



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting May 25, 2023 Presentations and Handouts

	•Handout	Kalene Gilbert Bio
	•Presentation:	County of Los Angeles Department of Mental Health Mental Health Services Act
<u>Agenda Item 5:</u>	•Handout:	Monterey County Innovation Project Letters of Support
<u>Agenda Item 6:</u>	•Presentation:	Governor's Proposed 2023-24 Revised Budget Proposal, CYBHI Grand Program, & Commission Expenditure Authority
<u>Agenda Item 7:</u>	•Presentation:	2024-2027 Strategic Plan Outline
<u>Agenda Item 9:</u>	•Presentation:	Senate Bill 509 Summary
<u>Agenda Item 10:</u>	•Presentation:	UCSF Trauma Recovery Center Impacts of Firearm Violence Project
	•Presentation:	Children Exposed to Violence
<u>Miscellaneous:</u>	•Handout:	12-Month Rolling Commission Meeting Calendar (Tentative)



Kalene Gilbert, LCSW, is a Mental Health Clinical Program Manager IV serving as the Mental Health Services Coordinator for Los Angeles County.

During her tenure with the Department of Mental Health as a clinician, Ms. Gilbert provided mental health services for adults in the San Gabriel Valley. As an administrator since 2008, she has overseen adult services ranging from traditional outpatient to intensive service; children's services, including service delivered to the child welfare population; and prevention services where her role was to develop and implement community based mental health programs. Finally, Ms. Gilbert worked for two years as the Quality Improvement manager, responsible for development of the annual Performance Work plan and Needs Assessments.



COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH Mental Health Services Act

Kalene Gilbert, LCSW

MHSA Services Coordinator



LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

Welcome!

▶▶ ABOUT LA COUNTY

- 4,084 square miles
 - 8 Service Planning Areas (SPAs)
- 9,829,544 people (2021 census)
 - Largest population of any county in the nation
 - 27% of CA's population
- 4.2 million Medi-Cal beneficiaries
 - 193,049 Medi-Cal beneficiaries served by DMH in FY21/22
- \$36.4 billion adopted budget for FY21/22
 - \$3.1 billion DMH adopted budget FY21/22



▶▶ LEADERSHIP CHANGES IN LOS ANGELES COUNTY

On July 1, 2022, Dr. Lisa Wong took on the role of Interim Director following the departure of Dr. Jonathan Sherin. She was permanently appointed to the position on February 28, 2023.

Dr. Wong has established the following goals:

- Build a strong, resilient, skilled, and mission-driven workforce who knows that it is supported and valued
- Maximize the utilization and impact of all funding sources
- Priority projects will be thoughtfully developed, launched in a timely manner, evaluated, and improved to ensure optimal utilization, efficacy, and impact
- Provide highest quality mental health services that are responsive, culturally & linguistically appropriate, timely, and through an equity lens
- Build a department that is true to its mission and vision, and is a valuable partner to other County departments, agencies, and commissions

Responding to the Local Emergency for ▶▶ Homelessness

◀ Encampment Resolution

- County will collaborate with Councils of Government and cities to address encampments (outreach, offer of Interim Housing, matching to PSH and supportive services)

◀ Housing

- Increase interim and permanent housing placements

◀ Mental Health and Substance Use Disorder Services

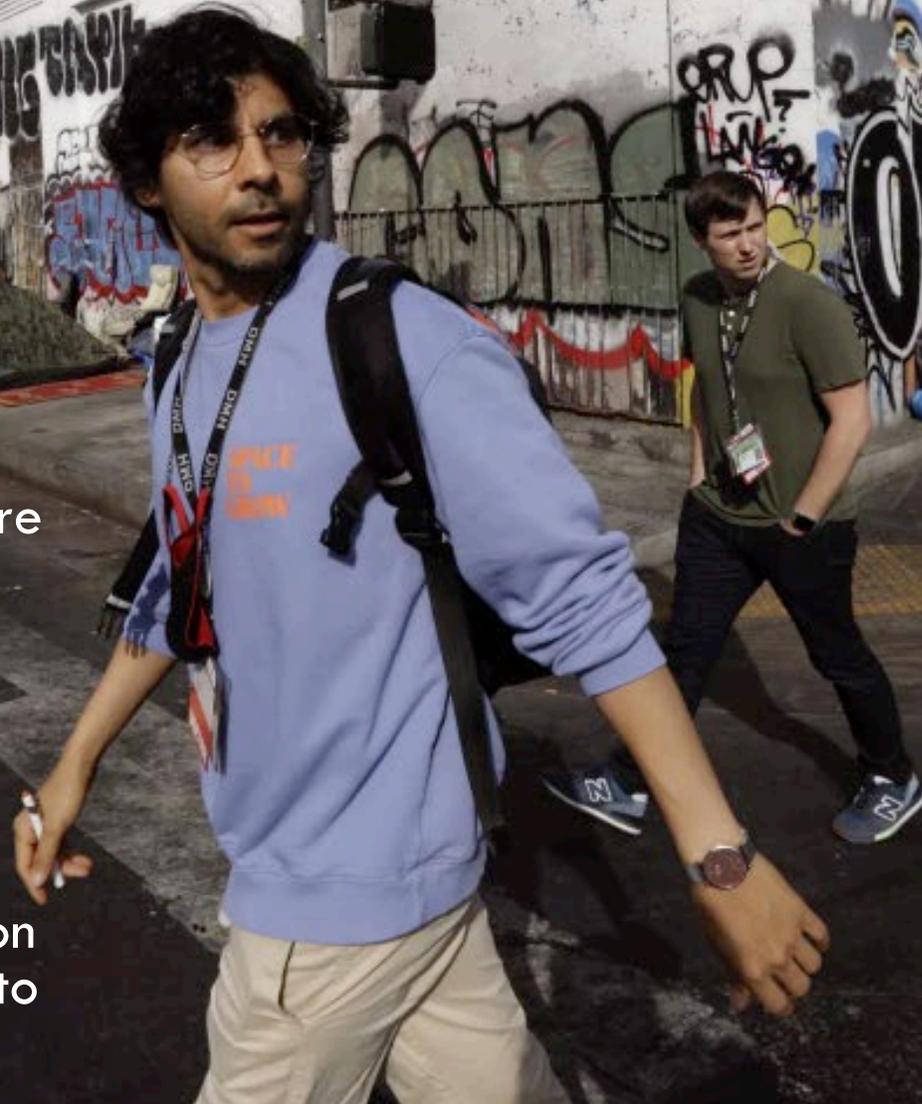
- Coordinate the provision of field based mental health and substance use disorder assessments and services with outreach workers and interim housing providers
- Reduce wait times for services, when they exist, by prioritizing the delivery of mental health and substance use disorder services to PEH unless otherwise prohibited

Homeless Outreach & Mobile Engagement (HOME)

HOME serves those experiencing unsheltered homelessness and severe mental illness who are unable to sustain or provide for their basic needs.

HOME provides mental health services on the spot

HOME Teams will stick with a person as long as it takes to ensure a link to services



ALTERNATIVE CRISIS RESPONSE (ACR)

Vision: Individuals experiencing a mental health crisis in LA County are treated **quickly, effectively, and with empathy** at the least restrictive level of care to meet their short- and long-term mental health needs so that they can remain in their community

Federal Level:
Congress enacted 9-8-8 and expanded the National Suicide Support Lifeline to include all mental health crises

Local Level:
L.A. County created ACR to develop the County's crisis response system

DMH:
ACR Office oversees and coordinates activities of three crisis response systems

ALTERNATIVE CRISIS RESPONSE (ACR)

- Crisis Response Systems-ACR Infrastructure
 - 9-8-8 Crisis Call Center (*Someone to Call*)
 - Field Intervention Teams (FIT) (*Someone to Respond*)
 - Crisis Stabilization Facilities & Crisis Residential Treatment Programs (CRTP) (*Somewhere to Go*)



Responding to Community Crisis:

Tea Time

In the aftermath of the mass shooting in Monterey Park, DMH staff held Tea Time sessions at local senior centers serving the API community.



PREVENTION AND EARLY INTERVENTION: School Threat Assessment Team

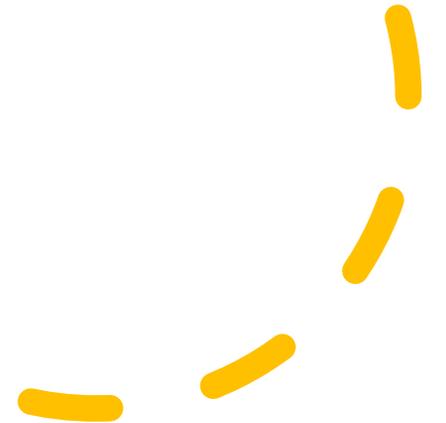
- **School Threat Assessment Response Team (START)**
- Provides comprehensive threat prevention and management program in school settings
 - Training and Program Consultation
 - Early Screening & Identification
 - Assessment
 - Intervention
 - Case Management and Monitoring





UNITED MENTAL HEALTH PROMOTERS

- Based on the Promotores Model
- Built upon the success of the Community Ambassador Networked Project (INN 2)
- Community members engaging the community in their own language
 - Trainings
 - Referrals
 - Stigma Reduction



Thank you!



