; improved project outcomes, increased number or clients served, increase service penetration rate.

Evaluation Components

Learning Goal 3: Examine the effectiveness of behavioral health services and treatments in the field, including medication, therapy, rehabilitation and enhancing/strengthening support systems. Analyze which services and treatments are particularly well-suited for different age groups, cultural group, family structures and diagnosis.

- **Expected Outcome:** Increased rates of underserved engaging in the project comparted to standard services; improved project outcome compared to standard services, increased number of clients served, increased services penetration rate.

Learning Goal 4: Examine how geographic information system (GIS) can be used to as a collaborative tool to better understand patterns, needs and opportunities for continuous quality improvement by front line staff, supervisors, administrators and county level agencies.

- **Expected Outcome:** Improved project outcomes with regular collection, analysis and reporting of GIS data; increased rates of underserved participation; improved year over year outcomes.

Budget

	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	5 Year Total
Personnel Costs	$1,860,334	$1,916,144	$3,095,186	$3,188,042	$3,283,683	$13,343,389
Operating Expenses	$171,391	$171,391	$215,384	$215,384	$215,384	$988,934
One Time Costs	$157,477	$0	$108,000	$0	$0	$265,477
Consultant Costs	$50,000	$75,000	$100,000	$100,000	$100,000	$425,000
Other	$279,050	$287,422	$464,278	$478,206	$492,522	$2,001,508
Total INN Funding	$2,518,253	$2,449,957	$3,982,848	$3,981,632	$4,091,619	$17,024,309

Budget

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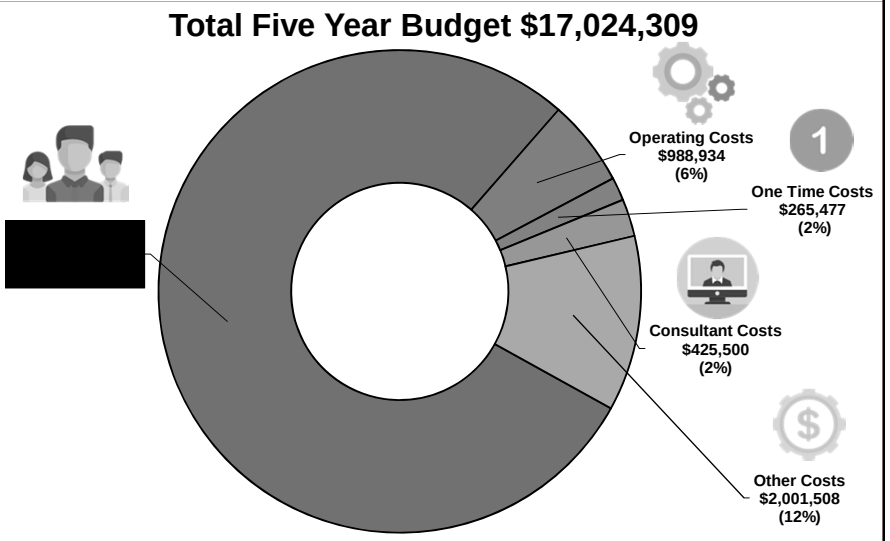

Questions

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Questions & Discussion

Thank you!

PROPOSED MOTION:

MHSOAC approves San Bernardino County's Innovation Project as follows:

Name:	**Innovative Remote Onsite Assistance Delivery (InnROADS)**
Amount:	**$17,024,309**
Project Length:	**Five (5) Years**

San Bernardino County Homeless Partnership

Interagency Council on Homelessness
Administrative Office
303 E. Vanderbilt Way, San Bernardino, CA 92415-0026
Office: (909) 386-8297

San Bernardino County HOMELESS PARTNERSHIP

January 23, 2019

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

Re: San Bernardino County Department of Behavioral Health's Innovative Remote Onsite Assistance Delivery Project

Dear Honorable Commissioners,

The Interagency Council on Homelessness (ICH) would like to express strong support for the San Bernardino County Department of Behavioral Health's proposed Innovative Remote Onsite Assistance Delivery Project (InnROADs). We believe this project has the potential to help end homelessness in San Bernardino County.

ICH is the policy making body for San Bernardino County's Homeless Provider Network (HPN). ICH, HPN and the Office of Homeless Services work together to develop a sustainable system of housing and homelessness prevention for persons residing within San Bernardino County.

ICH is aware that due to the county's vast geographical area and diverse terrain it faces unique challenges in its ability to provide services to all homeless residents living within the county. To truly serve all of our community members experiencing homelessness, it is vital to collaborate and test this innovative next step in program and service delivery.