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

MONTEREY COUNTY

BOARD OF SUPERVISORS

Office of Supervisor Glenn Church, District 2



May 17, 2023

Mental Health Services Oversight and Accountability Commission
Attention: Shannon Tarter, MHSA Innovations
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Ms. Tarter,

As a lifelong resident of Monterey County and a member of a family that has been dedicated to public service for several generations, I am committed to addressing the needs of all our residents.

LGBTQ+ youth are at higher risk of suicide who also experience a range of mental health conditions at a rate disproportionate to the general student population. There is an urgent need for specialized services and support for our LGBTQ+ youth and their families.

Monterey County Behavioral Health's Rainbow Connections Innovation project addresses this critical and urgent need through deepened collaboration with community-based organizations; strengthened partnerships with school districts; and increased community level awareness through education.

The Rainbow Connections Project advances our collective goal of improving outcomes for all youth and families.

I'm pleased to provide my support for the Monterey County Behavioral Health (MCBH) as they strive to meet the needs of our Monterey County LGBTQ+ youth and families and foster healthy environments where our children can grow and thrive.

Sincerely,

Supervisor Glenn Church
County of Monterey, District 2
11140 Speegle St.
Castroville, CA 95012
831.755.5022
District2@co.monterey.ca.us



MONTEREY
COUNTY
OFFICE *of* EDUCATION

Dr. Deneen Guss
County Superintendent of Schools

May 18, 2023

Mental Health Services Oversight and Accountability Commission
Attention: Shannon Tarter, MHSA Innovations
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Ms. Tarter,

I am delighted to write in support of the Rainbow Connections MHSA Innovations proposal submission by Monterey County Behavioral Health. The proposed project model's 3-tiered approach to interconnecting our youth serving systems and enhancing existing collaborative partnerships with community-based organizations to provide county-wide LGBTQ+ affirming services and supports will positively impact students and families in our community in need of specialized care.

As an educator for over 35 years, I have first-hand knowledge of the need for effective, multi-tiered mental health services in public schools. Currently, many of our public schools in Monterey County are implementing multi-tiered frameworks to support the academic, social and emotional needs of students, yet several remain challenged in affirmatively responding to the unique needs of our LGBTQ+ youth. Additionally, as our LGBTQ+ students are at higher risk of suicide while also experiencing a range of mental health conditions at a rate disproportionate to the general student population, there is an urgent need for specialized services and supports to provide them with a healthy environment where they can learn, grow, and thrive.

The Rainbow Connections project provides an innovative opportunity for Monterey County Behavioral Health to deepen collaboration with the community-based organizations while also strengthen its partnerships with school districts and work toward our collective goal of improving outcomes for all youth and families. I strongly believe in the ability of the members of this partnership to effectively implement the proposed LGBTQ+ affirming supports and services. Thank you for your consideration of this application, and please do not hesitate to contact me if you would like more information.

Sincerely,

Deneen Guss, Ed.D.
Monterey County Superintendent of Schools



Mental Health Services
Oversight & Accountability Commission

Governor's Proposed 2023-24 Revised Budget Proposal, CYBHI Grand Program, & Commission Expenditure Authority

May 25, 2023

Budget May Revision for Fiscal Year 2023-2024

May Revision includes \$245.7 billion for all health & human services programs (\$230.5 in original proposal)

❖ **May Revision adjustments related to Mental Health Services Fund:**

- CalHOPE – Maintains funding to temporarily extend support for the CalHOPE program. In lieu of General Fund, the May Revision includes \$50.5 million one-time Mental Health Services Fund in 2023-24.
- Behavioral Health Bridge Housing Program – Includes \$500 million one-time Mental Health Services Fund in 2023-24 in lieu of General Fund which would prevent the delay of the \$250 million included in Governor’s budget.

❖ **Advancing Older Adults:** The May Revision includes \$50 million over four years for the Department of Aging to support the continuation of the Older Adult Friendship Line.

❖ **Health and Human Services Innovation Accelerator Initiative:** The May Revision includes an augmentation of \$9 million (\$10 million total) for the HHS to establish a new public-private partnership for researchers and developers to create solutions to California’s greatest health challenges, with a focus on addressing disparities and inequities in California’s safety-net programs.

❖ **Opioid and Fentanyl Response:** May revision includes additional \$141.3 million in Opioid Settlements Fund over the four years to support the Naloxone Distribution Project.

Commission Budget 2022-23 Mid-Year Update

Expense Type	Item	Approved FY 22-23 Budget	Adjustment	Adjusted FY 22-23 Budget	YTD Expenses	Encumbered	Earmarked	Potentially Available
Operations	Personnel	\$8,100,000	-\$720,000	\$7,380,000	\$5,565,903		\$1,138,058	\$676,038
	Core Operations	\$1,484,552	\$300,000	\$1,784,552	\$1,092,994	\$338,523	\$767,232	-\$414,197
Commission Priorities	Communications	\$467,448	\$420,000	\$887,448	\$403,198	\$426,220	\$86,925	-\$28,895
	Innovation	\$100,000		\$100,000				\$100,000
	Research	\$1,116,000		\$1,116,000	\$217,691	\$807,625	\$125,008	-\$34,324
Budget Directed	California Behavioral Outcomes Fellowship	\$5,000,000		\$5,000,000		\$5,000,000		
	Evaluation of FSP Outcomes (SB 465)	\$400,000		\$400,000			\$400,000	
	MHSSA Evaluation and Admin (avail over 5 years)	\$16,646,000		\$16,646,000	\$105,499		\$1,500,000	\$15,040,501
Local Assistance	Mental Health Wellness Act	\$20,000,000		\$20,000,000			\$20,000,000	
	Mental Health Student Services Act	\$8,830,000		\$8,830,000	\$320,000	\$8,510,000		
	Community Advocacy	\$6,700,000		\$6,700,000	\$2,895,843	\$3,134,157	\$670,000	
	Children and Youth Behavioral Health Initiative	\$42,900,000		\$42,900,000			\$42,900,000	
Money Held for Reserve								-\$250,000
Total		\$111,744,000		\$111,744,000	\$10,601,128	\$18,216,525	\$67,587,223	\$15,089,123

Expenditure Authority

Strategic Planning

- \$75,000 additional funds for BCG strategic planning (total of \$375,000).
- Up to \$160,000 for community engagement and consultation.

Communications

- \$50,000 additional funds for Program 11 (total of \$150,000)

Full Service Partnership Project

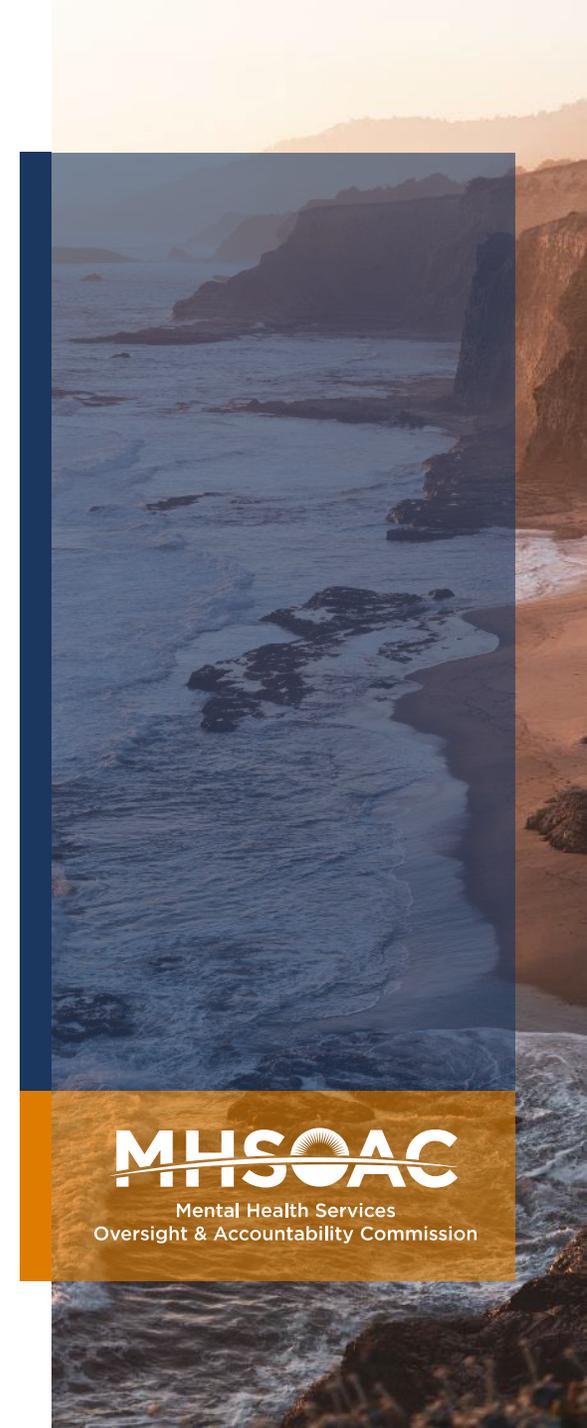
- \$95,000 for Healthy Brains Global Initiative to develop innovation on outcome-based financing.
- \$405,000 to Third Sector Partners to support: (1) Environmental scan of FSP programs; (2) Community engagement, technical assistance, and capacity building strategy.