The InnROADs project will bring together various county departments to provide the many aspects of care and treatment directly to members of an underserved population who currently are unable to participate in their care due to untreated behavioral health needs. All multiagency staff participating in InnROADs will be trained in the intensive, consumer driven, field-based engagement model. Utilizing this model across county departments, we envision a new framework for collaboration that includes enhanced standards in engagement, treatment, and recovery integrated across multiple systems. By collaborating with other agencies and community resources, we can take the positive steps toward a holistic approach to wellness, transitioning individuals and families into housing, and supporting them along their road to self-sufficiency.

The San Bernardino County ICH believes that this collaboration will inspire further integration amongst homeless and healthcare agencies to secure much needed client continuity of care and urges your approval of the InnROADs project.

Respectfully,

JOSIE GONZALES, Chair, Interagency Council on Homelessness
San Bernardino County Continuum of Care

Members of the Interagency Council on Homelessness

Members of the Board of Supervisors
City of Ontario
City of Victorville
City of Hesperia
City of San Bernardino
San Bernardino County Human Services
Community Action Partnership of San Bernardino County
Housing Authority of the County of San Bernardino
San Bernardino County Superintendent of Schools
Department of Community Development and Housing
City of Barstow
City of Redlands
City of Montclair
California State University of San Bernardino
Town of Yucca Valley
Department of Probation
Veteran Administration Loma Linda
Workforce Development Department
Members of the Homeless Provider Network
HMIS Lead Agency
City of Colton
City of Rancho Cucamonga
City of Upland
City of Fontana
Department of Behavioral Health
Department of Rehabilitation
211 United Way
Sheriff's Department
General Members-At-Large
Kaiser Permanente Hospital

351 N. Mountain View Ave., #303, San Bernardino, CA 92415 | Phone: 909.387.9146 | Fax: 909.387.6228
www.SBCounty.gov

SAN BERNARDINO COUNTY

Public Health
Administration

Trudy Raymundo
Director

Corwin Porter
Assistant Director

Maxwell Ohikhuare, M.D.
Health Officer

Dear Mental Health Services Oversight and Accountability Commissioners,

The San Bernardino County Department of Public Health is fully invested in protecting and improving the health of people in our communities. We know that homelessness is closely connected to declines in both physical and behavioral health, including many treatable conditions. Health problems among persons experiencing homelessness result for many reasons including system barriers, lack of access to adequate food, and limited resources. Due to a shortage of practitioners in rural areas, the individuals experiencing homelessness in these areas are not able to access medical and behavioral health care. We support the San Bernardino County Department of Behavioral Health's proposed Innovative Remote Onsite Assistance Delivery Project (InnROADs) and its creation of a field-based engagement and treatment model that allows for treatment and services to be brought directly to individuals experiencing homelessness. According to the 2018 Homeless Count and Subpopulation Survey Final Report for San Bernardino County, 19.2% of the individuals experiencing homelessness in our County live with a pet. We realize the significant physical and emotional benefits that having a pet can provide to a person experiencing homelessness, such as comfort, protection, companionship, and a sense of normalcy. Pets are considered to be "family" by many of these individuals. We agree with the idea that collaborating with community partners to provide needed assistance to pets will lead to increased opportunities for successful engagement and acceptance of behavioral health services.

Lastly, we urge you to consider the impact of homelessness on the environment and health of all community members. Waste and biohazards are of significant concern in homeless encampments. The only way to alleviate this is to eliminate homelessness. By using a collaborative approach to address all aspects of a person's needs, the InnROADs project will help to reduce these public risks by improving the physical and mental health of individuals experiencing homelessness in our County and linking them to the appropriate system of care.

The San Bernardino County Department of Public Health is proud to be a part of this innovative project and asks you to please approve the InnROADs project.

Sincerely,

Trudy Raymundo

784 E. Hospitality Lane, San Bernardino, CA 92415-0640 | Phone: 909.891.3917 | Fax: 909.891.9077
www.SBCounty.gov

SAN BERNARDINO COUNTY

Aging and Adult Services

Sharon Nevins
Director
Public Guardian

February 21, 2019

Dear Mental Health Services Oversight and Accountability Commissioners:

The San Bernardino County Department of Aging and Adult Services-Office of the Public Guardian (DAAS-OPG) has a long-standing collaborative relationship with the County of San Bernardino Department of Behavioral Health (DBH), ensuring dependable, high quality services to our mutual clients. As the County's Area Agency on Aging, DAAS-OPG is dedicated to helping seniors to maintain choice, independence, and quality of life. As the population continues to grow, many older adults living in rural areas experience homelessness and have a need for behavioral health services. DAAS-OPG is honored to support DBH in their ongoing efforts to expand services designed to prevent homelessness among elder and dependent adults.