School MH Advocacy

- Up to \$90,000 youth and partnership engagement.
- \$100,000 to conduct the Breaking Barriers Symposium

CYBHI

- \$15 million for technical assistance.



Motion

- The Commission approves the Fiscal Year 2022-23 Mid-year expenditure plan and associated contracts.

The logo for the Mental Health Services Oversight & Accountability Commission (MHSOAC). It features the acronym 'MHSOAC' in a bold, white, sans-serif font. The letter 'O' is stylized with a white sunburst or gear-like pattern inside it. A thin white horizontal line runs through the middle of the letters.

MHSOAC

Mental Health Services
Oversight & Accountability Commission



Thank you

Draft: Pre-decisional and for discussion only

2024-2027 Strategic Plan Outline

Pre-read materials for discussion

MAY 25TH, 2023

Context

Context | 2024-2027 Strategic Plan effort

The Commission is in the **early stages of developing the Strategic Plan** for the coming years (2024-2027)

As part of this effort, we aim to

- Reflect on the **Commission's work to date and lessons learned** from the last three years
- Understand and articulate **how our work fits into context** amid an evolving mental health landscape
- Surface and evaluate **opportunities to catalyze transformational change**

Today is the **first of many opportunities to engage**

...designed to be an inclusive and collaborative process

- Commission seeks to meaningfully engage community partners, experts and the public throughout
- Diverse opportunities for input (e.g., interviews, listening sessions, public forums) will continue through the rest of 2023
- Complete draft plan will be publicly released by November 30th
- Plan will be considered for adoption in January 2024

Objectives for this session

Provide context on the Strategic Plan process & status

Discuss and collect feedback on core components of the Strategic Plan

Solicit input from the Commissioners & public

Strategic Plan discussion

Design principles for the effort

- **Understandable and accessible** for the Commission and community partners
- **Collaborative and inclusive**, developed with partners, reflecting a breadth of perspectives
- **Forward-looking and innovative**, responding to current demands and new opportunities
- **Rigorous and analytical**, supporting the Commission to prioritize opportunities and initiatives for impact
- **Mission-driven**, consistent with the Commission's vision, core principles, and mandate
- **Outcome-oriented** to deliver transformational change, improve outcomes, and reduce disparities

Key components of the Strategic Plan

- Foreword & Purpose of plan
- Introduction

Focus of this session

- 1 Emerging trends
- 2 Transformational change model and Role of the Commission
- 3 Decision-making framework
- 4 Priorities & objectives for 2024-2027

- Conclusion "from Plan to Action"

Prompt for discussion | Emerging context & trends in mental health care

Illustrative not exhaustive



Increasing awareness of and need for mental health care

- Significant increase in public **understanding and reduced stigma**
- Increased **incidence of illness, worsened by the pandemic**
- Growing **structural threats and diminished social safety net**
- Additional obstacles for **marginalized and at-risk**; over-represented in **criminal justice system**



Mental health elevated as a shared priority

- **Employers, schools and communities** engaged, see as a shared priority
- Large, one-time **public investments**; increased **philanthropic and private investment**
- **Public agencies and community resources** directed to mental health
- Proposed **modernization of MHS funding**



Evolutions in treatment and care delivery

- Growing focus on **prevention and early intervention**; shift to integrated care with "no wrong door"
- Innovation in **diagnosis and treatments** (e.g., precision medicine)
- Expanding **infrastructure & supports**
- Expanding **alternative delivery models** (e.g., telehealth, startups)



Extreme strain on practitioners & resources

- **Shortage and burnout of workforce**
- **Shifting needs for practitioners** exacerbate significant capacity gaps
- **Care driven by financing**, with low reimbursement rates & difficulty billing insurers
- Hospitals and traditional care delivery models facing **financial strain**



Do these trends resonate? What would you add or update?

Emerging trends Initial questions for discussion

- Which of these trends present the **biggest opportunities** and/or **require the most urgent attention** in the next four years?
- Which of these trends is the Commission **best positioned to address** (e.g., prevention and early intervention, expanding infrastructure and supports, etc.)?
- What **major changes in science, technology or society** in the next 5-10 years should the Commission be planning for? How can the Commission **future-proof California's mental health system**?

Recall Commission's role



Oversight and Accountability



Program Review and Data Collection



Policy Projects



Strategic Partnerships



Grant Programs

Transformational change model & Commission's role

Initial questions for discussion

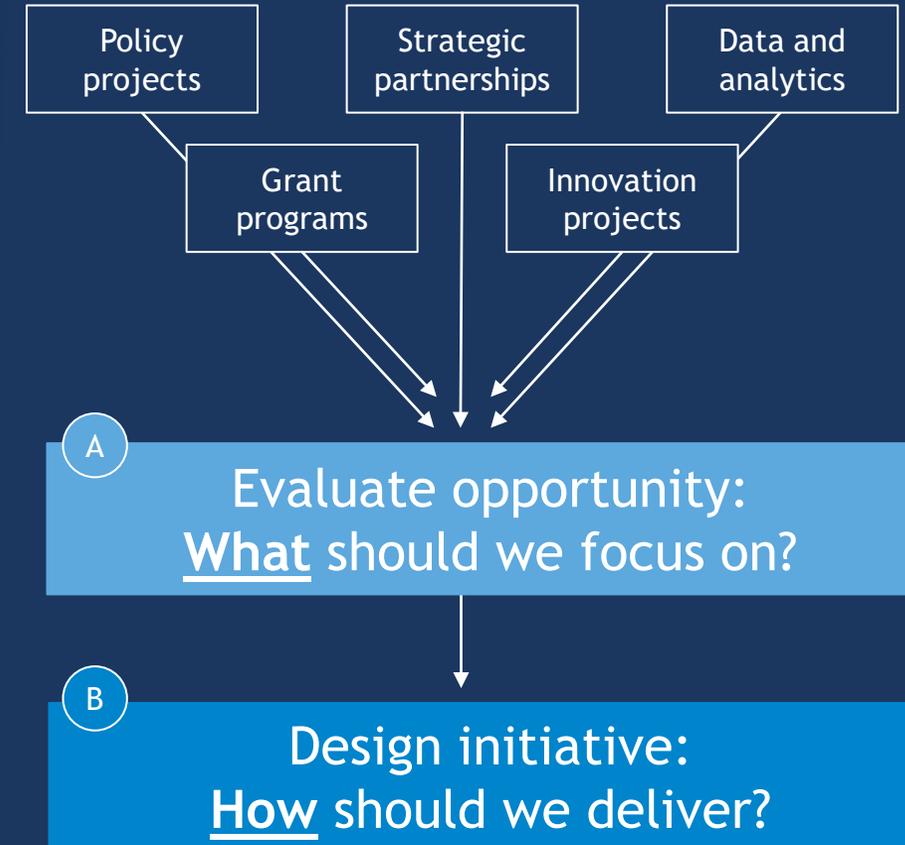
- How is the Commission **differentiated in its role**? What has been our **highest impact effort**?
- To be most effective in the coming years, how will the Commission need to **evolve or expand** our roles?
- What is the right **balance of effort** across our activities to deliver on these roles?

We are building a **decision-making framework** to guide our assessment of opportunities...

This tool will be designed to help us:

- **Standardize our approach** to collect data and **measure the potential impact** of an initiative
- **Prioritize** across initiatives and make funding decisions accordingly
- **Look across our portfolio** to understand opportunities for impact and collaboration
- **Consider tradeoffs** between addressing current challenges and new, emerging threats
- **Design and monitor programs** in a way that maximizes outcomes for target populations

...and can be used across our portfolio of activities



Decision-making framework

Initial questions for discussion

- What **key factors should we consider** in our decision-making framework to evaluate opportunities (e.g., need, impact, fit, feasibility, etc.)?
- How should the Commission **balance our portfolio** between (1) **addressing ongoing challenges with proven interventions** and (2) **building new solutions in emerging areas**?

Recall | Priorities and Objectives in 2020-2023 Strategic Plan

Strategic goals

Advance a Shared Vision

The Commission will **advance a shared vision for reducing the consequences of mental health needs and improving wellbeing** - and promote the strategies, capacities and commitment required to realize that vision



Objectives

- A. **Promote school mental health** to reach and serve at-risk children, families & neighborhoods
- B. **Develop and advance a strategy** aligning public and private resources and actions toward the **prevention and early intervention**
- C. **Establish and promote the adoption of voluntary standards for the workplace** to reduce stigma, increase awareness & guide strategies

Leverage Data & Analytics

The Commission will **advance data collection and analysis to identify desired outcomes, better deploy resources and programs**, and seek opportunities to transform & connect programs



- A. **Develop the Transparency Suite at MHSOAC.CA.GOV** to capture more detailed information that is easier to find and interpret
- B. **Management of county-level info. to better inform decision-making** by policymakers & administrators
- C. **Aggregate and integrate cross-system data** (e.g., health, education, etc.) to assess system performance & **identify opportunities for improvement**

Catalyze Improvement in Policy & Practice

The Commission will support the **positive transformation of policies & practices** by (1) **providing info. & expertise**; (2) **facilitating networks & collaboratives**; and (3) **identifying opportunities for improvement**



- A. **Support and evaluate multi-county collaboratives to improve data analysis, knowledge transfer**, and the management capacity required
- B. **Support implementation of Striving for Zero**, the State's suicide prevention plan for 2020-25
- C. **Support youth-led efforts to advance and expand consumer-led and consumer-centric services & expand access to youth-focused services**

Priorities and objectives

Initial questions for discussion

- Where does the Commission need to **double down on existing efforts** to be successful in the coming years?
- What **new priorities** should the Commission consider?
- What is the Commission **over- or under-invested in**?

Path forward

Incorporate feedback from you and other community partners over coming months to shape Strategic Plan

Develop Strategic Plan draft that builds on lessons learned and narrows in on opportunities for change

Continue to create diverse opportunities to engage, collect input and shape the Strategic Plan

Thank you!

The logo for MHSOAC features the letters 'MHSOAC' in a bold, white, sans-serif font. A thin white horizontal line is drawn across the middle of the letters, passing through the center of the 'S' and 'O'.

MHSOAC

Mental Health Services
Oversight & Accountability Commission

Senate Bill 509 Summary

PRESENTED AT:
MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION MEETING
MAY 25, 2023

Who are our members and who do they serve?

- Mental Health and Substance Use Services Providers
- Serving Approximately 1 million Californians annually
- Full Spectrum of Services and Populations
- Over 40% of CEOs/leadership identify as BIPOC



Senate Bill 509 (Portantino)

Behavioral Health Training for School Staff



- Expanding behavioral health training to all school staff
- Increase the number of student and family serving professionals who know how to recognize behavioral health needs
- Educate school staff on when and how to refer to behavioral health services

Specific Provisions of SB 509

- **75% of certificated and classified staff take training by January 2027**
 - Evidence of prior training can meet this requirement
 - Licensed mental health professionals are excluded
- **Schools to report percentage of staff trained as part of School Safety Plan**
- **Requires schools to ensure pupils grades 1 to 12 receive mental health education**
 - at least once in elementary or junior high/middle
 - at least once in high school

SB 509 – Passes Senate Appropriations

Improving School Behavioral Health

- Evidence Based Behavioral Health Training for School Staff
- Elevating Awareness for Behavioral Health Issues in School Communities
- Heading to the Assembly

Supported By:



Additional Supporting Organizations!

American Foundation for Suicide
Prevention

California Access Coalition

California Alliance of Caregivers

California Alliance of Child and Family
Services

California Coalition for Mental Health

California State Association of
Psychiatrists

California Youth Empowerment
Network

Children Now

Children's Institute

Community Solutions

Democratic Club of Claremont

Depression and Bipolar Support
Alliance

California East Bay Children's Law
Offices

Hillsides

Mental Health America of California

Monarch School

National Association of Social Workers,
CA

National Council for Mental Wellbeing

NextGen

California Pallet Shelter

PathPoint

Steinberg Institute

Sycamores

Tessie Cleveland Community Services
Corporation

The California Association of Local
Behavioral Health Boards Commissions

The Kennedy Forum

For more information:

John Drebinger, Senior Advocate Policy and Legislative Affairs
jdrebinger@cccbha.org

Patricia Moreno, Policy Fellow
pmoreno@cccbha.org



Trauma Recovery Center

UCSF Trauma Recovery Center

Impacts of Firearm Violence Project

Sarah Metz, Psy.D.

Director, Division of Trauma Recovery Services/UCSF TRC

May 25, 2023





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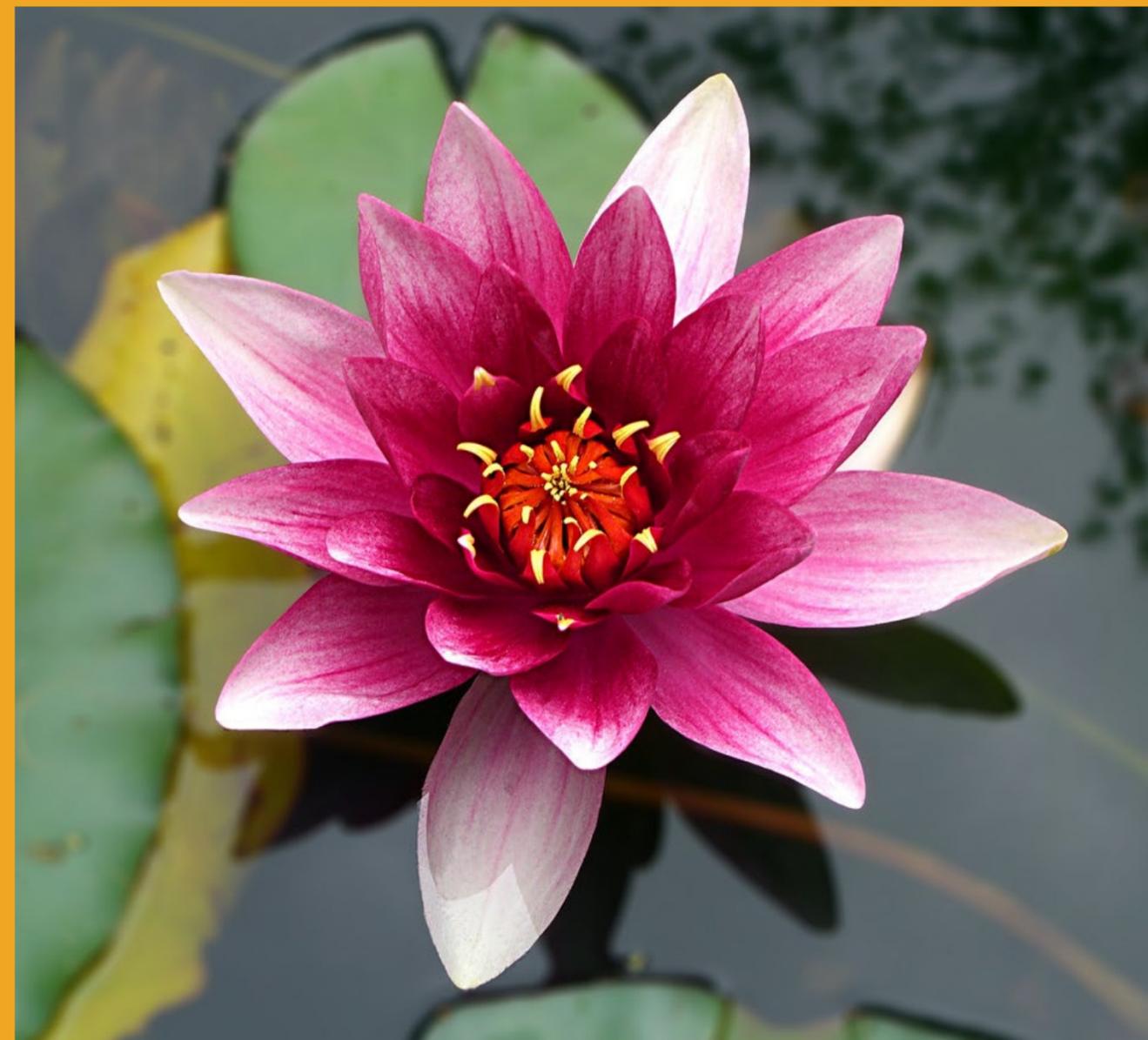
We can sew them up, but we can't
make them well.

Dr. Bill Schechter, Chief of Surgery
San Francisco General Hospital

1997



Our vision is a community that heals the wounds of violence and embraces hope for a non-violent, compassionate world.