The number of elderly individuals experiencing homelessness is expected to increase three-fold nationwide over the next decade according to recent published studies by the University of Pennsylvania and the University of California, Los Angeles. On January 25, 2018, the San Bernardino County Homeless Partnership (SBCHP) conducted its annual Point-In-Time Count and Subpopulation Survey and identified 2,118 individuals who identified as unsheltered or sheltered but experiencing homelessness. Of those individuals, 31% were identified as elder adults. This vulnerable population is more likely to experience a higher rate of poverty, increased isolation, and decline in their overall physical and mental health which contribute to a higher premature mortality rate compared to the general population. The proposed Innovated Remote Onsite Assistance Delivery (InnROADs) Project would provide much needed services to address the critical needs of this at-risk population.

We fully support DBH's continuing efforts to improve the quality of life of older and dependent adults in San Bernardino County. As we seek to effectively serve this vulnerable population, we look forward to your unwavering support for this innovative initiative. It is our strong belief that the proposed InnROADs project will provide much needed additional resources and supports by integrating behavioral health professionals and aging and adult practitioners in bringing services directly to these individuals, no matter where they reside in our county. This project will align with the County's vision of a sustainable system of high-quality education, community health, public safety, housing, retail, and recreation for all residents.

We look forward to continued and strengthened partnership with DBH through ongoing collaboration to ensure San Bernardino County's elder and dependent adult population may safely age in place with dignity, supportive housing, and behavioral health services that will promote overall recovery, resiliency, and wellness.

Should you have any questions or need additional information, please do not hesitate to contact my office at (909)891-3917.

Kind Regards,

Sharon Nevins, LCSW, MA-PPM
Director/Public Guardian

JOHN McMAHON, SHERIFF - CORONER

February 20, 2019

Dear Mental Health Services Oversight and Accountability Commissioners,

The San Bernardino County Sheriff's Department's mission is to provide collaborative law enforcement solutions that meet the needs of our communities and partners by delivering quality professional services. Homelessness is a societal issue on the rise in San Bernardino County. The Sheriff's Department does not view homelessness as a crime, instead, we see it as a challenge we must all overcome, together. According to the 2018 Point-In-Time Count, of the 2,118 individuals without a permanent home, 1,443 of them were considered to be unsheltered. Many of these individuals are in rural areas that are difficult to access and where there are no services readily available. We see the San Bernardino County Department of Behavioral Health's proposed Innovative Remote Onsite Assistance Delivery Project (InnROADs) as an opportunity to partner and bring the much needed services to help homeless individuals get into housing.

The Sheriff Department's Homeless Outreach and Proactive Enforcement (H.O.P.E.) Team, has been working to reduce the rate of recidivism and the current costs associated to homeless related crime. The HOPE Team aims to balance outreach with enforcement of the law, while connecting members of the homeless population with resources that may help them transition from homelessness. Although the HOPE Team has done a great job of engaging individuals, we've learned that it takes many consistent engagements to gain trust and to accurately assess an individual's barriers, needs, and abilities in order to provide a permanent solution to ending their homelessness. Additionally, individuals experiencing homelessness are often protecting their space and belongings, which results in them constantly evaluating the intentions of the people they encounter, especially law enforcement. This defensive demeanor dictates an adversarial relationship with law enforcement, with the individual experiencing homelessness expecting arrest rather than assistance. The HOPE team has been dedicated to changing this negative perception and been successful. The additional human and service resources presented in InnROADs will have a beneficial impact on relationships already established with our homeless residents.

The San Bernardino County Sheriff's Department requests that you help us in taking the next step to bridge the gaps that exist to fully engage our rural population experiencing mental illness and homelessness to build the long-term trust needed to get individuals off the streets, in regular treatment, and in a stable environment. We are confident that with your approval of the proposed InnROADs project, you will be helping us to do exactly that.

Thank you,

John McMahon, Sheriff-Coroner

Please copy and distribute to all MHSOAC Commissioners

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

Dear MHSOAC Commissioners,

Vote no on San Bernardino county's Innroads innovation plan because the plan shows there was little general public involvement formulating the plan and most respondents are county staff. Using Mental Health funding for vision and dental services is an inappropriate use of funds designated for mental health services. The majority of this expensive project funds county staff agency meetings rather than services for the homeless. There are already many sources of homeless funds whose programs have multi-agency collaboration. The mental health services in the plan are redundant of services provided by other programs and there is nothing innovative to measure and evaluate. As there is a shortage of psychiatrists and mental health therapists for existing programs it is irresponsible to use funding for highly paid professionals to spend most of their time traveling from place to place instead of providing services.

Respectfully,