UCSF Trauma Recovery Center

Programs of the UCSF TRC



Rape Treatment
Center

Survivors of
sexual assault



NTOP

Survivors of
Traumatic Brain
Injuries



Wraparound
Program

Survivors of
Targeted
Community
Violence

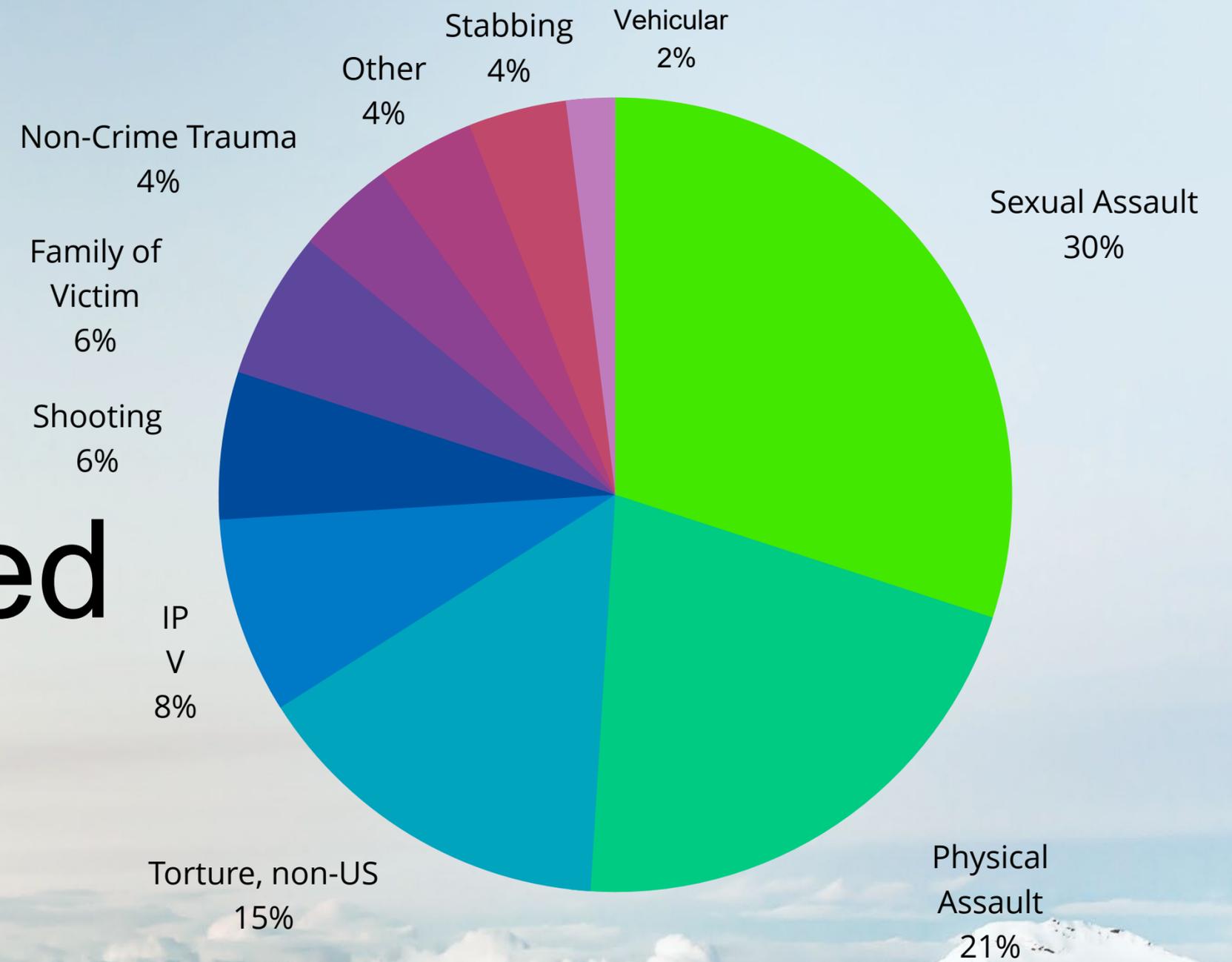


Survivors
International

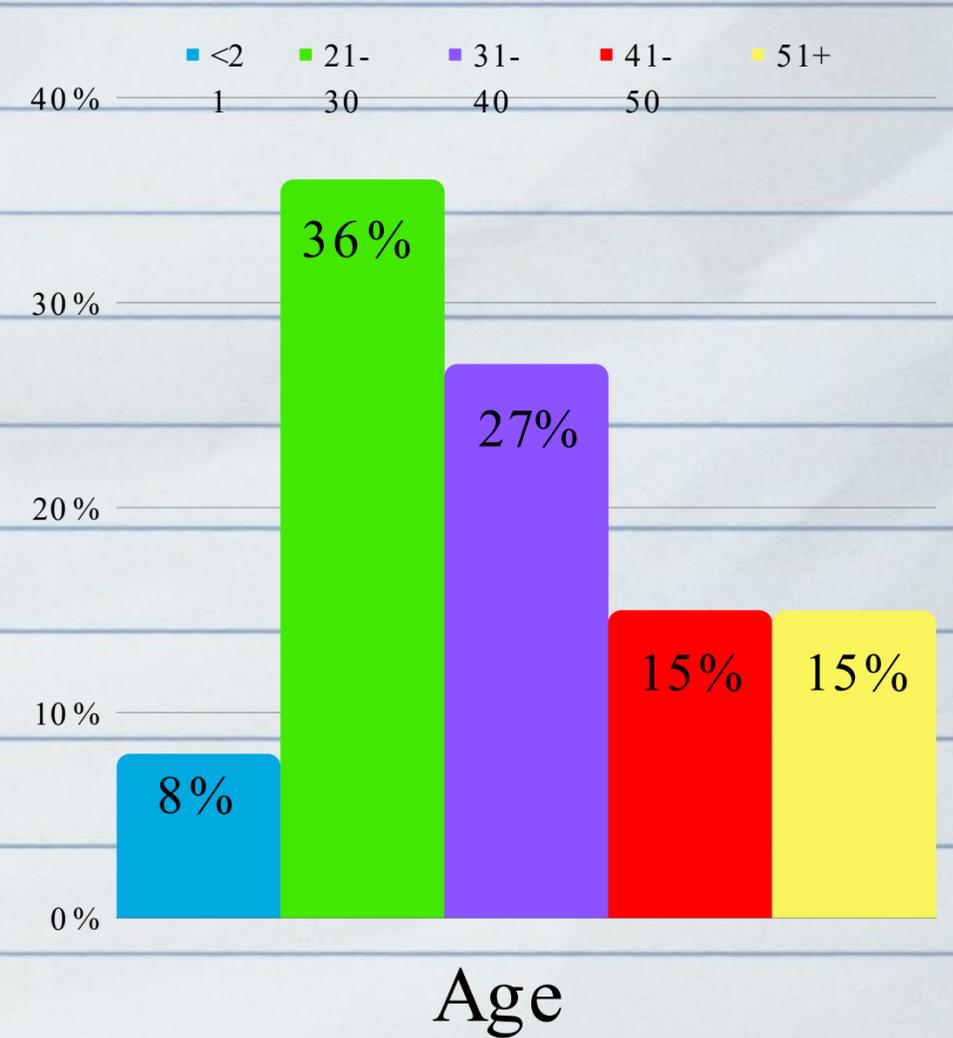
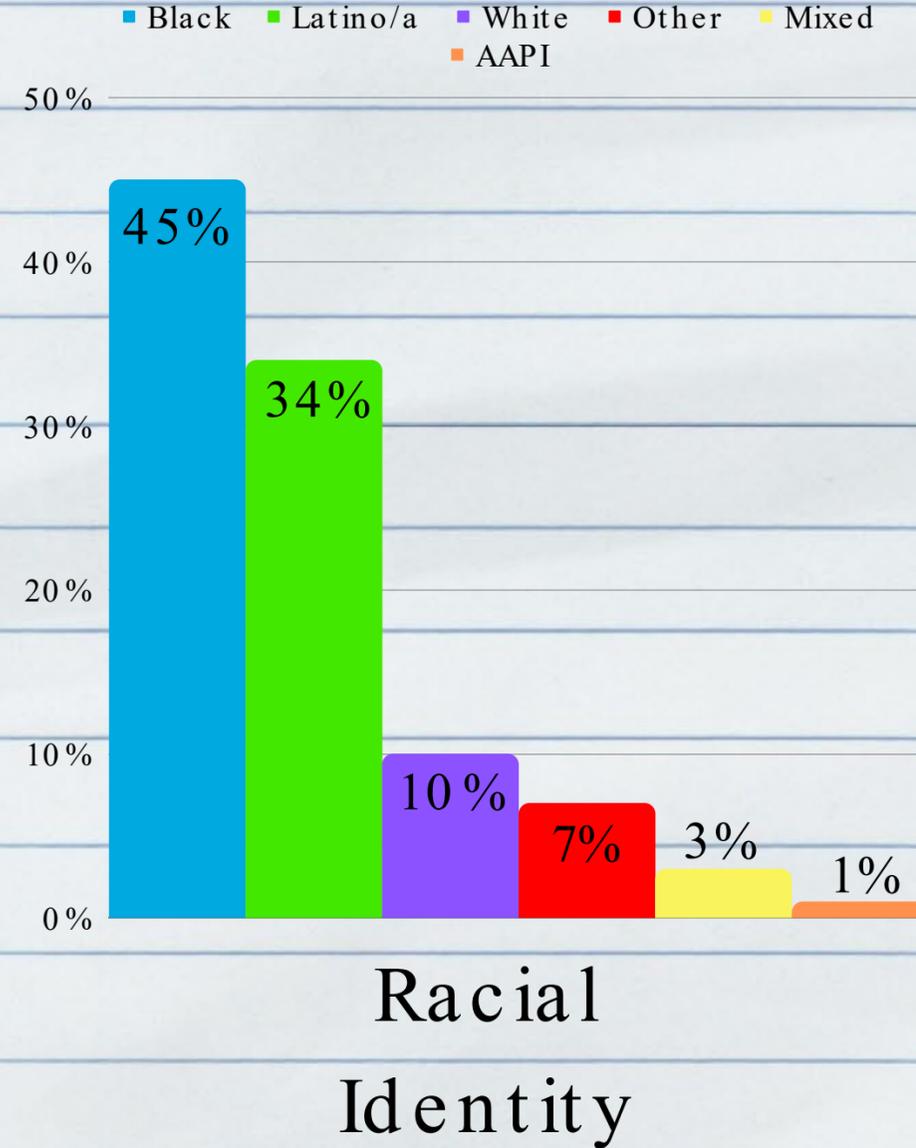
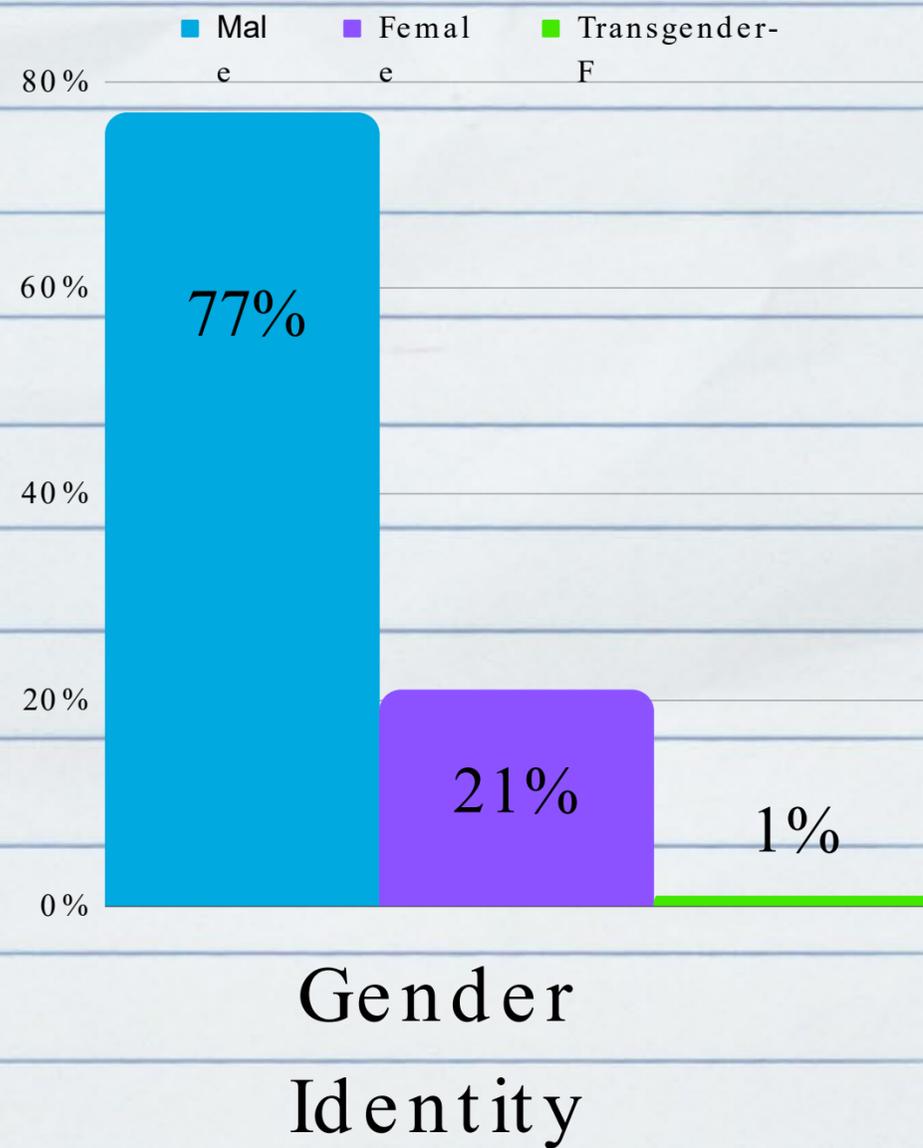
Survivors of torture

Crime Types Served

Since 2001



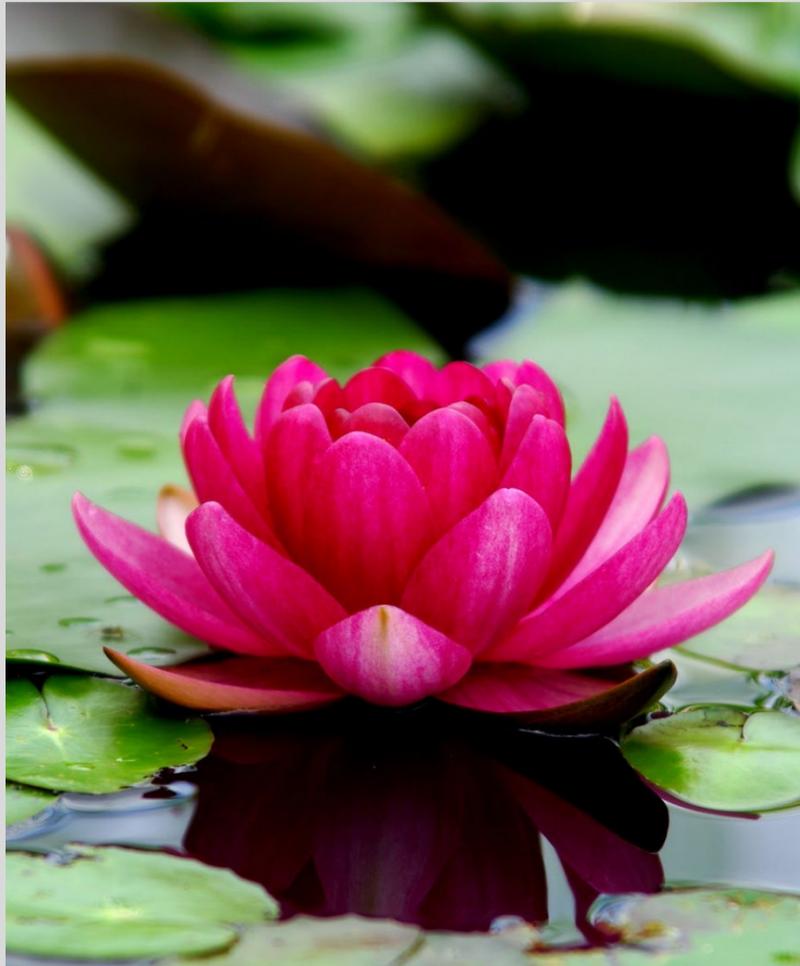
Gunshot Referral Demographics Between 2018-2022



TRC Model Core Elements

Serving Survivors of All Types of Violent Crime	Clinical Case Management
Assertive Outreach and Engagement with Underserved Populations	Inclusive Treatment of Clients Facing Complex Issues
Comprehensive Mental Health and Support Services	Use of Trauma-Informed, Evidence-Based Practices
Multidisciplinary Team	Goal Driven
Coordinated Care Tailored to Individual Needs	Accountable Services
All Are Welcome	

TRC Services

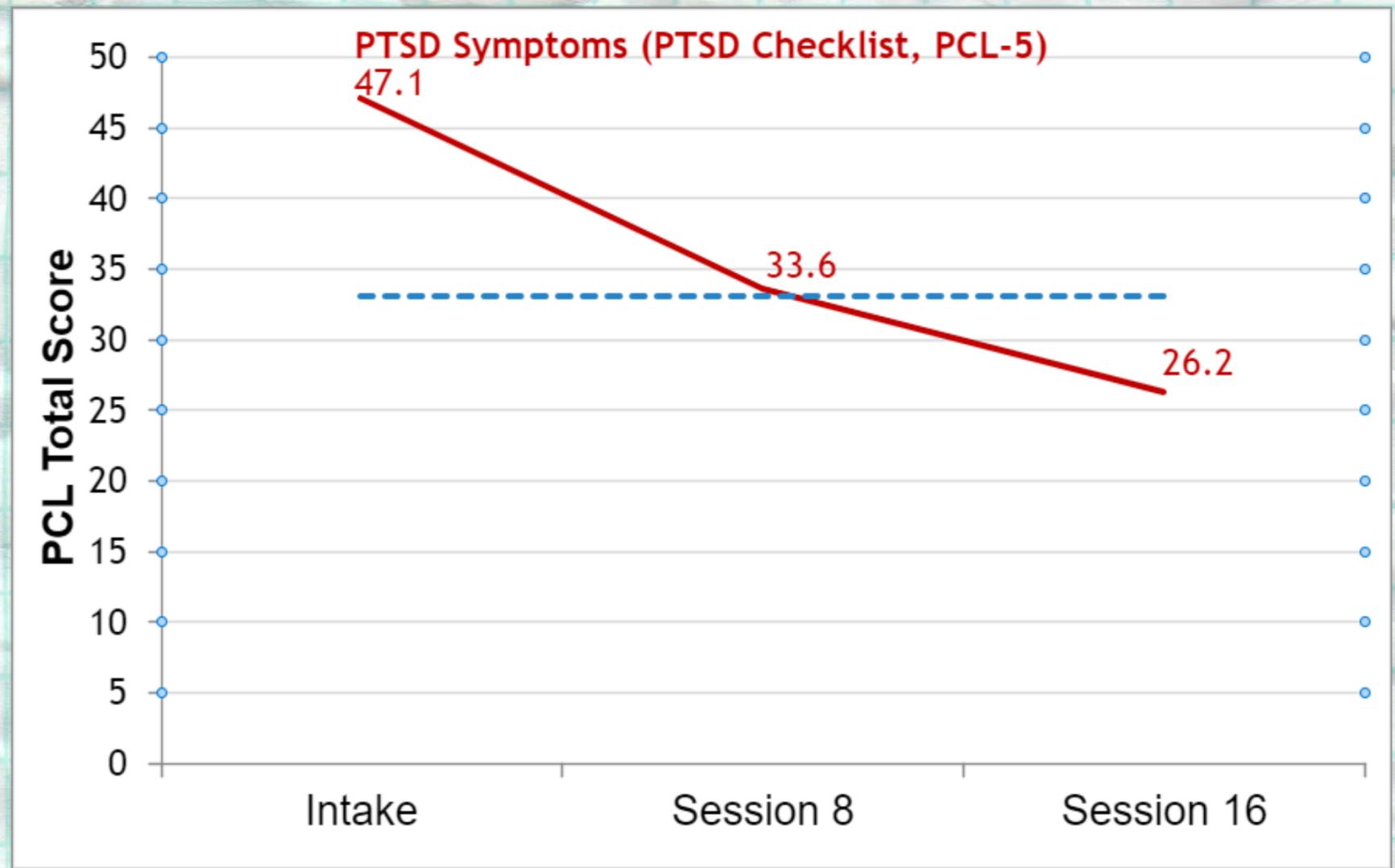


- Emergency Room Advocacy and Support
- Bedside Referrals, support, treatment
- Check-in During RTC Follow-up appointment
- Comprehensive Psychosocial/Diagnostic Evaluation
- Clinical Case Management
- Assertive Outreach, client accompaniments
- Trauma-Informed Evidence-Based/Evidence Informed Psychotherapy
- Groups
- Limited Family Work
- Psychiatric Medication Evaluation and Management

Client Outcomes

PTSD Symptoms

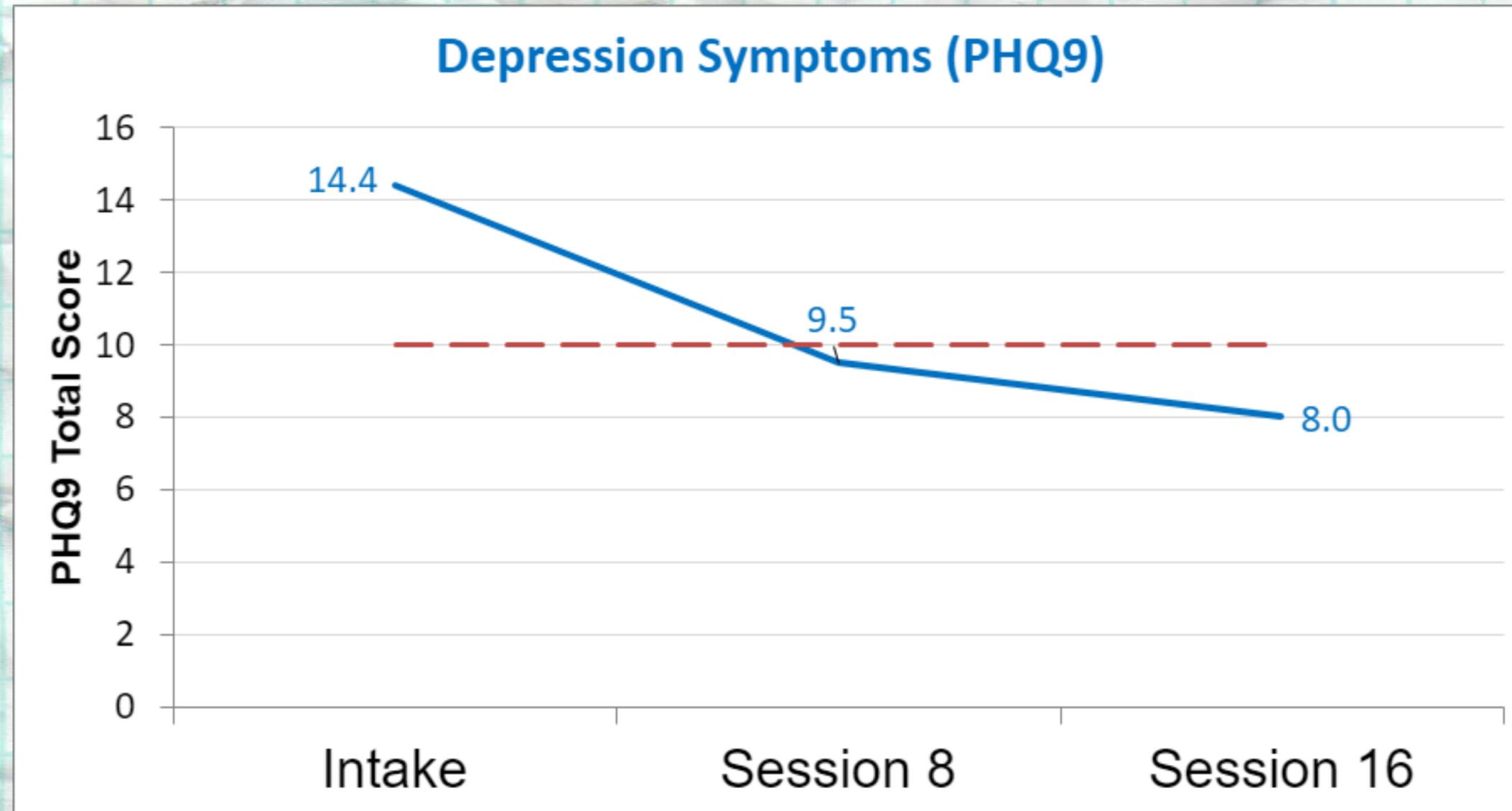
Symptoms decreased by **44%** between intake and session 16 ($p < .0001$)



Client Outcomes

Depression Symptoms

Symptoms decreased **45%** between intake and session 16 ($p < .0001$)



TRC Case Example*



*The case of Samuel is a conglomeration of multiple case examples. The photo is compliments of Google images :)

Case Example: "Samuel"



Background

Samuel is a 22 y/o, cisgender male, born and raised in San Francisco. He has an older sister and younger brother. Has one 3 y/o child. Prior to victimization, he worked at a fast food restaurant and was taking community college classes. He was housed with a family friend.

Family Background

Samuel grew up in a single parent home in a high crime neighborhood in SF. Samuel witnessed domestic violence and was physically and emotionally abused. Samuel witnessed his uncle get shot and killed at the age of 10.

Case Example: "Samuel"



The Shooting and Immediate Impacts

The last thing Samuel remembers, he was walking home from work. The next thing he recalls, he woke up in the ICU. He was told he had been shot 3 times, required emergency surgery, coded during surgery, and requires further surgeries to repair all of the damage.

Samuel remained in the hospital for 4 months having 3 subsequent surgeries.

The suspects were never apprehended.

Samuel lost his job immediately when he called his employer to inform them of his hospitalization. He very soon thereafter lost his housing as he had no savings to pay rent since he could not work. His belongings were given away.

Case Example: "Samuel"



Services Received while Inpatient

Samuel was visited at bedside by a case manager from the Wraparound Project and our TRC Bridge clinician. He was informed about the services that our multidisciplinary team could provide as well as psychoeducation about trauma symptoms and recommendations for immediate coping strategies.

While Samuel was grateful for the connection, he declined to connect with MH services at the time, stating he needed to focus on his physical health and getting a job to pay for his child support and housing.

Case Example: "Samuel"



Since the Shooting

After 4 months, Samuel was released from the hospital. He couch surfed with friends and family for a few months while he continued to recuperate, but was asked to leave as he was unable to contribute financially. He found himself living on the streets, unemployed, and still healing from his injuries with one more surgery on the horizon.

To assist in pain management, Samuel was prescribed opiates and he began taking more than prescribed as a means to cope with all of his daily stress and pain. Alcohol came onboard as a source of comfort and warmth and he was soon arrested for drunken disorderly and held in booking for 3 days where he was physically assaulted and sustained a mild TBI.

He was once again sent to SFGH where he was again referred to the TRC from the neurosurgical unit. He accepted our referral this go round.

Case Example: "Samuel"



TRC Assessment

Samuel's TRC clinician met him at hospital bedside and completed his intake evaluation. He was diagnosed with PTSD, MDD, Opiate Use Disorder, and Alcohol Use Disorder.

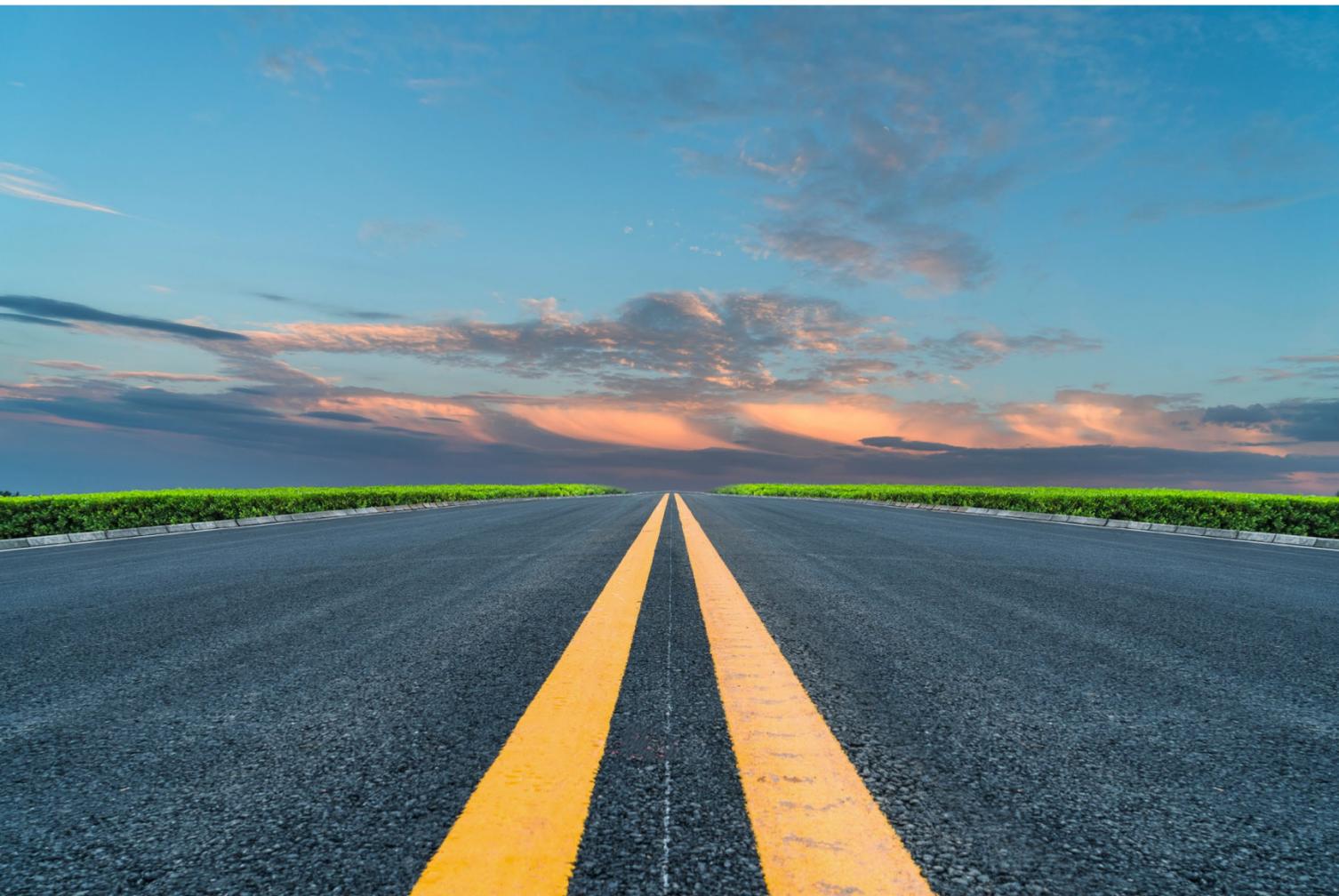
TRC Case Management Steps

- Assisted in completing his VCB Application
- Assisted him in accessing short-term disability
- Helped him locate TAY temporary housing
- Coordinated his medical care with his PCP, Speech Therapy, Occupational Therapy
- Assisted in scheduling and planning for final surgery
- Referred him to the Wraparound Project
- Referred him to the TBI Support Group
- Accompanied him to his community college to assist him in advocating to not lose his progress in completing his course work

TRC Psychotherapy

- Individual Psychotherapy
- STAIR Group
- EMDR

A Long Road Ahead



Medical Bills

Impact of TBI on functioning

His relationship with his child

Fell behind on child support

Permanent Housing

Unemployment

Crime Survivors Speak

National Survey of Victims'

Views on Safety and Justice

ALLIANCE FOR
SAFETY AND JUSTICE



2022



National Study of Crime Victims

- 1,537 survivors of crime or violence
- More than 6/10 were a victim in past 10 years
- Almost half were victims of violent crime



National Study of Crime Victims

- Crime victims are more likely to be young, BIPOC, low income, LGBTQ, disabled and have prior records
- Are 3x as likely to be victims again of 4+ more crimes

ALLIANCE FOR
SAFETY AND JUSTICE



National Study of Crime Victims

- 74% did not receive mental health support
- 70% report at least one trauma symptom
- 96% did not receive victim compensation





TRC Replication & The National Alliance of TRC's

Alicia Boccellari, Ph.D.

UCSF University of California, San Francisco



National Alliance of TRC's

TRAUMA RECOVERY CENTERS



CALIFORNIA
18 TRCs

FLORIDA
1 TRC

GEORGIA
1 TRC

ILLINOIS
5 TRCs

IOWA
1 TRC

LOUISIANA
1 TRC

NEW JERSEY
4 TRCs

NEW YORK
4 TRCs

OHIO
8 TRCs

PENNSYLVANIA
1 TRC

44 TRCs Nationally in 10 States (as of 1.20.2023)



<https://nationalallianceoftraumarecoverycenters.org/>



Trauma Recovery Center





Thank you!

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415-437-3056



Children Exposed to Violence (CEV)

REACH Team™

REACH Team™



REALITY - Guns and Violence Cause Trauma

Trauma therapy is not routinely offered to children who see, hear, or know of violence

Only if they are the **DIRECT** victim (shot) will they receive that type of support



Violence is...

Any Gun Violence

Homicide

Gang violence

Robbery

Suicide

Domestic Violence/Intimate
Partner Violence

Assault



Respond Educate Advocate Community Healing for Kids

Respond	Respond to scene when LAPD calls us to do crisis counseling with kids
Make	Make contact with the family in the first 24 hours of the incident (reports)
Care	Care packages, crisis counseling, assess for needs and explain our program
Follow up	Follow up to do intake for short term support. We provide up to 6 counseling sessions – no paperwork, only consent
Long-term	If very traumatic or complex, fast track into long-term support
Link	Link to other services, housing, legal, job training, VOC, and internal Cii programs.
Help	Help families get basic needs met until they are stable, food, clothing, hotel, diapers, etc...
Refer	Refer adults to counseling with other agencies

Why this program is needed?



Change trajectory of a child keep them out of the criminal justice system



Educate Parents, Schools, Law Enforcement about Children Exposed to Violence and Trauma



Truancy – keep them in school



Change narrative of police and community interactions



Kids Are Exposed

- DIRECTLY
- Present
- Threatened
- Injured



INDIRECTLY

- Hear shots fired
- See or hear violence
- Hear stories about violence
- Know a person shot, killed or injured
- Violence is near a place the child frequents (school, park, store, place of worship)

It is important to treat trauma early because...

- Trauma has been shown to have a negative effect on the child's developing brain
 - Especially if not treated while brain is still developing
- There are clear links between exposure to violence and emotional and behavioral health issues such as:
 - Learning Disabilities
 - Low School Attendance/Dropping out
 - Health Problems (asthma and more)
 - Suicide Attempts
 - Criminal Behavior
 - Alcohol and Drug Problems
 - Intergenerational Violence



How the Reach Team® supports the South Los Angeles Community

FREE SERVICES
GRANT
FUNDED



Crisis response within
first 24 hours

Contact & engage with
children exposed to the
trauma

Provide care package and
resources for family

Offer crisis counseling for
children 4-6 sessions
and/or linkages to
support services through
Cii or other partners

Follow up with family
with case management
and possible long-term
support

1-800-984-2404

WORKING TOGETHER TO HELP KIDS!

- Los Angeles City Attorney
- LAPD
- CII (Children's Institute)
- Community Partners (Tessie Cleveland, Watts Gang Task Force, Sisters of Watts, Community Resource Coalition and more)





12-Month Rolling Commission Meeting Calendar (Tentative)

At its January meeting the Commission identified four priorities: Data/Metrics, Full-Service Partnerships, the Impact of Firearm Violence, and Strategic Planning. The draft calendar below reflects efforts to align the Commission meeting schedule with those priorities. **All topics and locations subject to change.**

Dates	Locations	Priority*
March 22-23rd	San Diego/Imperial	3/22 -MHSSA Site Visit 3/23 -MHSSA Update and Technical Assistance Plan
April 26-27th	Sacramento	4/26 -Full-Service Partnership (FSP) Site Visit 4/27 -FSP Presentation and Panel Governor’s MHS Modernization Proposal
May 24-25th	Los Angeles	5/24 -Impact of Firearm Violence Site Visit 5/25 -Impact of Firearm Violence Project Panel Strategic Planning
June 15	Teleconference	Innovation Plan Presentation
July 27	Sacramento	7/27 -Data Discussion Strategic Planning
August 23-24th	TBD	8/23-Full Service Partnership (FSP) Site Visit 8/24-Rural County Perspectives on FSP-Panel
September 28	Sacramento	Suicide Prevention Update Strategic Planning
October 25-26th	San Francisco	10/25 -UCSF Neuropsychiatry Site Visit 10/26 -Impact of Firearm Violence Panel Strategic Planning
November 16	Sacramento	FSP Panel Strategic Planning
December	(no meeting)	
January 25, 2024	Santa Barbara	2024-2027 Strategic Plan Adoption
February 21-22	Napa	2/21 -State Hospital Site Visit 2/22 -IST Presentation and Panel

*NOTE: The Priorities listed are not the only agenda items under consideration for each month.